



Safeguarding Children & Adults at Risk Policy

Incorporating Prevent Guidance

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Target Audience	All staff employed or commissioned by Bolton CCG
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The CCG is committed to an environment that promotes equality, embraces diversity and respects human rights both within our workforce and in service delivery. This document should be implemented with due regard to this commitment.

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Version Control Sheet

Version	Date	Reviewed By	Comment
	21/12/18	Kaleel Khan	Updates required reflecting changes to legislation and guidance and MSP.
	24/12/18	Pam Jones	Updates required to reflect changes in legislation and guidance DPA 2018 and Working Together 2018

Analysis of Effect completed:	By:	Date:
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1. Introduction

Bolton Clinical Commissioning Group, (henceforth referred to as “the CCG”), as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with; and to protect vulnerable adults from abuse or the risk of abuse. This policy details the safeguarding arrangements that must be in place to ensure the CCG fulfils its statutory duties and responsibilities.

In discharging these statutory duties/responsibilities account must be taken of:

- Care Act 2014
- Care and Support Statutory Guidance (DH, 2014)
- Mental Capacity Act 2005: Code of Practice (Department for Constitutional Affairs, 2007)
- Prevent Duty Guidance 2015
- Safeguarding Vulnerable People in the Reformed NHS – Accountability and Assurance Framework (NHS England, 2015)
- Working Together to Safeguard Children (HM Government, 2018)
- The policies and procedures of Bolton Safeguarding Children Board (BSCB) and Bolton Safeguarding Adults Board (BSAB).

2. Aims

The policy aims to ensure that no act of commission or omission on behalf of the CCG as a commissioning organisation or by a service it commissions puts a service user at risk of abuse or neglect and that robust systems are in place to safeguard and promote the welfare of children and adults at risk. The policy reinforces the organisational philosophy that safeguarding is everybody’s business and that all staff should respond and act to raise safeguarding awareness and address emerging issues.

The policy details the roles and responsibilities of the CCG as a commissioning organisation and of its employees, directly or indirectly employed.

To support the implementation of this policy a set of contractual safeguarding standards have been developed by the Greater Manchester Safeguarding Collaborative. These standards form part of the contractual arrangements with all commissioned services and are audited at a minimum annually to ensure that all service users are protected from abuse and the risk of abuse.

3. Principles

This policy demonstrates that the CCG recognises that safeguarding children and adults at risk is a shared responsibility with the need for effective joint working between agencies and professionals that have different roles and expertise if those vulnerable groups in society are to be protected from harm. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and supported by:

- A commitment of senior managers and board members to seek continuous improvement with regards to safeguarding both within the work of the CCG and of services commissioned.
- Clear lines of accountability within the CCG for work on safeguarding.
- Clear policies setting out their commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Service developments that take account of the need to safeguard all service users, and are informed, where appropriate, by the views of service users.
- Staff training and continuing professional development including appropriate supervision and support for staff in relation to safeguarding practice.
- Effective interagency working including effective information sharing.

4. Definitions

Children: as defined in the Children Act 1989 and 2004, a child is anyone who has not yet reached their 18th birthday. 'Children' therefore means children and young people throughout this policy.

Safeguarding and promoting the welfare of children: defined in Working Together to Safeguard Children (2018) as:-

- Protecting children from maltreatment
- Preventing impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- Taking action to enable all children to have the best outcomes.

Child Protection: defined as part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm.

Adult Safeguarding: The Care Act (2014) enshrines the six principles of safeguarding, that of:-

- Empowerment - Presumption of person led decisions and informed consent.
- Protection - Support and representation for those in greatest need.
- Prevention - It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Partnership - Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.
- Accountability - Accountability and transparency in delivering safeguarding.

Adults at risk: Safeguarding duties apply to an adult 18 years or over who:-

- Has needs for care and support (whether the local authority is meeting any of those needs) and;
- Is experiencing, or is at risk of abuse or neglect; and

- As a result of those care needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. Categories of abuse Children

For children's safeguarding, the definitions of abuse are taken from Working Together to Safeguard Children (HM Government, 2018). Abuse is defined as 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). A child may be abused by an adult or adults, or another child or children.

Physical abuse: A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or 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.

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 or unloved, inadequate, or valued only insofar as they 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.

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 and touching outside of 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.

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 abuse. Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment);

- protect a child from physical and emotional harm or danger;
- ensure adequate supervision (including the use of inadequate care-givers); or
- ensure access to appropriate medical care or treatment.
- It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

6. Categories of Abuse Adults

The categories of abuse detailed below are taken from the Care and Support Statutory Guidance (DH 2014).

Physical abuse: including assault, hitting, slapping, pushing and misuse of medication, restraint or inappropriate physical sanctions.

Domestic violence: including psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence.

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 consenting.

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.

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.

Modern slavery: encompasses slavery, human trafficking and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse: including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.

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.

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.

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.

7. Making Safeguarding Personal

Making Safeguarding Personal (MSP) is a shift in culture and practice in response to what we now know about what makes safeguarding more or less effective from the perspective of the person being safeguarded? It is about having conversations with people about how a response in a safeguarding situation enhances involvement, choice and control as well as improving quality of life, wellbeing and safety. It is about seeing people as experts in their own lives and working alongside them.

NHS Bolton CCG will ensure MSP will be implemented throughout the commissioning and contractual process for where it commissions health services. In addition to this, the CCG Head of Safeguarding Adults will:

- Be the MSP Lead;
- Introduce a MSP Champion within the CCG Safeguarding Team;
- Deliver safeguarding adult training and introduce MSP as part of the training package;
- Work with CCG commissioners and contract leads to ensure MSP is embedded across the commissioning cycle;
- Review clinical documentation to ensure MSP is embedded;
- Deliver on the Bolton Safeguarding Adult Board objectives on MSP;
- Audit funded cases (in Primary Care GP Services and Funded care Team) on behalf of the Bolton Safeguarding Adult Board.

8. Roles and Responsibilities of the CCG

Chief Officer

The ultimate accountability for safeguarding sits with the Chief Officer for the CCG. Any failure to have systems and processes in place to protect children and adults at risk in the commissioning process, or by the providers of commissioned services would result in failure to meet statutory and non-statutory constitutional and governance requirements.

The CCG must ensure that robust arrangements are in place to demonstrate compliance with safeguarding responsibilities. This includes:-

- A clear line of accountability for safeguarding reflected in governance arrangements.
- Establishing and maintaining good constitutional and governance arrangements with capacity and capability to deliver safeguarding duties and responsibilities, as well as effectively commissioning services ensuring that all service users are protected from abuse and neglect.
- Having in place clear policies setting out the commitment and approach to safeguarding including safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate.
- Supporting improvements in the quality of safeguarding practice across primary medical care.
 - Ensuring safeguarding plays an integral role in all parts of the commissioning cycle, from procurement to quality assurance.

- Seeking assurance from all commissioned services, both NHS and independent healthcare providers, throughout the year to ensure continuous improvement and to demonstrate compliance with statutory safeguarding duties.
- Ensuring staff are trained in recognising and reporting safeguarding issues, have access to appropriate supervision, and are competent to carry out their roles and responsibilities.
- Effective inter-agency working with the local authority, the police and third sector organisations which includes appropriate arrangements to co-operate with the local authority in the operation of Bolton Safeguarding Children Board (BSCB), Bolton Safeguarding Adult Board (SAB), and Bolton Health and Wellbeing Board.
- Employing or securing the expertise of a Designated Doctor and Nurse for Safeguarding Children, a Designated Doctor and Nurse and for Looked After Children and Designated Paediatrician for Child Deaths.
- Having an Adult Safeguarding Lead and Mental Capacity Act Lead; supported by relevant policies and training.
- Effective systems for responding to abuse and neglect.
- Effective arrangements for information sharing.
- Working with the local authority to enable access to community resources that can reduce social and physical isolation for adults
- Supporting the development of a positive learning culture across partners for safeguarding adults to ensure that organisations are not unduly risk adverse.

Executive Board Lead with responsibility for safeguarding

- Ensures that the CCG has management and accountability structures that deliver safe and effective services in accordance with statutory, national and local guidance for safeguarding children and adults at risk.
- Ensures that service plans/specifications/contracts/invitations to tender etc. include reference to the standards expected for safeguarding children and adults at risk.
- Ensures that safe recruitment practices are adhered to in line with national and local guidance and that safeguarding responsibilities are reflected in all job descriptions.
- Ensures that staff in contact with children and or adults in the course of their normal duties are trained and competent to be alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.

The CCG Safeguarding Service (Designated and Professional Leads for Safeguarding and Mental Capacity Act)

- Designated leads will work across the local health system to support other professionals in their agencies on all aspects of safeguarding.
- To ensure the CCG meet the requirements of the Mental Capacity Act (MCA), including Deprivation of Liberty Safeguards (DoLS).
- To ensure that safeguarding children and adults at risk is an integral part of the CCG's clinical governance framework.
- To promote, influence and develop safeguarding training – on a single and inter-agency basis - to meet the training needs of staff.

- To provide clinical advice on the development and monitoring of the safeguarding aspects contracts/service specifications.
- To provide a health perspective into single and multi-agency learning reviews
- To fulfil the role of the Senior Nominated Officer where there is an allegation against a person who works with children /adults at risk; including, ensuring the CCG operates within Local Safeguarding Boards policies and procedures; to provide a coordinating role in these instances, resolving any interagency issues that may arise and liaising with the Safeguarding Boards as necessary.
- To provide advanced expert knowledge and advice on safeguarding children and adults to a wide range of professional groups and organisations/agencies and where necessary taking responsibility for the oversight of complex cases.
 - To undertake statutory designated safeguarding functions as outlined in statutory guidance¹ and detailed in the Intercollegiate Documents^{2, 3}.
- To provide an annual report on safeguarding which will be considered by the governing body.

Line managers

- To understand the safeguarding policy and the commitment of the CCG to ensure all staff are supported to maintain training and awareness.
- To conduct regular reviews of the standards required for each role. A full re-assessment will be required if changes are made to the duties of the role which warrant a new and different level of employment check or training requirement (e.g. if the post holder takes on new duties involving children or adults at risk of harm or abuse).

Individual Staff Members

- To be alert to the potential indicators of abuse or neglect for children and adults and know how to act on those concerns in line with local guidance.
- To undertake training in accordance with their roles and responsibilities as outlined by the CCG safeguarding training framework and those of the Local Safeguarding Boards so that they maintain their skills and are familiar with procedures aimed at safeguarding children and adults at risk.
- Understand the principles of confidentiality and information sharing in line with local and government guidance.
- To contribute, when requested to do so, to the multi-agency meetings established to safeguard children and adults at risk.

9. Managing Safeguarding Concerns

If an employee of the CCG has concerns that a child or adult is a risk of harm they should notify their line manager and or a member of the CCG Safeguarding Team (see section 15 for contact details). If no member is available to speak to a referral should be made to the Local Authority, for Bolton this is the Multi Agency Safeguarding Screening Service (MASSS) as per local policies and procedures.

¹ HM Government (2018) Working Together to Safeguard Children

² Safeguarding children and young people; roles and competences for health care staff, Intercollegiate Document, Third edition: March 2014

³ Safeguarding Adults: Roles and competences for health care staff Intercollegiate Document, 2018

Please see the following appendices for further information.

- Appendix 1: Practitioners Quick Guide to Making a Referral about the safety or welfare of a child.
- Appendix 2: Safeguarding Adult Process

10. Governance Arrangements

To ensure that safeguarding is integral to the governance arrangements of the CCG the Safeguarding Team will report bi-monthly to the CCG Quality and Safety Committee. The purpose of the report is to provide assurance on the effectiveness of the safeguarding arrangements in place across the organisation and within commissioned services; to ensure that the CCG is kept informed of national and local initiatives for safeguarding; and to brief the CCG on learning from reviews and audits that are aimed at driving improvements to safeguard children and adults at risk.

- The Quality and Safety Committee will oversee the implementation of any action plans stemming from local reviews and audits.
- In addition to the reporting arrangements above an annual safeguarding report will be submitted to the governing body with exception reporting on issues of significance e.g. serious case review reports, inspections' findings.

11. Safeguarding Training

The CCG is committed to have arrangements in place to ensure effective training of all staff. The CCG expects all their staff to be trained in children and adult safeguarding at level 1. Further levels of training will be determined by the responsibilities set out in job descriptions/role functions.

Line managers will agree the level of safeguarding training required for each employee depending on their role and responsibilities, in line with the CCG Safeguarding Training Matrix which can be found at appendix 5.

Support, supervision and mentorship will be provided for safeguarding leads within the CCG as appropriate and identified through personal development needs.

12. Safe Recruitment Practices

Recruiting managers shall seek guidance from Human Resources to determine the level of DBS (formerly CRB) check required for the role. The manager shall ensure clearance is obtained before the applicant commences employment. As an employer of staff in a 'regulated activity' the CCG has a responsibility to refer concerns to the DBS in accordance with the Safeguarding Vulnerable Groups Act 2006. Managers must report concerns to their local HR team who should seek advice from the CCG Safeguarding team (see section 15 for contact details).

13. Managing allegations against people who work with children, young people or adults at risk

Where there are concerns that a member of staff, either directly or non-directly employed, is behaving in a way that demonstrates unsuitability for working with children, or adults at risk, in their present position, or in any capacity, must be reported to the CCG's Heads of Safeguarding Adults and Children as the CCG's nominated Senior Officers for the Managements of Allegations (see section 15 for contact details).

All those involved in the management of allegations of children and young people should be aware of Bolton Safeguarding Children Board procedure for the management of allegations, including the first five minute process as detailed at appendix 3.

The allegation or concern may arise either in the employees/professionals work or private life. Examples include:-

- Behaved in a way that has harmed, or may have harmed a child or adult.
- Possibly committed a criminal offence against or related to a child or adult.
- Behaved towards a child or adult in a way that indicates they may pose a risk of harm to children and/or to adults with care and support needs.
- Where an allegation or concern arises relates to the individuals' private life such as perpetration of domestic abuse; behaviours to his/her own children; or behaviour to others which may impact upon the safety of children/adults at risk to whom they owe a duty of care.

All concerns and allegations against children must be referred to the Local Authority Designated Officer (LADO) within one working day will be considered in line with Bolton Safeguarding Children Board policy [for Managing allegations against people who work with children and young people](#).

All concerns and allegations against adults at risk must be referred to Bolton Adult Social Care in line with the policies and procedures of Bolton Safeguarding Adult Board.

In instances where the allegation suggests that a child or adult is at risk of significant harm the case must be referred to the Local Authority in line with the policies and procedures of the Local Safeguarding Boards.

12. Information Sharing

Effective sharing of information between practitioners and local organisations and agencies is essential for early identification of need, assessment and service provision to keep children safe. Serious case reviews have highlighted that missed opportunities to record, understand the significance of and share information in a timely manner can have severe consequences for the safety and welfare of children.

Practitioners should be proactive in sharing information as early as possible to help identify, assess and respond to risks or concerns about the safety and welfare of children. Whether this is when problems are first emerging, or where a child is already known to local authority children's social care (e.g. they are being supported as a child in need or have a child protection plan). Practitioners should be alert to sharing

important information about any adults with whom that child has contact, which may impact the child's safety or welfare.

Fears about sharing information must not be allowed to stand in the way of the need to promote the welfare, and protect the safety, of children, which must always be the paramount concern. To ensure effective safeguarding arrangements:

All practitioners should not assume that someone else will pass on information that they think may be critical to keeping a child safe. If a practitioner has concerns about a child's welfare and considers that they may be a child in need or that the child has suffered or is likely to suffer significant harm, then they should share the information with local authority children's social care and/or the police. All practitioners should be particularly alert to the importance of sharing information when a child moves from one local authority into another, due to the risk that knowledge pertinent to keeping a child safe could be lost

Practitioners must have due regard to the relevant data protection principles which allow them to share personal information, as provided for in the Data Protection Act 2018 and the General Data Protection Regulation 2018 (GDPR). http://www.legislation.gov.uk/ukpga/2018/12/pdfs/ukpga_20180012_en.pdf

Practitioners looking to share information should consider which processing condition in the Data Protection Act 2018 is most appropriate for use in the particular circumstances of the case. This may be the safeguarding processing condition or another relevant provision. All practitioners should be confident of the processing conditions, which allow them to store, and share, the information that they need to carry out their safeguarding role.

*Information which is relevant to safeguarding will often be data which is considered **'special category personal data'** meaning it is sensitive and personal. Where practitioners need to share special category personal data, they should be aware that the Data Protection Act 2018 includes 'safeguarding of children and individuals at risk' as a condition that allows practitioners to share information without consent. Relevant personal information can be shared lawfully if it is to keep a child or individual at risk safe from neglect or physical, emotional or mental harm, or if it is protecting their physical, mental, or emotional well-being. Information can be shared legally without consent, if a practitioner is unable to, cannot be reasonably expected to gain consent from the individual, or if to gain consent could place a child at risk.*

Staff should ensure they have undertaken mandatory Information Governance training; this will clarify what information is appropriate to share. In addition to this the Government has issued advice on Information Sharing⁴ which includes 'seven golden rules to information sharing'.

⁴ Information Sharing; advice for practitioners providing safeguarding services, DfE, 2015

Seven golden rules to sharing information:

1. Remember that the Data Protection Act 1998 and human rights law are not barriers to sharing information, but provide a framework to ensure that personal information about living individuals is shared appropriately.
2. Be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.
3. Seek advice if you are in any doubt about sharing the information concerned, without disclosing the identity of the individual where possible.
4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, there is good reason to do so, such as where safety may be at risk. You will need to base your judgement on the facts of the case. When you are sharing or requesting personal information from someone, be certain of the basis upon which you are doing so. Where you have consent, be mindful that an individual might not expect information to be shared.
5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the individual and others who may be affected by their actions.
6. Necessary, proportionate, relevant, adequate, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those individuals who need to have it, is shared in a timely fashion, and is shared securely.
7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

13. The CCG PREVENT Guidance (Radicalisation of Vulnerable People)

Terrorism presents a serious and sustained threat to the United Kingdom and UK interests abroad. Terrorist groups seek to cause widespread disruption, fear and intimidation. They use violence or the threat of violence as a means of publicising their causes, motivating those who might be sympathetic to them and intimidating those who do not sympathise.

Prevent is underpinned by the Counter-Terrorism and Security Act 2015. The law provides powers to the Home Office to be responsible for providing strategic direction and governance on CONTEST which is the government's strategy for counter-terrorism. Prevent is one of the four key principles of the CONTEST strategy, which aims to prevent and stop people becoming terrorists or supporting terrorism.

CONTEST is primarily organised around four key principles / programmes, each with a specific objective:

1. Pursue – to disrupt or stop terrorist attacks.

2. Protect – to strengthen our protection against a terrorist attack by strengthening borders, buildings, public spaces and infrastructures.
3. Prepare – where an attack cannot be stopped, to reduce its impact.
4. Prevent – to stop people becoming terrorists or supporting terrorism

Prevent has 3 national objectives:

1. Respond to the ideological challenge of terrorism and the threat we face from those who promote it.
2. Prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support.
3. Work with sectors and institutions where there are risks of radicalisation which need to be addressed.

PREVENT and the NHS

The Health Service is a key partner in the Prevent agenda and it applies to all parts of the NHS including charitable organisations and private sector bodies which deliver health services directly or indirectly to NHS patients. Locally this would apply to any services commissioned by the CCG.

Healthcare staff have a key role in Prevent. The strategy focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity.

Spotting the Signs

There is no single profile of a person likely to become involved in extremism and the process of radicalisation is different for every person. Radicalisers use normal social processes such as loyalty, self-perception, and fear of exclusion to influence others.

Some of the signs where a vulnerable person is being groomed or drawn into extremism can be linked to changes in behaviour and thought processes. The person may become withdrawn or stop participating in his / her usual activities. A person may express feelings of:

- Anger
- Grievance
- Injustice
- Going missing from their home, school or care setting
- A new group of friends who have an extremist ideology
- Using language that supports 'us and them' thinking.

Bolton's Channel process

The Channel process is a key element of the 'Prevent' strategy and is a multi-agency approach to receiving referrals from agencies to protect and prevent vulnerable people at risk from radicalisation. In Bolton (where appropriate) all Prevent referrals go through the Channel process.

Information Sharing and Prevent

Effective information sharing is key to the delivery of Prevent as it enables partner agencies to take appropriately informed action. This will sometimes require the sharing of personal information between partner agencies; to ensure that the best support is provided to the vulnerable individual.

Although the decision to share information is on a case by case basis, two questions to think about would be:

- Is the public interest served by disclosure of personal information outweigh the public interest served by protecting confidentiality?
- Could your action prevent a serious crime?

Prevent Referral Process

If you are employed by the CCG you can contact the CCG Prevent Lead for more information, advice and support (see section 15 for contact details). Once you have provided the relevant information and it is felt this is a Prevent referral you will be asked to complete a Prevent referral form.

The referral will be sent to the Community Safety Partnership through the Channel Process for consideration.

14. Monitoring and Compliance

The CCG's safeguarding team is responsible for the monitoring, revision and updating of this policy. The safeguarding team will act on behalf of the Chief Nurse in this respect, and will update the Chief Nurse on its implementation.

The policy will be reviewed annually.

Breaches of Policy

This policy is mandatory. Where it is not possible to comply with the policy or a decision is taken to depart from it, this must be notified to the CCG Chief Nurse as the Executive Lead for Safeguarding so that the level of risk can be assessed and an action plan can be formulated.

Where the CCG is a lead commissioner it will notify associate commissioners of a provider's non-compliance with the standards contained in this policy, including action taken where there has been a significant breach.

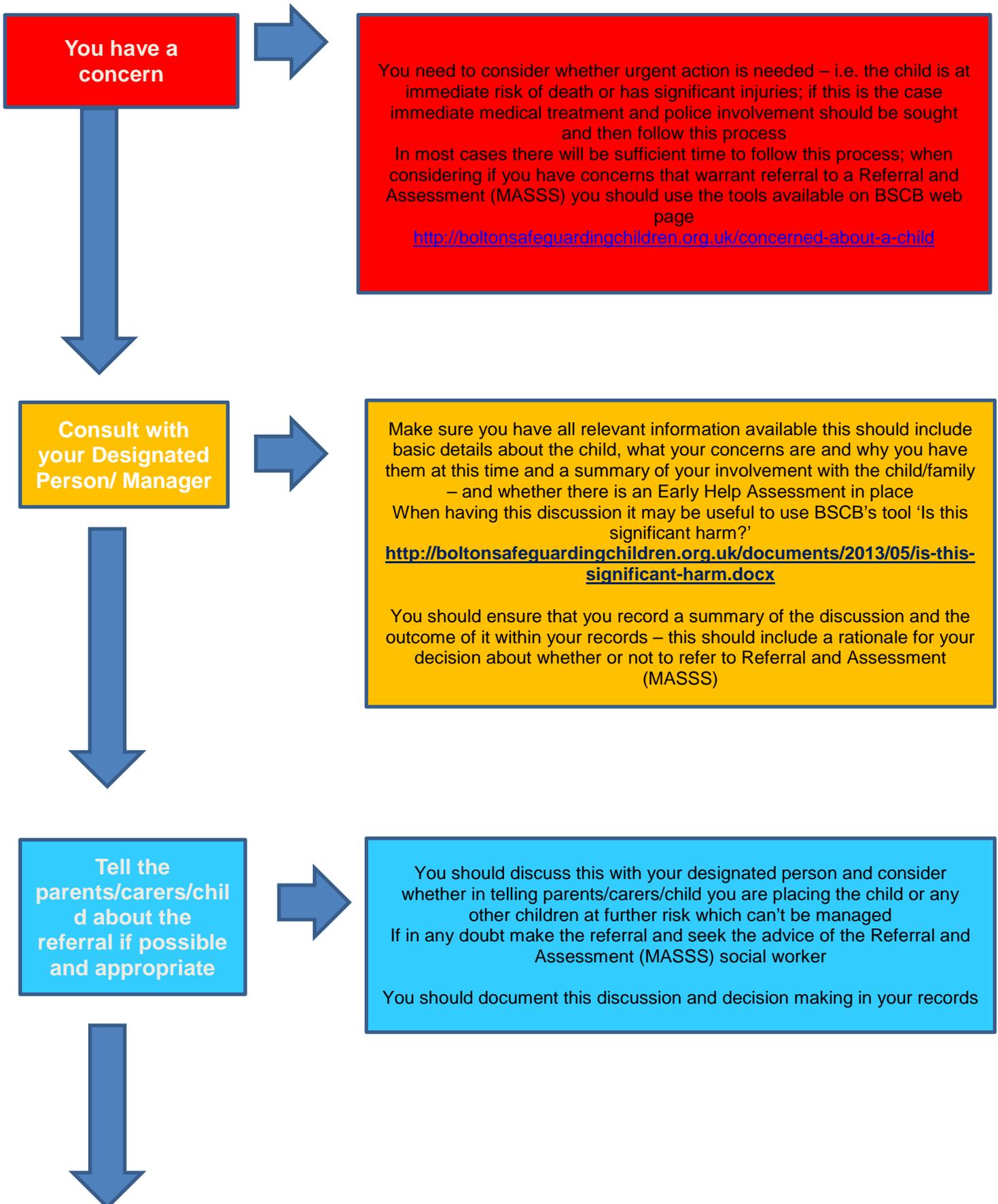
15. Contact Details

The CCG Safeguarding Team	
Head of Safeguarding Children (incorporating Designated Nurse Safeguarding Children and Looked After Children and Senior Nominated Officer)	01204 463390
Deputy Designated Nurse for Looked After Children	01204 462005
Head of Safeguarding Adults (incorporating Senior Nominated Officer)	01204 462204
Specialist Safeguarding Practitioner Adults and Children	01204 462203
Safeguarding Administrator	01204 463390
Bolton Multi-Agency Safeguarding Screening Service (MASS)	01204 331500

16. References

Statutory guidance
Department for Constitutional Affairs (2007) Mental Capacity Act 2005: Code of Practice, TSO: London
Department of Health (2014) Care and Support Statutory Guidance
HM Government (2015) Prevent Duty Guidance (revised 16 July 2015)
HM Government (2018) Working Together to Safeguard Children
Non statutory guidance
DH (Nov, 2011), Building Partnerships, Staying Safe. The health sector contribution to HM Government's Prevent strategy: guidance for healthcare organisations
DH (2011) Safeguarding Adults: The Role of Health Services
HM Government (2015) Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers
Safeguarding children and young people: roles and competences for health care staff Intercollegiate document, Third edition: March 2014
Local Safeguarding Boards
Bolton Safeguarding Children Board : http://boltonsafeguardingchildren.org.uk/
Greater Manchester Safeguarding Children Procedures Manual : http://greatermanchesterscb.proceduresonline.com/chapters/contents.html
Bolton Safeguarding Adult Board : http://boltonsafeguardingadultsboard.org.uk/
Bolton Safeguarding Adult Board Policies and Procedures : http://www.proceduresonline.com/bolton/asg/

Appendix 1: Practitioners Quick Guide to Making a Referral about the safety or welfare of a child



Refer to the Referral and Assessment (MASS) Duty Social Worker



Contact the social worker by telephone and clearly state you are making a referral this will avoid confusion

01204 331500

Make sure you record who you are talking to, make sure you provide a clear account of your concerns and why you are contacting the social worker now

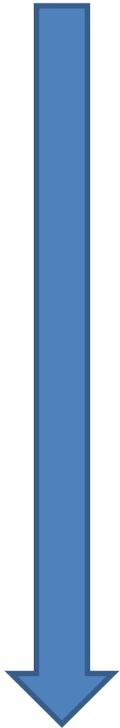
At the end of the call you should know what is going to happen next, the timescales for action and what your role in this will be

When making a referral use BSCB's tool 'Useful Information when making a referral'

<http://boltonsafeguardingchildren.org.uk/documents/2013/05/useful-information-when-making-a-child-protection-referral.docx>

If the duty worker does not agree that social work involvement is needed you should listen to their reasoning for this and their advice about alternative action – including recommendations to use early help processes; if at the end of this you still do not agree then you should use BSCB's resolving professional differences process
http://greatermanchesterscb.proceduresonline.com/chapters/p_resolv_prof_dis.html

You should ensure that the child and their family continues to be supported and kept safe while awaiting resolution



Follow up in writing using Early Help Assessment Form within 2 working days



After you make a telephone referral to a social worker you should follow this up, securely, in writing using the Early Help form to confirm your concerns and to share any additional information you know about the child and their family

R&A@bolton.gcsx.gov.uk

You override consent as you are taking action to safeguard a child – Early Help Assessment can be found

<http://boltonsafeguardingchildren.org.uk/documents/2015/11/early-help-assessment-form.doc>

If you have had no acknowledgment that the written information has been received, you should re-contact the social worker and request an update

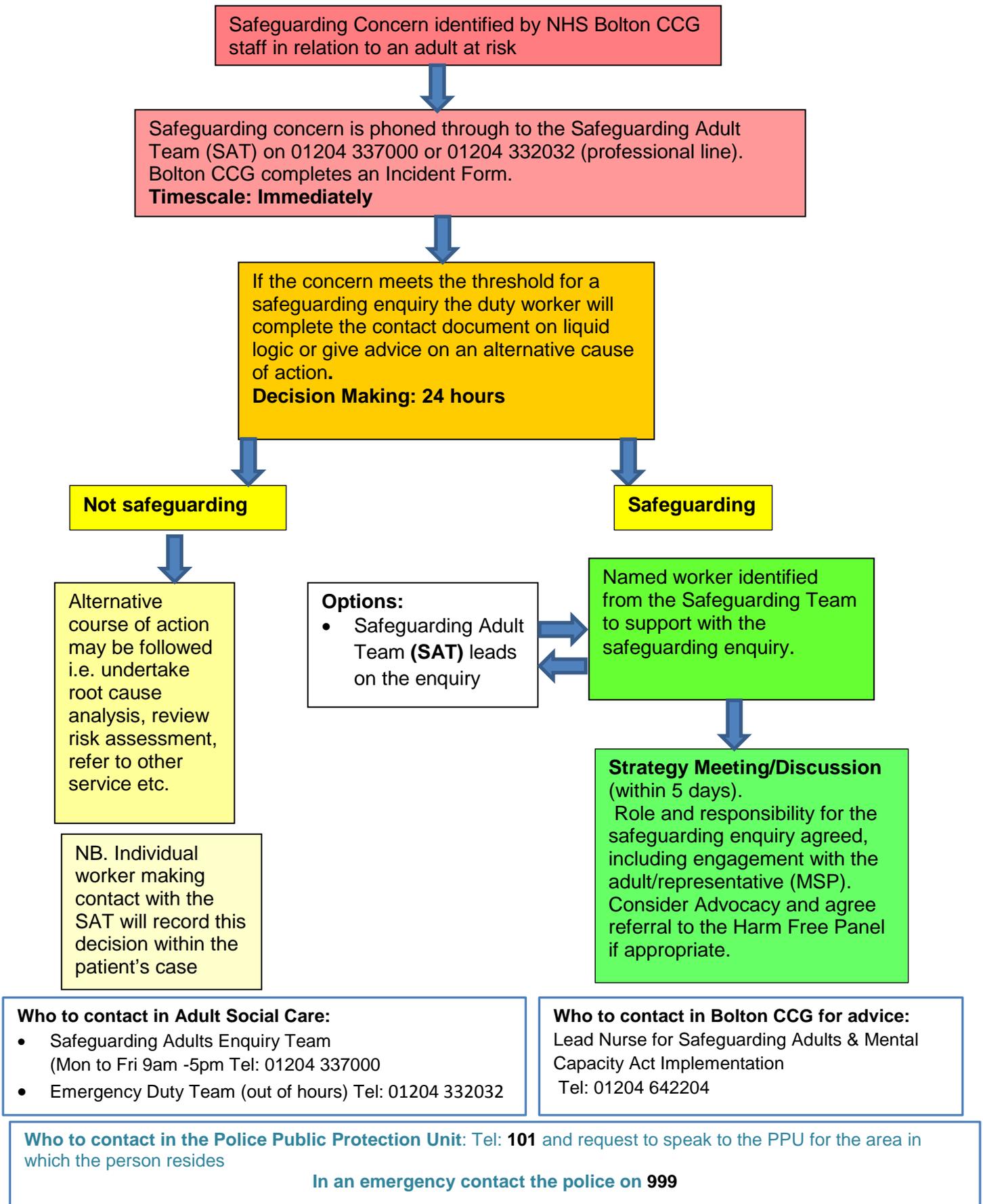
If you know there is an Early Help Assessment and Plan open but you are not the Lead Professional, you should tell the Lead Professional about the action you have taken and why as soon as possible; if you are not sure if there is an Early Help Assessment you can check with the Integrated Working Team on 01204 331394 who will let you know and share details of the Lead Professional where one is identified – it would be good practice to share this information with the Lead Professional

If you are the current Lead Professional making the referral and there is an Early Help Assessment and Plan in place, this should be updated to include the referral information and used to follow up your referral in writing to the social worker - this helps to avoid duplication and gives the social worker the best possible information from which to start their assessment

Remember to also send a secure copy to the Integrated Working Team

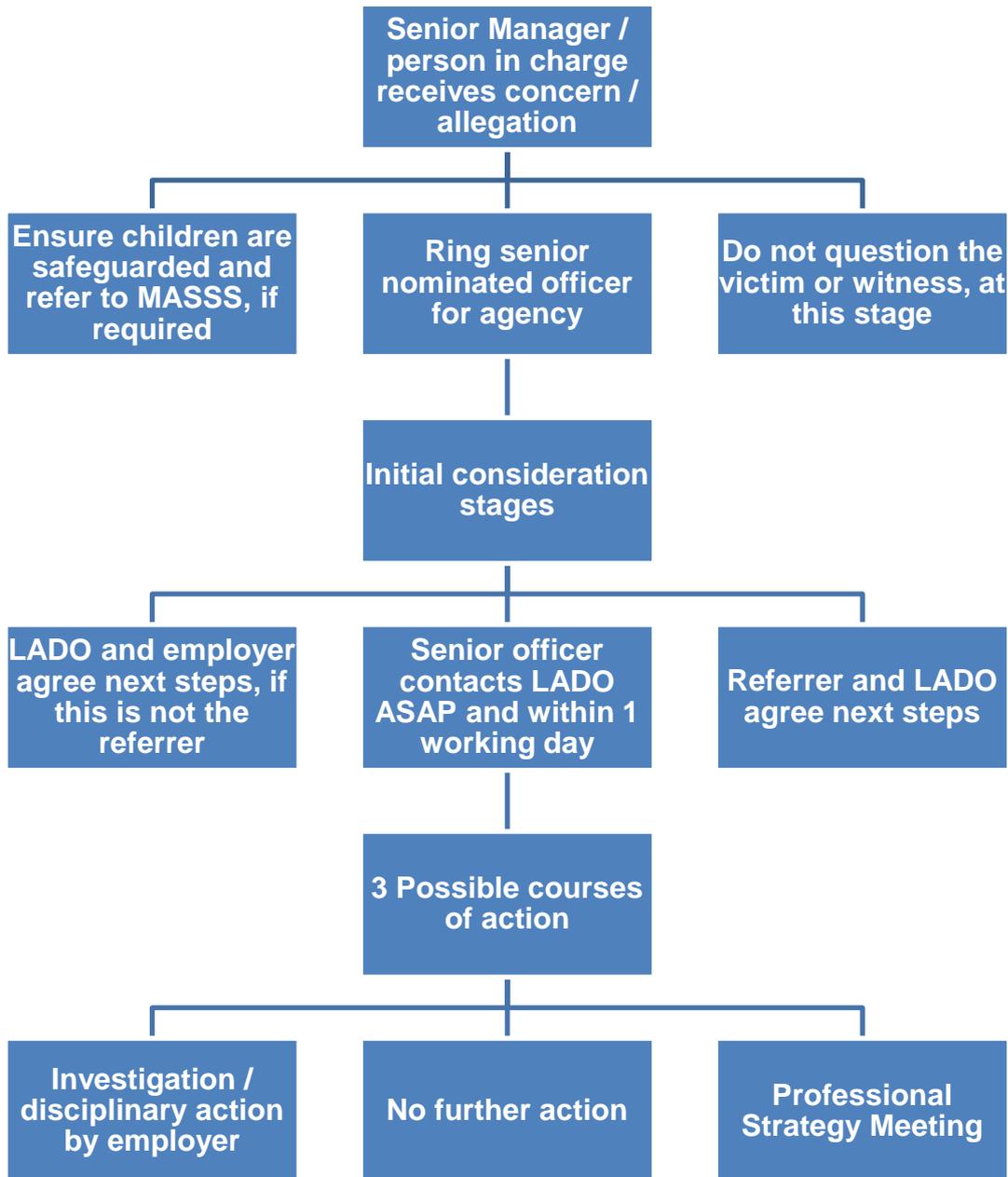
boltonISA@bolton.gov.uk

Appendix 2: Safeguarding Adult Process

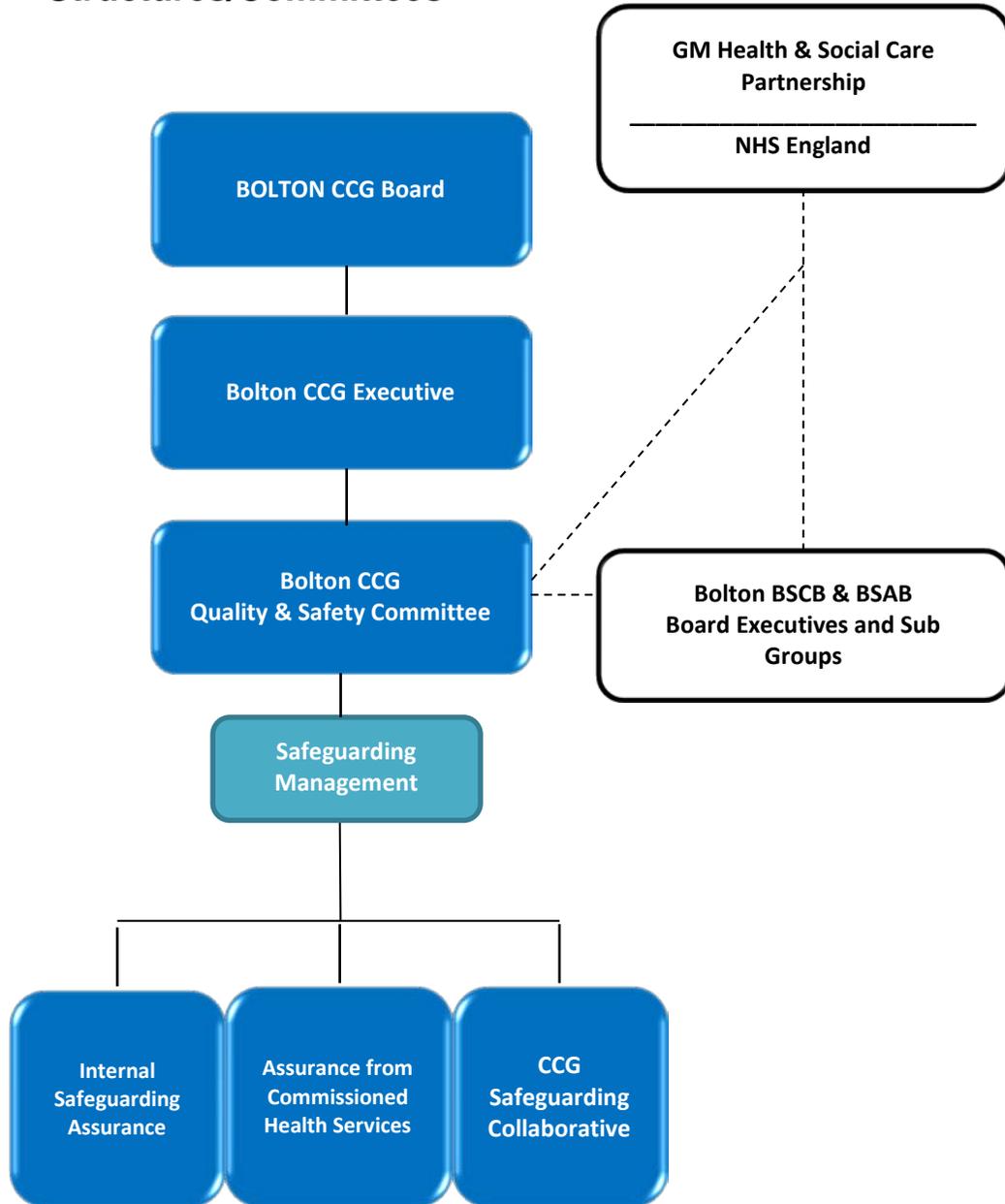


Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies, including those of Bolton Safeguarding Adults Board.

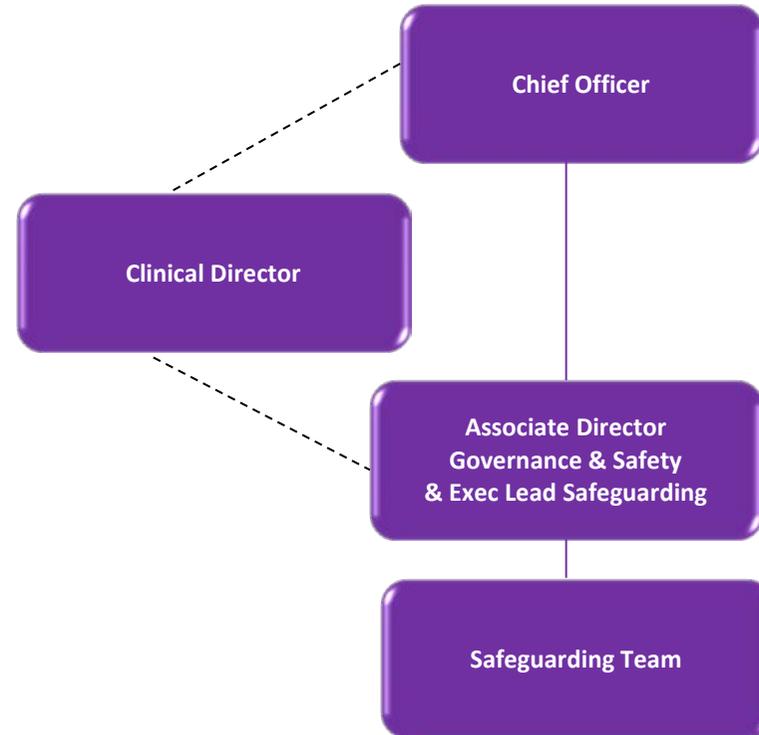
Appendix 3 Managing Allegations Against Those Who Work With Children: “The First Five Minutes “



Structures/Committees



Individual Accountability



NHS Bolton CCG Mandatory Safeguarding Children, Looked After Children and Safeguarding Adults Training Matrix

Safeguarding Children	Level 1 All CCG staff	Level 2 Patient Contact	Level 3 Working with children	Level 4 & 5 Named or Designated	Board Level Executive
Staff Group	All CCG staff including executive members	All clinical staff and non-clinical staff who may have contact with children i.e. CHC staff, coms team, Children's Commissioning Team	All clinical staff working with children and young people i.e. CHC Children's Nurse (classed as a specialist role)	Named GP, Designated Professionals	Chair, Chief Officer Board members including Executives, Non-Executives and Lay Members
Requirement	Level 1 - E learning. Every 3 years and within 6 weeks of starting in post.	Level 1 (once) plus 3 hours of level 2 training which must be repeated in every 3 year period. This may be on line or face to face Must complete training at Level 1 initially before level 2	Level 1 & 2 (once), then 12 hours of level 3 training which is repeated in every 3 year period. LSCB; internal multi- disciplinary; topic based Must have completed level 1 & 2 to proceed to level 3	Minimum of 24 hours of education training and learning over a 3 year period plus regular supervision No requirement for refresher training at 1-4	Must complete Level 1 & additional strategic safeguarding training 1 hour.

Children looked after	Level 1 All CCG staff	Level 2 Patient Contact	Level 3 Working with children	Level 4 & 5 Named or Designated	Board Level Executive
Staff Group	All staff including executive members	All clinical staff and non-clinical staff who may have contact with children i.e. CHC staff, coms team, Children's Commissioning Team	All clinical staff contributing to care plans for children looked after i.e. CHC Children's Nurse (classed as a specialist role)	Named GP, Designated Professionals	Chair, Chief Officer Board members including Executives, Non-Executives and Lay Members
Staff Group	Included within safeguarding training as above	Included within safeguarding training as above	Training to be based on role requirements and agreed following appraisal – to access training within providers	As per safeguarding children	As per safeguarding children
Safeguarding Adults	Level 1 All CCG staff	Level 2 Patient Contact	Level 3 Working clinically with adults	Level 4 & 5 Named or Designated	Board Level Executive
Staff Group	Induction (New Staff)/ within 6 weeks of starting / once completed no need to complete again for next 3 years	All clinical & non-clinical staff who have contact with adults i.e. CHC Staff (band 5, 6, 7's, 8). This includes Admin who have telephone contact require face to face training, pharmacy staff, Demand Management, Mental Health commissioners, Comms Team, Governance Team, etc.	All clinical staff working with Adults at Specialist level i.e. Band 7's and 8.	CCG Designated Safeguarding Professionals	Chair, Chief Officer Board members including Executives, Non-Executives and Lay Members
Requirement	E learning Safeguarding Adults, Prevent & Mental Capacity Act	Must complete training at Level 1 to complete level 2	Must have completed level 1 & 2 to proceed to level 3	Supervision, professional courses, peer review, reflection Degree & holds a Masters	Must complete Level 1 & an additional strategic safeguarding training 1 hour.

Note: Depending on roles and responsibilities some staff may require additional hours of training. This would be identified on a case to case basis in line with the Intercollegiate Document for children and adults or as part of your annual appraisal.