

SAFEGUARDING POLICY

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If the review date has passed please contact the Author for advice.
Powys Teaching Health Board is the operational name of Powys Teaching Local Health Board
Bwrdd Iechyd Addysgu Powys yw enw gweithredol Bwrdd Iechyd Lleol Addysgu Powys

Version	Summary of Changes/Amendments	Issue Date
1	<p>Initial Issue</p> <p>The following are incorporated into this document:</p> <ul style="list-style-type: none"> • SGP001 Child at risk referral flow chart • SGP 008 Transfer of Looked After • Children and Child protection records • SGP 014 Working with parents who experience mental ill health or have a learning disability. • SGP 013 Children of parents who misuse alcohol or substances • SGP032 Adult at risk referral flow chart. • SGP 037 Chaperone Policy • incorporated into this document NICE guidance hyperlink added to section 6.2 • Reference made to SGP043 Deprivation of Liberty <p>Safeguards Policy and procedure</p>	October 2018
2	<p>Updated in line with:</p> <p>Wales Safeguarding Procedures 2019</p> <p>Prevent Policy SGP 034</p> <p>Policy for Managing Was Not Brought/Did Not Attend/No</p> <p>Access Appointments for Vulnerable People SGP047</p> <p>Managing Allegations of Abuse Made Against Professionals and Members of Staff SGP 041</p>	September 2020
3	Links updated	September 2022
4	<p>Links updated</p> <p>Job title: 'Senior Nurse for Safeguarding' changed to 'Head of Safeguarding'</p>	September 2023
5	Addition of section on virtual appointments	March 2024

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ENGAGEMENT & CONSULTATION

Key Individuals/Groups Involved in Developing this Document

Role / Designation
Safeguarding Team

Circulated to the following for Consultation.

Date	Role / Designation
01/06/18	Safeguarding Committee members
01/06/18	Information Governance Team
20/07/18	Endorsed at Safeguarding Committee
22/08/18	Re-circulated to Safeguarding Committee members for endorsement of additional paragraph to subsume PTHB Working with Parents who experience mental ill health or who have learning disabilities guidance document.

Evidence Base

Please list any National Guidelines, Legislation or Health and Care Standards relating to this subject area

- Wales Safeguarding Procedures 2019
- Anti-Social Behaviour, Crime and Policing Act 2014
- Children Act 1989
- Children Act 2004
- Deprivation of Liberty Safeguards 2009
- Female Genital Mutilation Act 2003
- General Data Protection Regulation 2018
- Good Working Key Principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales (March 2019)
- Mental Capacity Act 2005
- NHS Staff Raising Concerns policy 2016
- Nursing and Midwifery Council The Code 2015
- Serious Crime Act 2015
- Sexual Offences Act 2003
- Social Services and Wellbeing (Wales) Act 2014
- Violence Against Women Domestic Abuse and Sexual Violence (Wales) Act 2015
 - Domestic Abuse Act 2021
- Well-being of Future Generations Act (Wales) 2015
- **Health and Care Standards April 2015**
 Standard 2: Safe Care
 Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk.

IMPACT ASSESSMENTS

Equality Impact Assessment Summary					
	No impact	Adverse	Differential	Positive	Statement
					Positive impact on the protected characteristics listed on the left
Age				✓	
Disability				✓	
Gender reassignment				✓	
Pregnancy and maternity				✓	
Race				✓	
Religion/ Belief				✓	
Sex				✓	
Sexual Orientation				✓	
Marriage and civil partnership				✓	
Welsh Language				✓	
Human Rights				✓	
Risk Assessment Summary					
<p>Have you identified any risks arising from the implementation of this policy / procedure / written control document?</p> <p>The All-Wales Child Protection Procedures 2008 and the Wales Interim Policy & Procedures for the Protection of Vulnerable Adults from Abuse 2013 are being replaced by National Protection Procedures due to be launched in 2019. Once developed, this policy may need to be amended to align with the National Protection Procedures. Updated to reflect this June 2020</p>					
<p>Have you identified any Information Governance issues arising from the implementation of this policy / procedure / written control document?</p> <p>No</p>					
<p>Have you identified any training and / or resource implications as a result of implementing this?</p> <p>No</p>					

1. Introduction

The Social Services and Well-being (Wales) Act 2014 states that all staff have a duty to report any adult or child 'at risk', to the Local Authority. Staff must also have due regard to the Human Rights Act 1998 and not act in a way that is incompatible with a person's rights under the European Convention on Human Rights (1953) which are enshrined in this Act.

Part 7 of the Social Services and Well-being (Wales) Act 2014 references

Article 2 – Right to have life protected;

Article 3 – Right not to be subjected to inhuman or degrading treatment;

Article 5 – Right to liberty and security;

Article 6 – Right to a fair hearing;

Article 8 – Right to respect for private and family life, home, and correspondence.

Staff must also have due regard to:

United Nations Convention on the Rights of the Person with a Disability (2009)

[Committee on the Rights of Persons with Disabilities | OHCHR](#)

United Nations Convention on the Rights of the Child (1992)

[UN Convention on the Rights of the Child \(unicef.org.uk\)](#)

Welsh Government declaration for the rights for older people in Wales (2014)

[Human rights and dignity | Social Care Wales](#)

Safeguarding adults and children 'at risk' means preventing and responding to concerns of abuse, harm, or neglect.

Professionals should work together in partnership with people so that they can:

- Stop abuse or neglect wherever possible.
- Prevent harm and reduce the risk of abuse or neglect to adults and children with care and support needs.
- Safeguard adults at risk in a way that supports them in making choices and having control about how they want to live.
- Promote an approach that concentrates on improving life for the adult or child concerned.
- Raise public awareness so that communities as a whole, alongside professionals, play their part in preventing, identifying, and responding to abuse and neglect.
- Provide information and support in accessible ways to help people understand the different types of abuse, how to stay safe and what to do to raise a concern about the safety or well-being of an adult or child.
- Address the cause of the abuse.

This policy aims to provide Powys Teaching Health Board (PTHB) staff with the knowledge they need to safeguard adults and children at risk.

2. Objectives

For all PTHB employees (including agency staff and volunteers) to be clear about their safeguarding roles and responsibilities, including their duty to report adults and children at risk.

3. Definitions

- **ACES** Adverse childhood experiences
- **Child** 0- 18 years of age
- **Vulnerable Adult/Adult at risk** – refers to any adult who due to capacity issues, physical or cognitive disability is deemed unable to attend an appointment without the support of a family member or care provider.
- **DoLS** Deprivation of Liberty Safeguards
- **MCA** Mental Capacity Act
- **MARF** Multi Agency Referral Form
- **MACE** Multi Agency Child Exploitation meeting
- **MAPPA** Multi Agency Public Protection Arrangements
- **MARAC** Multi Agency Risk Assessment Conference
- **GDPR** General Data Protection Regulation
- **LA** Local Authority
- **PTHB** Powys Teaching Health Board
- **PADR** Personal Appraisal and Development Review
- **SSWWA** Social Services and Wellbeing (Wales) Act 2014

4. Responsibilities

Under Section 128 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect that an adult is at risk.

Under Section 130 of the Social Services and Wellbeing (Wales) Act 2014, staff have a duty to inform the Local Authority if they have reasonable cause to suspect a child is at risk.

4.1 Chief Executive

The Chief Executive is responsible for providing overall assurance to the Board on the effectiveness and quality of the safeguarding arrangements within PTHB. This is devolved to the Director of Nursing.

4.2 Director of Nursing and Midwifery

The Director of Nursing and Midwifery is responsible for ensuring robust safeguarding systems and processes are in place in order that PTHB can discharge its organisational responsibilities. The PTHB Assistant Director of Nursing for Safeguarding assumes day to day responsibility for safeguarding, which includes managing the PTHB Safeguarding Team.

4.3 Heads of Service

Heads of Service are accountable for ensuring safeguarding systems and processes are in place within their individual services and for ensuring that safeguarding issues are addressed in accordance with national and local policies within their respective services.

Heads of Service are also required to ensure their service is appropriately represented at the PTHB Safeguarding Group and for the dissemination of the business of the Group.

4.4 Operational Managers

Responsible for ensuring:

- Staff are aware of their roles and responsibilities for the safeguarding of adults and children.

- Staff are aware of how to seek advice from the PTHB Safeguarding

Team and have access to safeguarding information on the intranet page [PTHB | Safeguarding Team](#)

- Staff are up to date with safeguarding mandatory training (at the level commensurate with their role)
- Staff know how to raise concerns about practice and about adult and children at risk in their service area.
- All complaints and concerns are recorded and responded to promptly, ensuring patterns or practices that require further investigations are identified.
- Staff are supervised and appraised effectively.
- All staff (including volunteers) working with adults and children are compliant with Disclosure and Barring Screening (DBS) as per PTHB policy.

4.5 All PTHB staff

- Have a responsibility to understand what constitutes abuse (section 5).
- Have a responsibility to understand who an adult or child at risk and how to make a report to the relevant Local Authority Social Services when necessary (section 6).
- Have a responsibility to understand that bruising in non-mobile babies is an indicator of possible abuse and must be responded to effectively and without delay. (Section 8.5)
- Should immediately notify any concerns or incidents they witness or become aware of to their line manager, Social Services and/or the Police (Appendix 1).
- Are responsible for ensuring they undertake mandatory training for safeguarding adults and children as per their role specific competencies evidenced on the Electronic Staff Record.
- Should access safeguarding supervision as per PTHB Safeguarding

Supervision Protocol.

4.6 Clinical staff are required to

- Co-operate fully with the adult and child at risk enquiry. This may include the receiving and sharing of relevant information, attendance at Strategy Meetings and Case Conferences and providing reports.
- Act upon the recommendations arising from these processes and complete any actions they have agreed to.
- Seek advice from the PTHB Safeguarding Team if they are unclear about what actions they need to take.
- Report all adult and child at risk safeguarding incidences via Datix incident report and send a copy of the MARF to the PTHB Safeguarding Hub (PowysTHB.safeguarding@wales.nhs.uk).

4.7 PTHB Safeguarding Team

Responsible for:

- Providing advice and support to PTHB staff during normal working hours. (Urgent advice outside of these times is available from Social Services Out of Hours Service).
- Providing formal supervision as per PTHB Safeguarding Supervision Protocol
- Representing PTHB at local, regional and national multi-agency meetings.
- Acting as a single point of contact and PTHB representative for public protection matters e.g. MARAC, MAPPA, MACE
- Undertaking or contributing to safeguarding audits including local regional and national audit programmes.
- Developing and delivering safeguarding training.
- Ensuring their own training and supervision is up to date.
- Maintaining an up-to-date safeguarding intranet hub page.
- Developing, reviewing, and updating safeguarding policies, procedures and guidance as required.

[PTHB | Safeguarding Policies](#)

5. Adult and Child at risk

The Safeguarding of Adults and Children at Risk is clearly defined in Part 7 of the Social Services and Well-being (Wales) Act (SSWWA). Part 7 of the Act relates to safeguarding. [PTHB | Social Services and Well Being \(Wales\) Act 2014.](#)

The Act defines an Adult at Risk as an adult who:

- a) is experiencing or is at risk of abuse or neglect;
- b) has needs for care and support (whether or not the authority is meeting any of those needs); and
- c) as a result of those needs is unable to protect himself or herself against abuse or neglect or the risk of it.

The Act defines a Child at Risk as a child who:

- (a) is experiencing or is at risk of abuse, neglect, or other kinds of harm; and
- (b) has needs for care and support (whether or not the authority is meeting any of those needs).

Abuse and neglect are forms of maltreatment. A person may abuse or neglect a child or adult by inflicting harm, or by failing to act to prevent harm.

5.1 Abuse, Neglect and Harm:

All practitioners should be aware of the definitions of abuse and neglect in The Social Services and Wellbeing (Wales) Act (2014) as well as the signs and indicators of abuse and neglect.

- Abuse means physical, sexual, psychological, emotional or financial abuse (and includes abuse taking place in any setting, whether in a private dwelling, an institution or any other place). Financial abuse includes theft, fraud, and pressure about money or misuse of money.
- Neglect means a failure to meet a person's basic physical, emotional, social or psychological need, which is likely to result in an impairment of the person's wellbeing.

Harm means abuse or the impairment of (a) physical or mental health, or (b) physical, intellectual, emotional, social, or behavioural development. (Please see Appendix 1 and 2 for definitions of Abuse)

Practitioners should also be aware of:

Institutional Abuse: Abuse can occur in institutions as a result of regimes, routines, practices and behaviour that occur in services that vulnerable adults live in or use and which violate their human rights. This may be part of the culture of a service which staff are accustomed to. Such practices may pass by unremarked upon by staff. They may be subtle, small and apparently insignificant, yet together may amount to a service culture that denies, restricts or curtails the dignity, privacy, choice, independence or fulfilment of vulnerable adults.

Professional Abuse: is the misuse of therapeutic power and abuse of trust by professionals. This includes the failure of professionals to act on suspected abuse/crimes, poor care practice or neglect in services.

Forced Marriage: occurs when one or both people do not or cannot consent to the marriage and pressure or abuse is used to ensure the marriage takes place. Under the Anti-Social Behaviour, Crime and Policing Act 2014, forced marriage is a criminal offence; Police must always be contacted immediately if this is suspected. If there are concerns that a young person may have been taken abroad for this purpose, advice can also be sought from the Forced Marriage Unit <https://www.gov.uk/stop-forced-marriage>

Domestic Abuse: The Violence Against Women, Domestic Abuse and Sexual Violence VAWDASV (Wales) Act 2015 defines Domestic abuse as 'any incidents or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over, who are or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, sexual, financial

Or emotional abuse' (VAWDASV 2015). [SGP 039 Violence Against Women, Domestic Abuse and Sexual Violence Policy.pdf](#)

Female Genital Mutilation (FGM): Involves the total or partial removal of the female external genitalia or other injury to the female genitalia for non-medical reasons. FGM is illegal in the United Kingdom and under the Serious Crime Act 2015 there is a mandatory requirement for registered health professionals to report cases of FGM in children (under 18) to the police if disclosed by the child or physical signs are observed.

In all cases of FGM, practitioners should follow the Public Health Wales FGM Clinical Pathway [PTHB | Female Genital Mutilation - FGM.](#)

Honour Based Violence: Is a violent crime or incident committed to protect or defend the perceived honour of the family or community <http://www.safelives.org.uk/search/node/honour%20based>

Modern Slavery: Encompasses slavery, human trafficking, and forced labour and domestic servitude. [Wales Modern Slavery Safeguarding Pathway Version SC1 2021.pptx](#)

Discrimination and Hate Crime: if abuse or neglect is motivated because of someone's age, gender, disability, sexual orientation, religion, class, culture, language, race or ethnic origin then this is a hate crime. [PTHB | Hate Crime](#)

Mate Crime: Involves the befriending of an adult at risk with the intention of exploiting or abusing him/her financially, physically or psychologically.

Radicalisation: The PREVENT Strategy, published by the Government in July 2011, forms part of the Government's wider counter-terrorism strategy, known as CONTEST. It aims to safeguard people from becoming terrorists or supporting terrorism. PREVENT addresses all forms of

terrorism, including ideologies inspired by Islamist or Right-Wing extremism. Please refer to SGP 34 Prevent policy. [PTHB PREVENT](#)

Abuse or neglect may constitute a criminal offence. These include offences against a person (violent offences), sexual offences and property offences such as theft. Such offences should be reported to the police.

5.2 Disclosure

If a disclosure of abuse is made by or about a child or young person, staff should listen carefully, not promise to keep it a secret, not make judgments and not ask detailed or leading questions. Advice on how to proceed following a disclosure can also be sought from the staff member's line manager or from a member of the PTHB Safeguarding Team. If the person making the disclosure is an adult and is deemed to have capacity but does not wish for the information to be referred to Social Services and /or Police, he/she must be told that the information may still need to be shared in order to maintain their safety or the safety of other adults and / or children at risk.

5.3 Adverse Childhood Experiences (ACE)

An increasing body of research identifies the long-term harm that can result from chronic stress on individuals during childhood. Such stress arises from the abuse and neglect of children but also from growing up in households where children are routinely exposed to issues such as domestic violence, parental mental ill health or individuals with alcohol and other substance misuse problems. Such childhood stressors are called ACEs (Adverse Childhood Experiences). Findings show that ACEs have a major impact on the development of health harming behaviour in Wales and the prevention of ACEs is likely not only to improve the early years experiences of children but also to reduce levels of health- harming behaviour such as problem alcohol use, smoking, poor diets and violent behaviour.

6 The Report Process

6.1 Raising a concern

The Regional Threshold Documents for adults and children should be used to assist in determining if an adult or child is deemed to be at risk. [PTHB | Safeguarding Adults](#) [PTHB | Safeguarding Children](#) Advice should be sought from the line manager or from a member of the Safeguarding Team, via PTHB Safeguarding Hub, if required. Once it has been decided that a referral to Social Services is appropriate, the member of staff should follow the relevant referral flowchart (Appendices 3 and 4).

6.2 Consent for an adult at risk report

Wherever possible, consent to refer an adult at risk must be sought from an individual who has capacity unless doing so is likely to increase the risk to them or put others at risk.

The following principles should be followed when gaining consent from an adult

- Listening to what they have to say and understanding their personal outcomes.
- Taking their views, wishes and feelings seriously.
- Working in partnership with them when determining how best to meet their care and support needs.
- Taking steps to facilitate the person's ability to participate whether by communication, support or advocacy (SSWWA 2014).

However, every adult has the right to make their own decisions even if these decisions are deemed unwise. If consent is not given to make the report, the practitioner should continue to offer support to the adult to reduce the level of risk if possible.

Reporting an adult at risk without consent

When an adult with capacity to make an informed decision about their own safety does not want any action taken, this does not always override a professional's responsibility to raise a safeguarding referral and to

share key information with other professionals. In circumstances where others are at risk, including children or a crime may have been committed, or the adult is being coerced, controlled and intimidated, a safeguarding referral should be made.

Reporting an adult where there are concerns about capacity All safeguarding decisions for adults must comply with the Mental Capacity Act (MCA) 2005 which provides the statutory framework for working with people who lack capacity to ensure they are empowered to make decisions. The Act also provides a framework for making decisions on behalf of an individual if it is demonstrated they lack capacity to make those decisions themselves. Capacity can fluctuate therefore it must be assessed at the time the decision is made. The legal framework provided by the MCA 2005 is supported by the MCA Code of Practice 2005, which provides guidance and information about how the Act works in practice [PTHB | Mental Capacity Act](#).

The Five Statutory Principles of the Mental Capacity Act:

1. A person must be assumed to have capacity unless it is established that they lack capacity.
2. A person is not to be treated as unable to make a decision unless all practicable steps to help him or her to do so have been taken without success.
3. A person is not to be treated as unable to make a decision merely because he or she makes an unwise decision.
4. An act done, or decision made, under the Act for or on behalf of a person who lacks capacity must be done, or made, in his/her best interests.
5. Before the act is done, or the decision is made, regard must be had to whether the purpose for which it is needed can be as effectively achieved in a way that is less restrictive of the person's rights and freedom of actions.

If it is determined the person lacks capacity to make a particular decision, principles 4 and 5 will support the decision-making process. **Functional test** Professionals can use the following 4 elements of the functional test to assist in their assessment. For an individual to lack capacity to make a decision they must be unable to meet all of the 4 elements of the functional test:

1. The individual needs to understand the information relevant to the decision, to include all reasonably foreseeable consequences of taking the decision, AND
2. The individual needs to retain the information, not forever, but for long enough to make the decision, AND
3. The individual needs to use or weigh the information during the process and as part of the decision-making process, AND
4. The individual needs to communicate the decision in a way that is recognisable to those assessing.

All staff assessing capacity must complete Mental Capacity Act training.

Further information can be found at:

[Mental Capacity Act 2005 Code of Practice, including the Liberty Protection Safeguards.pdf](#)

6.3 Consent for a child at risk report

If a health practitioner has reasonable cause to suspect that a child is at risk they must inform the Local Authority. If appropriate and safe to do so, concerns should be discussed with the parent(s)/carer(s) and they should be informed of the decision to make a report to the Local Authority Children's Services. Where discussing concerns with parents/carers could jeopardise the safety of the child, the health practitioner or a colleague, or compromise a criminal investigation, a report should be made without informing the parents/carers(s).

6.4 Information sharing

The SSWBA 2014 states that sharing confidential information without consent will normally be justified in the public interest:

- When there is evidence or reasonable cause to believe that a child is suffering, or is at risk of suffering, significant harm; or
- When there is evidence or reasonable cause to believe that an adult is suffering, or is at risk of suffering, serious harm; or
- To prevent significant harm to a child or serious harm to an adult, including through the prevention, detection and prosecution of serious crime.

[PTHB | Social Services and Well Being \(Wales\) Act 2014](#)

If a staff member has any doubts about sharing information they should seek advice from their Line Manager and /or the Safeguarding Team who in turn can seek advice from experts within the Health Board e.g. Caldicott Guardian, Information Governance Team or Legal Team if required. Heads of Service must ensure that PTHB is a signatory to relevant Information Sharing Protocols under the Wales Accord for the Sharing of Personal Information (WASPI) Framework for regular sharing between partner organizations [PTHB | Information Governance](#)

6.5 Allegations of abuse or neglect involving PTHB Staff

It is important to differentiate between cases involving poor practice and cases that give rise to child or adult protection concerns. Whilst the former may be handled through disciplinary or capability procedures, child and adult protection concerns must always be managed in accordance with the Wales Safeguarding Procedures 2019.

Staff have a legal duty to act when witnessing incidents, identifying concerns or receiving information alleging abuse or inappropriate care of an individual. Staff also have a responsibility to comply with their professional code of conduct. Advice can be sought from the staff member's Line Manager or from the PTHB Safeguarding Team.

If a member of staff or volunteer is concerned that the actions of a PTHB colleague or a professional from another agency results in an adult or child suffering or being at risk of abuse, PTHB HR006 NHS Staff Raising a Concern Policy [PTHB | Policies for Workforce & Organisational Development](#) and SGP041 Managing Allegations of Abuse or Neglect made Against Professionals and members of Staff.

6.6 Record keeping

- All safeguarding concerns should be fully documented in the health records, in line with local and national policy and the practitioner's professional code of conduct, by the first person to report the suspected abuse, and at all subsequent stages by those involved.
- The verbal referral to Adult and / or Children's Social Services must be followed up in writing within 24 hours using the multi-agency referral form (MARF) and a copy placed in the patient's electronic or paper health record.
- The incident must be recorded on Once for Wales incident report and a copy of the MARF sent to the Lead Nurse in the Safeguarding Team. Once for Wales incident report must be updated to record subsequent actions as part of the safeguarding process.
- The GP and other health practitioners involved with the adult or child must be informed of the referral and the nature of the concerns.
- A response outlining the actions taken by the Local Authority should be received in writing within 7 working days. It is the responsibility of the professional who made the referral to follow this up if it is not received.

7 Adult and Child Protection Process

7.1 The enquiry

Adults

Where a Local Authority has reasonable cause to suspect that an adult in its area is an adult at risk, it is required under section 126(2) of the SSWWA (2014) to make whatever enquiries it thinks necessary to decide what action needs to be taken.

Enquiries are an information gathering process rather than an investigation and must be completed within 7 days of the report. PTHB, as a relevant partner, may be asked to undertake the enquiry on behalf of the Local Authority.

If a PTHB staff member is asked to complete an enquiry they must comply with the request and the Safeguarding Team should be informed. The enquiry report must be shared within the 7-day timescale. If the staff member believes it is incompatible with their duties they should liaise with their line manager.

If it is deemed at any stage of the enquiry that the adult is not at risk then the enquiry should cease and the Local Authority should be informed.

Children

If on receipt of a report, the Local Authority deem that the child may be in need of care and support or protection, further enquiries will be made by the Local Authority.

PTHB staff have a legal duty to cooperate with these enquiries and to share relevant information when requested to do so, with parental consent. If the child is deemed to be at risk of significant harm and the local authority commences a Section 47 investigation, no parental consent is required to share information.

A Strategy Discussion should happen at the earliest opportunity and within 24 hours of the decision to hold it.

7.2 Strategy Meeting

Following a Strategy Discussion, the Local Authority may convene a Strategy Meeting involving professionals with knowledge of the child and/or family. PTHB staff invited to a Strategy Meeting should attend or send a representative who is sufficiently experienced and knowledgeable about the case. A Strategy Meeting, if required, should be called within 7 days of the enquiry being completed.

A strategy meeting has the following purposes:

1. To share information
2. To consider the information and the level of risk
3. To ensure the assessment for care and support has been completed and agree what action needs to be taken
4. To devise a plan to reduce the risk with clear timescales in place.

7.3 Case Conference

Adult

The purpose of the case conference is to share the outcome of the investigation once this has been agreed at the Strategy Meeting (s) and to agree a care and support plan and any further actions.

PTHB staff invited to a multi-agency case conference should attend or send a suitably experienced representative. The Adult at Risk and relevant others, such as family members, are involved in the case conference as appropriate.

Child

Following Section 47 enquiries, it may be decided at the Strategy Discussion/ Meeting, that a multi-agency child protection conference is required to consider all relevant information about the child's circumstances. Health professionals involved with the child must attend and provide a written report.

Staff requiring support with the case conference or the process should discuss their concerns with their line manager.

If, at the child protection conference, it is considered that the child is at continuing risk of significant harm a 'care and support protection plan' will be drafted which sets out details of the specific risks to the child and the actions required to keep the child safe. The child's name is added to the Local Authority Child Protection Register and a 'Core Group' of individuals working with the child and family will be formed. The Core Group will meet with the child and family/carer on a regular basis to monitor the implementation of the care and support protection plan.

7.4 Report Writing

Health professionals invited to a Child Protection Case Conference should submit a written report (Wales Safeguarding Procedures 2019) to the Independent Reviewing Officer at least 48 hours before the conference, using the WCCIS template. The report will form part of the case conference minutes. Health professionals should share their report with the parents / guardian and young person (if appropriate) before the case conference unless there are clear reasons for not doing so e.g. child or practitioner safety.

All reports should distinguish between what is fact, observation, allegation or opinion. The health professional can seek advice from their line manager or the Safeguarding Team if they need support in completing the report.

Requests for information or a report from an outside agency (e.g. Solicitor's, Police, Social Worker etc.) pertaining to child or family where there are legal proceedings or complaint issues, should be made in writing and addressed to the PTHB Information Governance Team. The health professional should not provide a verbal response to the request and may seek advice from their line manager or the Information Governance Team if they are unclear about a request.

7.5 Escalation process

If a PTHB employee has concerns in regard to the management of any case that they are involved in, they have a duty to professionally challenge. If this fails to resolve the matter they should inform their line manager and seek advice, if required, from the PTHB Safeguarding Team. The Mid and West Wales Safeguarding Board 'Resolution of Professional Differences' Policy should be followed [PTHB | Mid & West Wales Safeguarding Board](#).

8 Special circumstances

8.1 Private fostering arrangements

Private fostering is when a child or young person under 16 years old (or 18 if they have a disability) is looked after for a period of 28 days or more by someone who is not a close relative, guardian or person with parental responsibility. Close relatives include parents, step-parents, aunts, uncles and grandparents. Private foster carer(s) are legally required to notify the Local Authority in which they reside. Colleagues working with families where such arrangements exist should check with the Local Authority to ensure they are aware in order that safeguarding checks can be made.

8.2 Child Deaths

When information is received that a child has died unexpectedly a discussion should take place as soon as possible with PTHB Head of Safeguarding who is the lead for the Procedural Response to an Unexpected Death in Childhood (PRUDiC).

8.3 Safeguarding Children of Parents who Misuse Alcohol or Drugs

Not all parents who misuse substances lack the capacity to care for their children but it can significantly compromise the health, well-being and development of children.

Substance misuse refers to harmful or hazardous use of psychoactive substances, including alcohol, illicit drugs, prescription medicines, over the counter preparations and household products such as lighter fluids and other aerosols (Welsh Government 2013).

Kaleidoscope provides drug and alcohol services to adults in Powys. A Kaleidoscope protocol exists to ensure the safe sharing of information with relevant PTHB staff where children are identified as living in a home where substance misuse exists. [Safeguarding Children Kaleidoscope Powys Communication Protocol](#)

The Child at Risk Report Flow Chart (Appendix 4) should be followed:

- Where a parent or carer's substance use impacts or is likely to impact on their ability to meet the needs of the children.
- If a pregnant woman is identified as having substance use problems
- Where there is someone living in a household who is known to have substance use problems and there are children present.

If it is safe to do so, practitioners should offer contact details to Kaleidoscope for clients to self-refer for support if required.

8.4 Safeguarding children of parents/carers who are experiencing mental ill health or who have a learning disability

Parents, carers and pregnant women experiencing mental ill health or learning disabilities have the right to be supported in fulfilling their parental roles and responsibilities. They may have difficulties which impact on their ability to meet the needs of their child/ren or new baby. These children may need assessment for services provided by a range of agencies. If it is identified that a child is at risk due to parental learning disability or mental ill health, **Section 6.1: Raising a concern** should be followed. In addition, the Regional Multi Agency Protocol for Safeguarding Children affected by Parents who are experiencing Mental Ill Health should be followed where the concerns relate to mental ill health:

[cysur-mental-health-protocol-approved-13717.pdf](#)

Parental mental ill health has been identified as one of the stressful experiences that can adversely affect the environment in which children live. See **Section 5.3: Adverse Childhood Experiences (ACEs)**.

8.5 Injuries in Non-Mobile Babies and Babies Under One Year Bruising is the most common injury to a child who has been physically abused. Non-abusive bruising is very rare in children less than six months of age and in children who are not independently mobile and is, therefore, a high-risk indicator of abuse. The regional board has produced guidance to ensure that all health professionals working with children and families know what action to take if there is an injury is observed in a non-mobile baby or a baby aged under one year. [injuries-in-non-mobile-children-approved-20230124.pdf \(cysur.wales\)](#)

8.6 Was Not Brought/No Access Appointments for Vulnerable People

Vulnerable adults

Some adults may not have the capacity to understand the need to attend health appointments or may be reliant on others to take them to appointments. Health professionals need to be aware of this and explore alternative options for adults who repeatedly fail to attend health appointments. This includes patients who resides in a care home. If a vulnerable adult is not brought to an appointment or access is limited this may constitute neglect, requiring a referral to Adult Social Care. See the policy below.

Children

There may be a number of reasons why a child is not brought to a health appointment. However, repeated failure by parents/carer(s) to bring their child/children to health appointments or to fail to be present for pre-arranged home visits may constitute neglect.

Please refer to [SGP 047 Policy for Children & Vulnerable Adult, Adult at Risk, who Was Not Brought to Health Appointments.pdf](#)

8.7 Pressure Damage

Clinical staff should be familiar with and follow the All-Wales Pressure Ulcer Reporting and Investigating Guidance (2018) and PTHB GNP 026 Prevention and Management of Pressure Damage guidance.

<http://nww.powysthb.wales.nhs.uk/sitesplus/documents/1145/GNP%20026%20Prevention%20and%20Management%20of%20Pressure%20Ulcer%20Damage%20Policy.pdf>

A Serious Incident (SI) notification should be submitted to Welsh Government (WG) for all individuals with Category/Grade 3, 4 and/or unstageable pressure damage who are in receipt of NHS funded health care.

All incidents of pressure damage must be reported on Datix and following completion of the All-Wales Review Tool Pressure Damage Investigation, all AVOIDABLE grade 2 and above damage must be referred to Adult Social Care using a MARF. The referral should clearly outline steps taken to prevent further damage and lessons learnt.

8.8 Deprivation of Liberty

The Deprivation of Liberty Safeguards (DoLS) were introduced to provide a legal framework for the deprivation of liberty for people who lack capacity to consent to arrangements for their care and to prevent breaches of the European Convention on Human Rights. PTHB staff who deliver care and treatment are required under legislation to identify when a person is or is at risk of being deprived of their liberty, and how deprivation of liberty might be avoided. PTHB staff must follow [SGP042 Deprivation Of Liberty Policy and Procedure](#)

If a patient in a PTHB hospital is under continuous supervision and control and is not free to leave, they are being deprived of their liberty and the DoLS need to be implemented.

The following are examples of a deprivation of liberty if the individual is unable to consent to their use:

- Bed rails
- Covert medicine
- A locked ward

Staff members applying to deprive a person of his/her liberty must ensure they have completed DoLS training.

8.9 Access to Services by adults who are known to pose a risk to children

If a member of staff becomes aware that a service user who poses a risk to children is accessing PTHB services, a risk assessment must be undertaken. Advice should be sought from the PTHB Safeguarding Team and the Health and Safety manager.

8.10 Good Working Key Principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales

The NHS Safeguarding Network has developed good working practice principles regarding the use of chaperones during intimate examination of adults and children in healthcare settings on behalf of NHS Wales. These good working practice principles are to guide all healthcare practitioners in Wales in the appropriate use of a chaperone during intimate examinations and procedures, to ensure safe and effective practice. They are based on current policies and procedures available within NHS Wales, evidence-based practice and where applicable, legislation.

For the purpose of these good working practice principles, the definition of a Chaperone is:

A person appropriately trained, whose role is to observe the examination/ procedure undertaken by the Health Practitioner. Chaperones are present to support and protect patients and Healthcare Practitioners.

Good Working Key Principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales (March 2019)

[PTHB | Safeguarding Policies and Guidance](#)

The recommendation of the PTHB Safeguarding Team is that any person acting as a chaperone should have Safeguarding Adult and Children at Risk training to level 2 as a minimum and know how to contact the PTHB Safeguarding Team to discuss any concerns.

8.11 Virtual Appointments

There has been significant expansion in the provision of virtual patient consultations in the NHS following COVID-19. In most cases, in-person care is the most appropriate and should therefore be prioritised. However, providing care in some cases by virtual consultations is appropriate based on individual assessment.

All care provided during virtual consultations must adhere to the same standards of care provided during in-person consultations. If any safeguarding concerns or significant risk factors are identified for a child or young person/vulnerable adult in a virtual appointment, practitioners must follow Wales Safeguarding Procedures (2019) and SGP036 Safeguarding Policy Policies & Written Control Documents - SGP 036 Safeguarding Policy.pdf (sharepoint.com).

Advice and support concerning any safeguarding issue can be sought from PTHB Safeguarding Team via the Safeguarding Hub on 01686 252806 or email PowysTHB.Safeguarding@wales.nhs.uk (Monday-Friday 09:00-17:00, excluding Bank Holidays). Outside of office hours, Local Authority can be contacted on 0345 0544 847 or contact Silver on Call.

In relation to exploring any concerns relating to Domestic Abuse or asking the Routine Enquiry, this must not be completed in a virtual consultation, face to face opportunities must be found to make any enquiry relating to this subject. It is impossible to have full assurance that any possible perpetrator is not in a position to overhear the enquiry and influence the response, potentially placing any victim at increased risk of harm.

9. Access to records

If a request for information or records is received from a solicitor, Child and Family Court Services (CAFCASS), police or via a Court Order, the staff member should not disclose any information either verbally or in writing and should ALWAYS refer the person requesting the information to the Information Governance Team. They should also inform their line manager.

A member of the Safeguarding Team or the Line manager will brief staff prior to any police interview, statement writing or court appearance, ensuring that he/she has adequate support during and after such processes. Any request by a patient for a copy of their records should be managed as a subject access request and the relevant PTHB policy followed. Those with parental responsibility have a statutory right to apply for access to their children's health records, although if the child is capable of giving consent, he or she must consent to the access. Such requests should be directed to PTHB Information Governance Team as per [PTHB Access to Personal Information policy IGP 010](#)

9.1 Transfer of health records where there are safeguarding concerns

- If a health professional is notified that a family has moved out of area and there are safeguarding concerns or the child is Looked After they should inform other professionals known to be working with the child/family.
- The Safeguarding Team should be notified within 2 working days of the health professional becoming aware of the move. If the Safeguarding Team hold any information this will be added before transfer of records occurs.
- Health professionals are responsible for keeping their counterparts in the receiving authority informed of the move and of any concerns. They should ask that the records are requested from PTHB.
- Once agreement is made to transfer the records, the health professional

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Status: Final

should follow [IGP 007 Health Records Management procedures](#)

10 Supporting Staff

The Health Board recognises that involvement in any aspect of identification or reporting of suspected abuse can be stressful for staff. Staff can seek support from their line manager and/ or a member of the PTHB Safeguarding Team and where appropriate support can also be sought from the PTHB staff counselling service. [PTHB Connect - Wellbeing - Home \(sharepoint.com\)](#)

11 Safeguarding Supervision

Supervision is a term used to describe a formally agreed process of professional support and learning which enables practitioners to develop knowledge and competence in their practice.

Safeguarding Supervision does not replace arrangements for clinical supervision. Safeguarding supervision can help to:

- Ensure best outcomes for children and adults at risk, their families/carers and colleagues by keeping a focus on the child or adult at risk
- Promote good standards of practice and support individual colleagues.
- Provide an opportunity for reflection and critical incident analysis.
- Identify and learn from near misses and best practice.
- Ensure that practice is soundly based and consistent with PTHB, regional and national policies, procedures and best practice guidance.
- Provide a forum for the practitioner to discuss the emotional impact of working within this challenging area of practice.
- Provide advice and expertise to endorse judgements at certain key points in the safeguarding processes.

Please note this list is not exhaustive

All staff managing safeguarding cases should access safeguarding supervision in line with the [SGP002 PTHB Safeguarding Supervision Protocol](#)

12 Training

All staff should undertake mandatory safeguarding training in line with the PTHB training matrix relevant to their role. Safeguarding competencies should be reviewed annually by line managers as part of the staff member's PADR.

13 Monitoring Compliance, Audit & Review

- Managers will be required to monitor compliance with this policy within their services to ensure individuals and teams are able to safeguard children and adults at risk and to promote their well-being.
- Non-compliance with this policy should be reported on Once for Wales to enable the Safeguarding Team to identify themes, trends and gaps.

- The Safeguarding Team will report trends, themes and gaps at the quarterly the Safeguarding Group
- The Safeguarding Team will undertake or contribute to local, regional or national safeguarding audits as required and use relevant findings to shape future policy.

14 Review and Change Control

This document will be reviewed every three years or earlier should audit results or changes to legislation or practice within PTHB indicate otherwise.

15 References / Bibliography

Wales Safeguarding Procedures 2019
All Wales Guidance Pressure Ulcer Reporting and Investigation 2018
Anti-Social Behaviour, Crime and Policing Act 2014
Deprivation of Liberty Safeguards Handbook 2015
Domestic Abuse Act 2021
European Convention of Human Rights 1953: Examinations or Procedures within NHS Wales (March 2019)
Female Genital Mutilation Act 2003
GDPR Information Commissioner Officer 2018 Consent ico.org.uk Good Working Key Principles for the use of Chaperones during Intimate Examinations or Procedures within NHS Wales (March 2019)
Mental Capacity Act 2005
Mental Capacity Code of Conduct 2005
Mid and West Wales Safeguarding Board (C W M P A S Regional Adult Threshold Document 2018
Mid and West Wales Safeguarding Board (CYSUR) Right Help at the Right Time Regional Threshold Document 2017
Nursing and Midwifery Council 2015 The Code
PREVENT Strategy 2011
Procedural Response to the Unexpected Death in Childhood 2018
PTHB Access to Personal Information IGP 010
PTHB Bruising in Non- Mobile Babies and Babies under One Year Old Guidance for Health Professionals SGP 005
PTHB Deprivation of Liberty Safeguards policy and procedure SGP 042
PTHB Destruction of Records Policy & Procedure IGP 005
PTHB Health Records Management Procedure IGP 007
PTHB Managing Allegations of Abuse or Neglect made against Professionals and members of Staff
PTHB NHS Staff Raising Concerns policy HR006
PTHB Policy for Managing Was Not brought/Did Not Attend/ No access appointments for Vulnerable People SGP 047
PTHB Perinatal and Child Death Guideline WCH052
PTHB Prevent Policy SGP 034
PTHB Records Management Policy IGP 008
PTHB Safe Haven and Information Sharing Policy IGP 006
PTHB Safeguarding Supervision policy SGP 002

Serious Crime Act 2015
Sexual Offences Act 2003
Social Services and Wellbeing (Wales) Act 2014
Social Services and Wellbeing (Wales) Act 2014 Working Together to
Safeguard People Volume I – Introduction and Overview
United Nation Convention on the Rights of the Child 1992
Violence Against Women Domestic Abuse and Sexual Violence 2015
Well-being of Future Generations Act (Wales) 2015
Welsh Government Declaration for the Rights of Older People in Wales 2014
Working Together to Safeguard People: Volume 5- Handling Individual Cases to Protect

Children at Risk

Definitions of abuse of children (Working Together to Safeguard People: Volume 5- Handling Individual Cases to Protect Children at Risk)

The following is a non-exhaustive list of examples for each of the categories of abuse and neglect

Emotional/Psychological Abuse -Threats of harm or abandonment, coercive control, humiliation, verbal or racial abuse, isolation or withdrawal from services or supportive networks, witnessing abuse of others

Physical Abuse- hitting, slapping, over or misuse of medication, undue restraint or inappropriate sanctions

Sexual Abuse-forcing or enticing a child or young person to take part in sexual activities, whether or not the child is aware of what is happening, including: physical contact, including penetrative or non-penetrative acts; non-contact activities, such as involving children in looking at, or in the production of, pornographic material or watching sexual activities or encouraging children to behave in sexually inappropriate ways

Neglect-failure to meet basic physical, emotional or psychological needs which is likely to result in impairment of health or development

Financial Abuse – this category will be less prevalent for a child, but indicators could be:

- Not meeting their needs for care and support which are provided through direct payments; or
- Complaints that personal property is missing.

Appendix 2

Definition of Abuse of Adults and Indicators of Abuse (Wales Safeguarding Procedures 2019)

The information below provides a description of the different forms of abuse and neglect that adults at risk may experience and ways in which the maltreatment may manifest itself.

Physical Abuse this includes hitting, pinching, deliberately overmedicating or physically restraining someone in an inappropriate way - for example, being locked in or force-fed making someone deliberately uncomfortable, forcible feeding or with holding food.

Possible indicators may be

No explanation for injuries or inconsistencies with the account of what has happened. Injuries are inconsistent with the lifestyle of the person. Frequent injuries. Unexplained falls. Subdued or changed behaviour in the presence of a particular person. Signs of malnutrition Failure to seek medical treatment or frequent changes of GP.

Financial Abuse this includes taking another person's money or possessions - for example, having money or property stolen, being pressured into giving people money or changing a will, misuse of benefits, not being allowed access to money. Employees taking a lone from people using the service, arranging less care than is needed to save money to maximize an inheritance. Someone moving into a person's home and living rent free without agreement or under duress. Denying assistance to access benefits.

Power of attorney or lasting power of attorney being obtained after. Failure to register a lasting power the person has ceased to have mental capacity.

Possible indicators may be

Missing personal possessions, unexplained lack of money or inability to maintain lifestyle, unexplained withdrawal of funds from accounts, the person allocated to manage financial affairs is evasive or uncooperative, rent arrears and eviction notices, disparity between the person's living conditions and their financial resources, e.g. insufficient food in the house, unnecessary property repairs.

Sexual Abuse this includes any sexual act to which the vulnerable adult has not consented and may not understand. For example, being touched or kissed when it is not wanted, being made to touch or kiss someone else, being raped, being made to listen to sexual comments or forced to look at sexual acts or materials, nonconsensual masturbation of either or both persons, any sexual activity that the person lacks the capacity to consent to, sexual photography or forced use of pornography or witnessing of sexual acts, indecent exposure.

Possible indicators may be

Bruising, particularly to the thighs, buttocks and upper arms and marks on the neck, torn, stained or bloody under clothing, bleeding pain or itching in the genital area, unusual difficulty in walking or sitting, foreign bodies in the genitals or rectum, infections, unexplained genital discharge or sexually transmitted disease, pregnancy in a woman who is unable to consent to sexual intercourse.

Psychological and Emotional Abuse enforced social isolation, removing mobility or communication aids, preventing someone from meeting their religious and cultural needs, failure to respect privacy, threats of harm and abandonment, intimidation, coercion, humiliation, bullying, swearing.

Possible indicators may be withdrawal or change in the psychological state of the person, insomnia, uncooperative or aggressive behaviour, change of appetite, weight loss or gain, signs of distress, tearfulness, anger, an air of silence when a particular person is present.

Neglect this includes ignoring or withholding physical or medical care needs. Examples are failing to provide appropriate food, shelter, heating, clothing, medical care, hygiene, personal care; inappropriate use of medication or over-medication, refusal of access to visitors, preventing the person making their own decisions, preventing access to glasses, hearing aids dentures, failure to ensure privacy and dignity.

Possible indicators may be poor environment, dirty and unhygienic, poor physical condition and or personal hygiene, pressure sores or ulcers, accumulation of medication, inconsistent or reluctant contact with medical and social care organizations, untreated injuries and medical problems.

Child at Risk Referral Flowchart

A Child 'at risk' is a child who:

a) Is experiencing or is at risk of abuse, neglect or other kinds of harm.
b) Has needs for care and support (whether the authority is meeting any of these needs)

