

SAFEGUARDING POLICY

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CONTENTS

POLICY & PROCEDURE GUIDANCE

SECTION PAGE

1.	Introduction	3
2.	Clinical Commissioning Groups Commitments and Values	4
3.	Purpose	4
4.	Application and Scope	5
5.	Objectives	5
6.	Definition of Harm or Significant Risk of Harm	5
7.	Accountability Structure for the CCGs	6
8.	Training	6
9.	Roles and Responsibilities	6
10.	Safe Recruitment	8
11.	Managing Safeguarding Allegations	8
12.	Information Sharing	8
13.	Safeguarding Adult reviews and Serious Case reviews (children)	9
14.	Monitoring	10
15.	Equality Impact Assessment	10
16.	Appendix One - Legislative Framework	11
	Appendix Two – Definitions of abuse	14
	Appendix Three – Safeguarding Accountability Structure	18
	Appendix Four – Abbreviations	19

SAFEGUARDING POLICY FOR SAFEGUARDING CHILDREN, YOUNG PEOPLE AND ADULTS AT RISK

1.0 Introduction

- 1.1 This policy sets out the statutory requirements for Stoke on Trent and North Staffordshire Clinical Commissioning Groups (hereafter referred to as the CCGs) to discharge its appropriate accountability for safeguarding children, young people and adults at risk. This policy should be read alongside the CCG Recruitment Guidance; Managing Safeguarding Allegations Policy; Whistleblowing Policy, Disciplinary and Mental capacity Act Policy. This policy relates to the requirements of the CCGs to safeguard children, young people and adults at risk. If the particular issue relates to dealing with safeguarding allegations about staff, please refer to the CCG Managing Safeguarding Allegations Against Staff policy.
- 1.2 Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (2013), sets out clearly the responsibilities of each of the key players for safeguarding in the NHS. It has been developed in partnership with NHS England, the Department of Health (DH), the Department for Education (DfE) and the wider NHS and Social Care system. The framework aims to:
- Promote partnership working to safeguard children, young people and adults at risk of abuse, at both strategic and operational levels
 - Clarify NHS roles and responsibilities for safeguarding, including in relation to education and training
 - Provide a shared understanding of how the new system will operate and, in particular, how it will be held to account both locally and nationally
 - Ensure professional leadership and expertise are retained in the NHS, including the continuing key role of Designated and Named Professionals for Safeguarding Children and Safeguarding Adult Leads
 - Outline a series of principles and ways of working that are equally applicable to the safeguarding of children and young people and of adults at risk, recognising that safeguarding is everybody's business.
- 1.3 Although the framework focuses on the statutory requirements to safeguard children, the same key principles will apply in relation to arrangements to safeguard adults
- 1.4 The policy sets out the collective and individual expectations for CCG staff to comply with legislation, codes of conduct and behaviours required as an employee of the CCGs. The policy describes the definitions of abuse for both children and adults; it sets out how employees should report such abuse and describes the inter-related Human Resources (HR) policies that should be read in conjunction with this policy.

2.0 The CCG's Commitments and Values

- 2.1 The NHS Constitution establishes the principles and values of the CCGs in England. It sets out rights to which patients, public and staff are entitled. It sets out the pledges the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.
- 2.2 As a publicly funded NHS body, the CCGs expects high standards from all of its employees and, in line with the key principles of the Constitution, CCGs aspire to the highest standards of excellence and professionalism in the people it employs, the education, training and development they receive and in the leadership and management of the organisation.
- 2.3 The CCGs 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, to protect adults at risk from abuse or the risk of abuse and support the Home Office Counter Terrorism strategy CONTEST, which includes a specific focus on PREVENT (preventing violent extremism / radicalisation), please refer to the CCG PREVENT policy. Throughout this document, safeguarding children, young people and adults at risk includes those vulnerable to violent extremism/ radicalisation. The key legislative framework includes The Children Act 1989 (2004), No Secrets (2000), Crime and Disorder Act (1998), the Care Act (2014) and the Counter-Terrorism and Security Bill (2014)
- 2.4 Equality and diversity are at the heart of the CCGs values. Throughout the development of the policies and processes cited in 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 under the Equality Act 2010) and those who do not share it. This policy and procedure will not discriminate, either directly or indirectly, on the grounds of the 9 protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

3.0 Purpose

- 3.1 This policy sets out the key principles that all staff and workers working within CCGs should be made aware of in safeguarding children, young people and adults at risk.
- 3.2 All staff and workers carrying out the business of CCGs should be aware of the integrated agenda to support vulnerable children, young people and adults at risk in particular those in need of protection.
- 3.3 The CCG commits to provide line management support and opportunities for learning and development to ensure that employees have the skills they need to perform their duties and to succeed in their role. For explicit details of roles and responsibilities, and training needs please refer the CCG Training Strategy.

- 3.4 This policy and procedure will not discriminate, either directly or indirectly, on the grounds of the 9 protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation)

4.0 Application and scope

- 4.1 This policy applies to all employees and workers of the CCGs, including secondees into and out of the organisation, volunteers, students, honorary appointees, trainees, contractors, and temporary workers (including locum doctors and those working on a bank or agency contract). This list is not exhaustive.

5.0 Objectives

- 5.1 In developing this policy the CCGs recognise that safeguarding children, young people 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. In order to achieve effective joint working there must be constructive relationships at all levels, promoted and evidenced by:

- Clear lines of accountability within the organisation for work on safeguarding
- Robust communication and escalation strategies that complement Local Safeguarding Children Boards (LSCB) and Safeguarding Adults Boards (SAB) strategies
- Staff training and continuing professional development so that staff are competent to undertake their roles and responsibilities, and those of other professionals and organisations in relation to safeguarding children and adults at risk
- Safe working practices including recruitment, vetting and barring procedures.
- Effective interagency working, including effective information sharing

This list is not exhaustive.

- Designated Professionals, Adult Safeguarding Leads and Named Doctors, as clinical experts and strategic leaders, are a vital source of advice to the CCGs
- Provision of support, supervision and mentorship to safeguarding leads within the CCGs

6.0 Definition of harm or significant risk of harm

- 6.1 Legislation describes the definition of harm and significant risk for children, young people and adults at risk.
- 6.2 Somebody may abuse or neglect a child/adult by inflicting harm, or failing to act to prevent harm. Children/adults may be abused in a family or in an institutional or

community setting, by those known to them or, by a stranger. The Office for Security and Counter Terrorism in the Home Office is responsible for providing strategic direction and governance on CONTEST (violent extremism).

- 6.3 Appendix 2 sets out the definitions of harm and risk of significant harm for both children and adults at risk

7.0 Accountability structure for the CCGs

- 7.1 The CCGs are organised in to two geographical areas, Stoke-on-Trent and North Staffordshire each having separate governing Boards There is senior clinical leadership at all levels including those with responsibilities and expertise in safeguarding. The Board Nurse is the executive lead for safeguarding and will lead work that will define improvement in safeguarding practice.

8.0 Training

- 8.1 The CCGs are committed to have arrangements in place to ensure effective training of all staff. The level of training will be determined by the responsibilities set out in job descriptions/role functions.

- 8.2 Support, supervision and mentorship will be provided for safeguarding leads within the CCGs as appropriate and identified through personal development needs. Safeguarding leads will agree the level of safeguarding training required for each employee depending on their role and responsibilities. For safeguarding training staff are directed to the CCGs Safeguarding Training Strategy),

Further guidance regarding levels of safeguarding training for professionals can be accessed via the intercollegiate guidance document; Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (2014);
http://www.rcpch.ac.uk/sites/default/files/asset_library/Health%20Services/Safeguarding%20Children%20and%20Young%20people%202010.pdf

- 8.3 Health Education England (HEE) working in conjunction with its Local Education and Training Boards (LETBs) has responsibility for all professional education and training. HEE provides strategic leadership and workforce intelligence in support of the CCGs delivery of the mandate.

9.0 Roles and responsibilities

- 9.1 Safeguarding Vulnerable People in the Reformed NHS: Accountability and Assurance Framework (NHS CB 2013) sets out clearly the responsibilities of each key player for safeguarding in the NHS. The functions, level of support and assurance needs to be negotiated locally.

9.2 All Board members/commissioning leads should have core competencies in safeguarding and must know the common presenting features of abuse and neglect. In addition Board members/commissioning leads should have an understanding of the statutory role of the Safeguarding Adult and Children's Boards including partnership arrangements, policies, risks and performance indicators; staff's roles and responsibilities in safeguarding; and the expectations of regulatory bodies in safeguarding. Essentially the board will be held accountable for ensuring children and young people and adults at risk receive high quality, evidence based care.

9.3 Chair

The Chairs of the CCGs responsible for the effective operation of the Board with regard to Safeguarding children, young people and adults at risk

9.4 Clinical Accountable Officer (CAO)

The CAO of the CCG must provide strategic leadership, promote a culture of supporting good practice with regard to Safeguarding children and adults within their organisations and promote collaborative working with other agencies.

9.5 Executive Lead

The Executive lead for safeguarding in the CCGs is the Board level nurse who takes responsibility for safeguarding issues The Executive lead will report to the CCGs' Board on the performance of their delegated responsibilities and will provide leadership in the long term strategic planning for safeguarding services for children and adults across the organisation supported by the Designated Professionals and Adult Safeguarding Lead

9.6 Lay Board members

To demonstrate good practice Boards should consider the appointment of a lay board member to ensure the Organisation discharges its safeguarding responsibilities appropriately and to act as a champion for children and young people. Their key responsibilities will be to;

- To ensure appropriate scrutiny of the Organisation's safeguarding performance
- To provide assurance to the Board of the Organisation's safeguarding performance

9.7 CCG membership of the Safeguarding Adult and Children Boards

The Designated Nurse Safeguarding Children and the Adult Safeguarding Lead Nurse have delegated authority from the CCGs for Safeguarding Board membership

9.8 Employees

- Employees have a responsibility to achieve and maintain the standards that have been outlined to them. They must therefore report any safeguarding concerns to line managers.

- They must co-operate with their managers in identifying development needs and to act on them.

9.9 Line managers

- Line managers understand the safeguarding policy and the commitment of the CCGs to ensure all staff are supported to maintain training and awareness.
- Conduct regular reviews of the checks and 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 (e.g. if the post holder takes on new duties involving children or vulnerable adults).

10.0 Safe recruitment

- 10.1 Recruiting managers shall seek guidance from Human Resources to determine the level of Disclosure and barring Service (DBS formerly Criminal Records Bureau) 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 CCGs have 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,

11. Managing safeguarding allegations

- 11.1 If an employee of the CCG has concerns that a child or young person or adult is at risk of harm, they should notify their line manager and/or local safeguarding lead/ and/or the local Social Services in accordance with their local interagency policy and procedures

www.safeguardingchildren.stoke.gov.uk

www.staffsscb.org.uk

www.stopabuse.info

- 11.2 The safeguarding lead will always offer advice and additional support.
- 11.3 Staff may contact the Social Services Emergency Duty team in the out of hours period, or to check whether the child is known to the Social Care team. (In the case of an emergency staff may consider contacting the Police in cases where this is necessary).

12.0 Information sharing

- 12.1 It is important that all involved remain confident that their personal information is kept safe and secure and that practitioners maintain the privacy rights of the individual, whilst sharing information to deliver better services. It is important that practitioners

can share information appropriately as part of their day-to-day practice and do so confidently. Professionals will wish to refer to specific advice from their professional body regarding information sharing e.g. GMC guidance; http://www.gmc-uk.org/guidance/ethical_guidance/13388.asp or NMC guidance; <http://www.nmc-uk.org/nurses-and-midwives/advice-by-topic/a/advice/confidentiality/>

12.2 Staff and Workers should ensure they are familiar with CCG Information Governance Policy and have undertaken Mandatory Information Governance Training. This will help clarify what information is appropriate to share. Local LSCBs and LSAB will have multi-agency information sharing policies/protocols in place and staff should ensure they understand and adhere to these.

12.3 There are seven golden rules for information sharing:

- Remember that the Data Protection Act 1998 is not a barrier to sharing information
- Be open and honest with the person (and/or their family where appropriate) at 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.
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible
- 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, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case
- Consider safety and well-being of the person and others who may be affected by their actions
- The sharing of information should be necessary, proportionate, relevant, accurate, timely and secure
- Keep a record of your decision and the reasons for it. Record what you have shared, with whom and for what purpose

13. Safeguarding Adult Reviews and Serious Case Reviews (children)

13.1 The CCG has a statutory duty to work in partnership with the Local Safeguarding Boards, and/or any other Safeguarding Board, in conducting Serious Case Reviews in accordance with Chapter 4 – Serious Case Reviews of Working Together to Safeguard Children (HM Government, 2013) and the Care Act 2014. The Designated and Lead Safeguarding Professionals will inform NHS England and the Care Quality Commission (CQC) when a Serious Case Review is commissioned.

13.2 The CCG will ensure that designated and lead professionals are given sufficient time and necessary support to complete all related work in relation to any serious case review

13.3 The CCG must ensure that the review and all actions following the review are carried out according to the timescale set out by the LSCB/SAB Serious Case Review Panel scoping and terms of reference.

13.4 The CCGs Quality Committees will monitor the progress of identified recommendations and supporting action plans for issues relating to the CCG.

14.0 Monitoring

14.1 The Designated Nurse Safeguarding Children and the Lead Nurse for Safeguarding Adults are responsible for the monitoring, revision and updating of this policy. They will act on behalf of the Executive lead in this respect.

14.2 This policy will be monitored with regard to the implications of equality and diversity on a regular basis.

15 Equality impact assessment

15.1 This document forms part of the CCGs commitment to create a positive culture of respect for all staff and service users. The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

Appendix 1- Legislative framework

- 1.0 Statutory Guidance on making arrangements to Safeguard and promote the welfare of children under section 11 of the Children Act 2004 (HM Government 2007) states the responsibilities of NHS organisations as:
- 1.1 *“The Health and Social Care (Community Health and Standards Act) 2003 places a duty on each NHS body ‘to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body’ and gives the Secretary of State the power to set out standards to be taken into account by every English NHS body in discharging that duty”*
- 1.2 The Health and Social Care Standards and Planning Framework 2005-8 National Standards, Local Action, set out the core and developmental standards for the NHS.
- 1.3 The Care Act 2014, to be enacted in 2015, makes provision to reform the law relating to care and support for adults and the law relating to support for carers; to make provision about safeguarding adults from abuse or neglect; to make provision about care standards;
- 1.4 The Care Act 2014 builds on the Draft Care & Support Bill published in July 2012 and takes account of the findings of the public consultation, engagement and pre-legislative scrutiny. It also considers the findings of the Dilnot Commission’s Report into the Funding for Care and Support and the Francis Inquiry into the failings at Mid-Staffordshire Hospital.
- 1.5 The Care Act 2014 looks to bring care and support legislation into a single statute. It is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. To promote individual wellbeing, their needs, views, feelings and wishes should be considered in all aspects of their wellbeing from physical and mental health, through dignity and respect to control over their daily needs, access to employment, education, social and domestic needs and the suitability of their accommodation. It also requires the promotion of integration of care and support with local authorities, health and housing services and other service providers to ensure the best outcomes are achieved for the individual.
- 1.6 Under new legislation, local authorities and other parts of the health, care and support system would have a clear framework to protect vulnerable adults at risk of abuse or neglect.
- 1.7 Local authorities will also need to investigate, or get others to make enquiries, if they think anyone with care and support needs is at risk of neglect or abuse, regardless to whether they are providing care and support services to the person. The Care Act 2014 does not however give the local authority the right to enter a person’s property without permission.

- 1.8 No Secrets' (DH 2000) sets out a code of practice for the protection of vulnerable adults. It explains how commissioners and providers of health and social care services should work together to produce and implement local policies and procedures. They should collaborate with the public, voluntary and private sectors and they should also consult service users, their carers and representative groups. Local authority social services departments should co-ordinate the development of policies and procedures
- 1.9 As a commissioning organisation the CCGs are also required to ensure that all health providers from which it commissions services (both public and independent sector) have comprehensive single and multi-agency policies and procedures in place to safeguard and promote the welfare of children and young people and to protect vulnerable adults from abuse or risk of abuse; that health providers are linked into the Local Safeguarding Children and Safeguarding Adults Boards and that health workers contribute to multi-agency working.
- 2.0 Working Together to Safeguard Children: A guide to inter-agency working to Safeguard and promote the welfare of children. HM Government March 2013.
This guidance covers:
- The legislative requirements and expectations on individual services to Safeguard and promote the welfare of children; and
 - A clear framework for Local Safeguarding Children's Boards (LSCBs) to monitor the effectiveness of local services. It is issued under:
 - Section 7 of the Local Authority Social Services Act 1970, which requires local authorities in their functions to act under the general guidance of the Secretary of State;
 - Section 11(4) of the Children Act 2004 which requires each person or body to which the section 11 duty applies to have regard to any guidance given to them by the Secretary of State; and
 - Section 16 of the Children Act 2004 which states that local authorities and each of the statutory partners must, in exercising their functions relating to Local Safeguarding Children Boards, have regard to any guidance given to them by the Secretary of State
 - The guidance sets out key roles for individual organisations and key elements of effective local arrangements for safeguarding. It is very important these arrangements are strongly led and promoted at local level
- 2.0 The guidance supports to commitment given in the NHS Mandate "We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs."
- 2.1 PREVENT Strategy (HM Government 2011) sets out the government's commitment to understand factors which encourage people to support terrorism and then to engage in terrorism-related activity. Evidence suggests that radicalisation is driven by an ideology which sanctions the use of violence; by propagandists for that ideology here and

overseas; and by personal vulnerabilities and specific local factors which, for a range of reasons, make that ideology seem both attractive and compelling. Prevent is part of the country's counter-terrorism strategy, CONTEST. Its aim is to stop people becoming terrorists or supporting terrorism.

- 2.2 As part of CONTEST, the aim of PREVENT is to stop people from becoming terrorists or supporting terrorism. The health sector has a non-enforcement approach to prevent and focuses on support for vulnerable individuals and health care organisations. The PREVENT agenda requires healthcare organisations to work with partner organisations to contribute to prevention of terrorism by safeguarding and protecting vulnerable individuals and making safety a shared endeavour. Please refer to the CCG PREVENT Policy

Appendix 2 Definition of abuse (children)

2.0 Physical abuse

2.1 Physical abuse 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.

2.2 Emotional abuse

2.2.1 Emotional abuse is 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 children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond the child's development 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 causing children frequently to feel frightened or in danger, or the exploitation or corruption of children of children. Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.

2.3 Sexual abuse

2.3.1 Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. They may include non-contact activities, such as involving children in the looking at, or in the production of, sexual online images, watching sexual activities or encouraging children to behave in sexually inappropriate ways.

2.4 Neglect

2.4.1 Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in 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)

- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

2.4.2 Staff also need to be aware of vulnerable groups such as those with disabilities, children living away from home, asylum seekers, children and young people in hospital, children in contact with the youth justice system, victims of domestic abuse and those vulnerable due to religion, ethnicity etc. and those who may be exposed to violent extremism.

2.5 Definition of abuse (Adults)

2.5.1 Living a life that is free from harm and abuse is a fundamental human right for every person and an essential requirement for health and well-being. safeguarding adults is about safety and well-being but providing additional measures for those least able to protect themselves from harm or abuse

2.6 Physical

2.6.1 Examples of physical abuse are assault, rough handling, hitting, pushing, pinching, shaking, misusing medication, scalding, inappropriate sanctions, and exposure to excessive heat or cold. Unlawful or inappropriate use of restraint or physical interventions and/or deprivation of liberty are also physical abuse.

2.7 Sexual and sexual exploitation

2.7.1 Some examples of sexual abuse/assault include the direct or indirect involvement of the adult at risk in sexual activity or relationships which:

- They do not want or have not consented to
- They cannot understand and lack the mental capacity to be able to give consent to
- They have been coerced into because the other person is in a position of trust, power or authority, for example, a care worker.
- Required to watch sexual activity.

2.8 Psychological/ emotional

2.8.1 This is behaviour that has a harmful effect on the person's emotional health and development or any form of mental cruelty that results in:

- Mental distress
- The denial of basic human and civil rights such as self-expression, privacy and dignity
- negating the right of the adult at risk to make choices and undermining their self-esteem

- Isolation and over-dependence that has a harmful effect on the person's emotional health, development or well-being.
- Bullying
- Verbal Attacks
- Intimidating

2.9 Neglect

2.9.1 A person's well-being is impaired and care needs not met. Behaviour that can lead to neglect includes including ignoring medical or physical needs, failing to allow access to appropriate health, social care and educational services, and withholding the necessities of life such as medication, adequate nutrition, hydration or heating.

Neglect can be intentional or unintentional.

Intentional neglect would result from:

- Wilfully failing to provide care
- Wilfully preventing the adult at risk from getting the care they needed
- being reckless about the consequences of the person not getting the care they need.

2.9.2 Unintentional neglect could result from a carer failing to meet the needs of the adult at risk because they do not understand the needs of the adult at risk, may not know about services that are available or because their own needs prevent them from being able to give the care the person needs. It may also occur if the individuals are unaware of or do not understand the possible effect of the lack of action on the adult at risk.

3.0 Discrimination

3.1 Discriminatory abuse exists when values, beliefs or culture result in a misuse of power that denies opportunity to some groups or individuals and this results in harm
Psychological abuse that is racist, sexist or linked to a person's sexuality, disability, religion, ethnic origin, gender, culture or age

4.0 Institutional

4.1 Observed lack of dignity and respect in the care setting, rigid routine, processes/tasks organised to meet staff needs, disrespectful language and attitudes.

4.2 Domestic violence and self-harm need to be considered as possible indicators of abuse and /or contributory factors

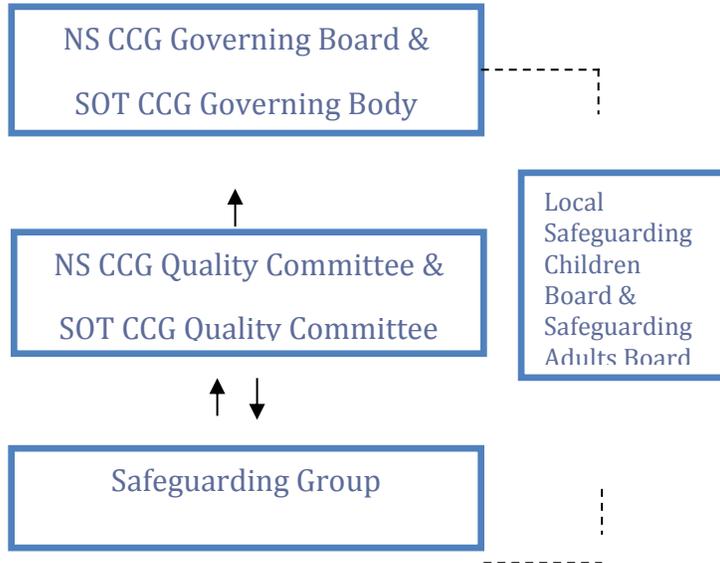
5.0 Financial

5.1 It is the use of a person's property, assets, income, funds or any resources without their informed consent or authorisation. It includes:



- Theft
- Fraud
- Exploitation
- Undue pressure in connection with wills, property, inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits
- The misuse of an enduring power of attorney or a lasting power of attorney, or appointeeship.

Appendix 3. Accountability structure for safeguarding within the CCGs



The Safeguarding Group is a sub-group of both the North Staffordshire CCG Quality Committee and Stoke-on-Trent CCG Quality Group.

The Safeguarding Group is authorised by the Quality Committee/Group to act within its terms of reference.

All Members of the Safeguarding Group are directed to co-operate with any request made by the Quality Committee/Group.

The role of the Safeguarding Group is to assist and advise the CCGs to exercise of their statutory functions.

A list of abbreviations/glossary

CONTEST	The United Kingdom's Counter Terrorism Strategy
CQC	Care Quality Commission
DBS	Disclosure and Barring Service
DfE	Department for Education
DH	Department of Health
GMC	General Medical Council
HEE	Health Education England
HO	Home Office
LETB	Local Education and Training Board
LSCB	Local Safeguarding Children's Board
NMC	Nursing and Midwifery Council
PREVENT	<i>PREVENT</i> involves the identification and referral of those susceptible to violent extremism into appropriate interventions. These interventions aim to divert the susceptible from embarking down the path to radicalisation.
LSAB	Local Safeguarding Adult Board