

Social Life Opportunities (SoLO)

Safeguarding Children in an Adult Setting Policy

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014	12, 13, 17, 18, 20
Key Lines of Enquiry	S1, S1.2, S1.3, S1.4, S2.1, S2.2, S2.3, S3, S3.3, S4.4, S4.5, S4.6, S6, S6.1, S6.2, S6.3, S6.4, S6.5

Scope

This policy should be read in conjunction with the local authority policies for safeguarding children. This organisation provides the regulated activity of personal care in people's homes in the community.

This organisation recognises children are at risk of abuse. Staff may encounter service user's or their family's children when delivering services and become concerned for their safety.

Staff have a duty of care to raise safeguarding concerns and this policy supports staff in meeting their responsibilities to children they may encounter while fulfilling their role.

This policy and procedure are provided for the regulated activity of personal care.

Equality Statement

Our organisation is committed to equal rights and the promotion of choice, person-centred care and the promotion of independence. This policy demonstrates our commitment to creating a positive culture of respect for all individuals. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to reflect the Human Rights Act 1998 to promote positive practice and value the diversity of all individuals.

Key Points

- This organisation is aware of its duty to protect and safeguard children who, whilst not service users, sometimes accompany service users, their representatives or families, and may be present during delivery of the service.
- Please Note: at no time do staff act in loco parentis as defined under the Children Act 1989.

Important Contact Details

Our Local Authority Children's Safeguarding Teams contact details are: 01217884300, out of hours 01216056060

Our Local Authority LADO contact details are: 01217884310

Our designated organisational safeguarding lead is: Children's Services Manager

Policy Statement

The organisation aims to ensure that children, when encountered as part of the service delivery, are protected from harm and that staff are trained to raise concerns to managers and relevant agencies (e.g., Police). The organisation aims to fully adhere to all safeguarding legislation.

These duties extend to other organisations, including statutory agencies such as the local authority, the NHS, CCG and Police.

It is vital that everyone working with children and families, including those who work with parents/carers, understands they have a role to play in identifying concerns, sharing information, and taking prompt action.

The Safeguarding Manager is responsible for reviewing all guidance, regulatory and legislation changes and updating policies, procedures, and training as appropriate.

The Policy

It is the organisation's policy to provide management and staff with training, policies and procedures which integrate with the local authority Safeguarding Children's Boards policies and procedures. Staff will be required and encouraged to raise concerns in an open and honest environment through the agreed processes. Staff will be provided training and quarterly supervision which will include competency assessment on safeguarding policies and procedures.

Our organisation will follow all local authority safeguarding team instructions including, where directed to, investigating safeguarding allegations made against staff, management and the service, and auditing all allegations to identify themes and trends, learning and continuous improvement actions.

The Registered Manager, or designated safeguarding lead, DSO is responsible for identifying best practice updates, e.g., Children's Local Safeguarding Boards, NICE and CQC guidance, and will disseminate pertinent learning from various sources including the NHS England's case reviews and the Safeguarding Children Board's annual report.

What is abuse?

Abuse and neglect can take many forms. The organisation should not be constrained in its view of what constitutes abuse, neglect or harm and should always consider the circumstances on an individual basis.

To report concerns, simply state what was seen or heard that has caused concern. Employees do not need to know what type of abuse or harm is happening to report concerns.

Incidents of abuse may be one-off or multiple and can affect one child or more. Managers, when investigating and reviewing incidents, should look beyond single incidents or individuals to identify patterns of harm. For example, repeated instances of poor care may be an indication of more serious problems. It is important that information is recorded and appropriately shared so that themes, trends, and patterns can be identified. For types of abuse please see Appendix 1 which provided an overview for staff to consider.

Concerns about a Child or Young Person

The organisation has a duty to protect and safeguard children who:

- Are service users,
- Who are not service users,
- But accompany service users or their representatives or families, or
- And/or are present during delivery of the service.

Your observations in an adult care setting may be the first opportunity to identify a child is being abused or neglected, or that a family needs some support to prevent risks from increasing.

Staff need to be able to recognise the needs of children they may meet while delivering care and support to their service users. Safeguarding training and competence assessment will enable staff to understand their responsibilities, recognise potential signs of abuse and raise concerns through the safeguarding processes of the organisation and the local authority.

The main principles the organisation will follow for addressing potential child abuse and neglect in service settings are as follows:

- Up-to-date children's safeguarding mandatory training for all staff.
- Clear identification of Safeguarding Champions and Safeguarding Lead for advice to staff and easy access to organisation policies and procedures for safeguarding.
- High quality care and support holistic assessments to identify risks and concerns which may impact on all family members.
- Promote professional curiosity of staff to ensure they remain vigilant and raise concerns regarding child abuse or neglect.
- Keep a non-judgemental and open-minded attitude.

All organisations providing health services are expected to comply with:

- Children Act 2004, Section 11.
- Working Together to Safeguard Children 2018 (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf).
- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (RCN) (<https://www.rcn.org.uk/professional-development/publications/pub-007366>)

Child or Young Person Raising a Concern

Where a child or young person confides, or discloses a concern to a member of staff then they should do the following:

- Stay calm - do not alarm them. You may be the first person they have told
- Support them - reassure them that they are not to blame and that they should tell someone what has happened. However, don't ask too many questions
- Take them seriously - listen to the child or young person voice
- Avoid leading questions - get the facts
- Re-assure them - but do not promise confidentiality or outcomes that might not be possible.
- Record everything in writing - what has been seen and heard as soon as possible.
- Report concerns - to your manager, on-call manager or out of hours service immediately.

The manager will take advice from the Children's Safeguarding Team. Managers will be aware of their roles and responsibilities as set out in the guidance provided by the local authority. Confidentiality must be maintained, and information should be shared as per Working Together to Safeguard Children guidance. Records must be stored in a secure location at the office.

Children with disabilities may have additional barriers when raising concerns, and it can be more difficult for them to disclose abuse than for others e.g., a communication need.

Staff need to be especially aware of these children's needs when listening to their concerns.

Allegations about Staff

Where staff have concerns, or receive a complaint or allegation about another member of staff who has, or may have:

- harmed a child
- placed a child at risk
- committed a criminal offence in relation to a child; or
- behaved in a way that indicates they may be unsuitable to work with vulnerable adults and/or children.

Staff must immediately report this to their line manager who will telephone the local Children's Safeguarding Team who will advise on what to do next, for example to contact the LADO.

The LADO is a dedicated role within the local authority where the allegation concerns an employee.

It therefore applies to all adults whether paid or working in a voluntary capacity including agency workers in every setting.

If a concern is raised outside of office hours staff should contact the local children's out of hours team at the local authority.

Suspension of the staff member concerned from his or her employment will be considered if:

- There is cause to suspect a child has suffered abuse or neglect, and/or
- The allegation warrants investigation by the Police, and/or

- The allegation is so serious that it might be grounds for dismissal.

Where a criminal investigation has been undertaken but a decision has been taken not to charge the individual with an offence, or not to administer a caution, or if the person is acquitted by a Court, SoLO will investigate the matter internally and determine whether there is a need to undertake disciplinary action in line with the Disciplinary Policy.

Employer's Responsibility

Employers are responsible for supporting staff to identify abuse or neglect and to raise these concerns with the appropriate authority/agency, e.g. Police, to minimise the risk to the individual child. In addition, and as soon as possible, inform the local authority, CQC and CCG (where the latter is the commissioner).

Employee's Responsibility

All staff have a duty to report and escalate concerns of abuse they identify or suspect as part of their role within the organisation and when delivering care to service users.

This includes, identifying abuse by staff, family members, carers or other third parties e.g. healthcare professionals. Concerns may include abusive behaviour, poor professional practice, neglect, or any other issues which staff observe or suspect.

If the welfare of the child dictates immediate action, YOU should make an immediate referral to Solihull Children's Social Services DART team (0121 788 4300) or out of hours contact the Emergency Duty Team (EDT) on (0121-605-6060).

See Appendix 2 for indicative roles and responsibilities.

Recording Information about your Concerns

Information recorded must be as accurate, or to the best of your knowledge, e.g., you may not know full details such as DoB, as it may be used in any investigation. Where possible record:

- The child or young person's:
 - name
 - address
 - date of birth
- The allegation, disclosure or description of concern
- Description of visible bruising or other injuries etc
- The child's first-hand account, in their own words, of what has happened.
- Observations made by the person recording the information, e.g. did they appear scared, tearful etc
- Times, locations, dates, and other relevant information.
- Be clear what is fact, opinion and hearsay.
- Record your relationship to, and knowledge of the child or young person
- Keep a record of who you spoke to and about what they advised/told you to do.

When you raise a concern about a child at risk, complete the appropriate statutory notification (abuse and allegation of abuse) and send it to the Care Quality Commission (CQC).

Children's Safeguarding Staff Training

All staff will receive training in Children's Safeguarding as part of their Induction and the 15 Care Certificate Standards. In addition, staff will receive regular update training in line with local authority and national guidance which will be delivered at the same time as the Adult Safeguarding updates.

Staff will:

- Know how to recognise types of abuse
- Know how to respond to suspected or alleged abuse
- Understand the national and local context of safeguarding and protection from abuse
- Understand what you can do to reduce the likelihood of abuse
- Know how to recognise and report unsafe practices
- Understand principles for online safety
- Understand the links between safeguarding and domestic violence
- Know how to safeguard children
- Also receive Mental Capacity training (see Mental Capacity Policy)

The Safeguarding Manager will have level 3 training in safeguarding, and will:

- Monitor performance of their staff
- Assess safeguarding knowledge and competence at least annually
- Provide learning and development opportunities to staff when identified or required and at least annually.

Whistleblowing Policy

Staff should be aware of the company's whistleblowing policy and use this where appropriate to raising a concern if you feel unable to raise this internally.

Staff must consider the safety of the individual child and the circumstances they are in and, if they believe them to be in danger, then contact the Police immediately (without putting themselves at risk) by dialling 999.

If they do not believe the child is at immediate risk, and they do not feel they can discuss this internally within the company, they should contact the Children's Safeguarding Team as soon as possible by phone or email on the contact details provided within this policy.

Children Safeguarding

References and Further Reading

Children Act 2004, Section 11 and the current statutory guidance (Working Together to Safeguard Children 2018)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/942454/Working_together_to_safeguard_children_inter_agency_guidance.pdf)

RCN - Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff (<https://www.rcn.org.uk/professional-development/publications/pub-007366>)

Child abuse and neglect, NICE (<https://www.nice.org.uk/guidance/ng76>)

Child maltreatment: when to suspect maltreatment in under 18s, NICE (<https://www.nice.org.uk/guidance/CG89/chapter/1-Guidance#neglect-failure-of-provision-and-failure-of-supervision>)

Creating a safeguarding culture, NICE (<https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/creating-a-safeguarding-culture>)

Equality Act 2010 (<https://www.legislation.gov.uk/ukpga/2010/15/contents>)

Equality Act 2010: Chapter 1 (Protected Characteristics) Chapter 2 (Prohibited Conduct) and Chapter 3 (Services and Public Functions)

(<https://www.legislation.gov.uk/ukpga/2010/15/part/2/chapter/1>)

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Legislation.Gov.UK

(<https://www.legislation.gov.uk/ukdsi/2014/978011117613/contents>)

Local Authority Multi-Agency Adult Safeguarding Guidance/Protocol

- LA Guidance

Appendix 1: Types of abuse

The following is not an exhaustive list but provides a wide range of examples of the types of abuse children may experience. If staff are unsure whether the behaviour that they are witnessing children being subjected to is abuse they should raise their concerns, which will be discussed with the local authority safeguarding teams for guidance.

Physical abuse

Including assault, hitting, kicking, slapping, punching, pushing, misuse of medication, inappropriate restraint or inappropriate physical sanctions.

Sexual abuse

Including rape and sexual assault, sexual harassment, or sexual acts to which the child has not consented or was pressured into consenting. This can include 'non-contact' sexual acts such as indecent exposure, online abuse, non-consensual pornographic activities.

Sexual exploitation

Means any actual or attempted abuse of a position of vulnerability, differential power, or trust, for sexual purposes, including profiting monetarily, socially, or politically from the sexual exploitation of another.

This may take the form of:

- Individuals being groomed as children or young people.
- Children or young people being at risk and threatened or coerced, have drug dependencies and/or mental health needs which are exploited.
- Children or young people with learning disabilities may be led into harm because they believe they are being offered friendships.

Controlling Behaviour

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, depriving them of their means for independence or resistance and escape and managing their daily behaviour.

Coercive Behaviour

Coercive behaviour is an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten the victim into doing as the perpetrator requires.

Forced Marriage

Forced marriage and/or luring someone overseas for the purpose of marriage is a criminal offence. Perpetrators will automatically be prosecuted where it is overwhelmingly in the public interest to do so, however victims should be able to choose how they want to be assisted, which may include Forced Marriage Protection Orders.

A forced marriage is where one or both spouses do not or, in the case of people who lack the mental capacity to make the decision, cannot, consent to the marriage. Violence, threats and other forms of coercion are often involved and can include emotional force, physical force, or the threat of force or financial pressure.

Modern Slavery

The Modern Slavery Act 2015 encompasses slavery, human trafficking, 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. Trafficking is the movement of people by means such as force, fraud, coercion, or deception with the aim of exploiting them. It is a form of Modern Slavery. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, forced criminality, forced marriage, domestic servitude or forced organ removal. Trafficking does occur within the UK, and it is paramount for organisations to have on their radar.

Human Trafficking

Is the illegal movement of people through force, fraud, or deception with the intention of exploiting them, typically for the purposes of forced labour or sexual exploitation. Men, women, and children are forced into a situation through the use (or threat) of violence, deception or coercion. Victims may enter the UK legally or on forged documentation or secretly under forced hiding, or they may even be a UK citizen living in the UK who is then trafficked within the country but should not

be confused with people smuggling, where the person has the freedom of movement upon arrival in the UK. There is no 'typical' victim of human trafficking and modern slavery. Victims can be men, women and children of all ages, ethnicities, nationalities and backgrounds. It can, however, be more prevalent amongst the most vulnerable members of society, and within minority or socially excluded groups.

Cuckooing

Cuckooing is a practice where people take over a person's home and use the property to facilitate exploitation.

There are different types of cuckooing including using the property to/for:

- Deal, store or take drugs
- Sex work
- Them to live
- Financially abuse the tenant

The most common form of cuckooing is where drug dealers take over a person's home and use it to store or distribute drugs. People who choose to exploit will often target the most vulnerable in society. They establish a relationship with the vulnerable person to access their home. Victims can be people who misuse drugs or alcohol, or people with learning difficulties, mental health issues, physical disabilities or are socially isolated.

Internet/cyberbullying

Can be defined as the use of technology, and particularly mobile phones and the internet, to deliberately hurt, upset, harass, or embarrass someone else. Often an extension of face-to-face bullying, with the technology providing the bully an alternative route to their victim, or it can be motiveless. Cyberbullying can use practically any form of digital media, from text and image messages on mobile phones, to blog and social networking posts, or emails and instant messages, to malicious websites created solely for the purpose of intimidating an individual or abuse during an online game.

Psychological abuse

Psychological abuse involves the regular and deliberate use of a range of words and non-physical actions used with the purpose to manipulate, hurt, weaken, or frighten a person mentally and emotionally; and/or distort, confuse, or influence a person's thoughts and actions within their everyday lives, changing their sense of self and harming their well-being.

This includes emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

Financial or material abuse

Including theft, fraud and exploitation, coercion in relation to an adult's financial affairs or arrangements, including pressure in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits. This can include 'cuckooing' where a person's property is taken over and used for illegal activities.

Neglect and acts of omission

Including wilfully ignoring medical or physical care needs, failure to provide access to appropriate health and social care, including not supporting a person to access clinical appointments and support, the withholding of the necessities of life, such as medication, adequate nutrition and heating or depriving someone of stimulation or company, adaptations, equipment, or aids to communication. Pressure ulcers are one of the many indicators for neglect. See the Pressure Ulcer Prevention Policy for more information.

Self-neglect

Covering a wide range of behaviour such as neglecting to care for one's personal hygiene, health or surroundings and can include behaviour such as hoarding and non-attendance at necessary health/dental appointments. Consideration must be given to the impact on other family members and/or the wider community, mental capacity legislation and whether this gives rise to a safeguarding concern.

Domestic abuse

The cross-government definition of domestic violence and abuse is 'Any incident or pattern of incidents of controlling, coercive, threatening behaviour, honour-based violence, 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 offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act (2015).

Discriminatory abuse or hate crime

Harassment, slurs, violence, and unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as 'protected characteristics' under the Equality Act (2010)).

Organisational abuse

Incident, or a series of incidents, involving ongoing ill treatment. It can be through neglect or from poor professional practice resulting from inadequate structure, policies, processes, and practices within an organisation. This may range from isolated incidents to continuing ill treatment in an institution or in relation to care provided in one's own home.

Female Genital Mutilation (FGM)

FGM is a criminal offence, child abuse and violence against women or girls. Existing structures of Adult and Children Safeguarding processes, policies, procedures and reporting mechanisms are used to manage these cases, unless the local authority provides alternative guidance.

The following principles when responding to those at risk of, or who have undergone FGM:

- Safety and welfare of the child is the main objective.
- Agencies must act with interests of the rights of the child as stated in the United Nations Convention on the Right of the Child (1989).
- FGM is illegal in the UK.
- FGM is an extremely harmful practice, responding to it cannot be left to personal choice.
- Accessible, high quality and sensitive health education, police, social care, and voluntary sector services must underpin all interventions.
- FGM is often an embedded social norm within communities, engagement with families and their communities play an important role in contributing to ending it.
- All decisions or plans should be based on high quality assessments, undertaken by suitably trained staff.

FGM comprises all procedures involving partial or total removal of the external female genital organs or any other injury to the female genital organs for non-medical reasons. FGM is most often carried out on young girls aged between infancy and 15 years old. Whilst there is a mandatory requirement to report incidents of FGM for children and young people this is not a requirement for adult women but is good practice to report.

World Health Organisation (WHO) provide 4 classification types for FGM:

- Type 1 – Clitoridectomy - Partial or total removal of the clitoris (a small, sensitive and erectile part of female genitalia) and in very rare cases, the prepuce (the fold of skin surrounding the clitoris).
- Type 2 – Excision - Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are the lips surrounding the vagina).
- Type 3 – Infibulation - Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner or outer labia, with or without removal of the clitoris.
- Type 4 – Other - All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping, and cauterising the genital area.

See National FGM Centre (<http://nationalfgmcentre.org.uk/fgm/>) for more information.

Statistics are gathered via NHS services in the UK who, through treatment, identify those who have been subjected to FGM.

The duty to report any FGM allegations is set out in the local authority multi-agency guidance, which will be developed from the outline process in Chapter 14 of the Care Act 2014. The local authority will provide specific guidance for actions to be taken by the provider if appropriate.

Fabricated and induced illness

Sometimes a child is taken to see a health practitioner frequently. There can be various reasons for this, such as a child with an underlying physical or mental health condition or a parent or carer who may be overanxious and asking for advice and support. However, in some cases parents or carers have fabricated or induced illness in a child. If you are concerned about a parent or carer's behaviour, the presentation of a child, or the frequency of accessing health services, seek the advice of the named professional for your organisation.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms; this may include fabrication of past medical history.
- Fabrication of signs and symptoms and falsification of hospital charts and records, and specimens of bodily fluids. This may also include falsification of letters and documents.
- Induction of illness by a variety of means.

Exploitation by radicalisation:

Anti-terrorism PREVENT strategy, of which CHANNEL is part (CHANNEL and PREVENT Multi-Agency Panel Guidance)

(<https://www.gov.uk/government/publications/channel-and-prevent-multi-agency-panel-pmap-guidance>) is led by the Home Office. The aim is to stop people becoming terrorists and/or supporting extremism. Local organisations have a role to play in safeguarding people who meet the criteria, and contact should be made with the Police regarding any individuals who present a concern regarding violent extremism.

Prevent (Radicalisation)

Prevent is a government strategy that seeks to stop people becoming terrorists and supporting violent extremism. There are numerous government departments and local partners involved in the strategy, and one of the main organisations involved are health care services.

Prevent has three main objectives, which are to:

- Tackle the causes of radicalisation and respond to the ideological challenge of terrorism.
- Safeguard and support those most at risk of radicalisation through early intervention, identifying them and offering support.
- Enable those who have already engaged in terrorism to disengage and rehabilitate.

Many of the vulnerabilities that terrorist radicalisers prey on are often the same as those exploited by groomers in other forms of exploitation and the method/approach may be very similar. The Prevent Strategy promotes early intervention to protect vulnerable adults from being drawn into terrorism.

Staff who engage with the public will, through training and guidance, understand what radicalisation means and why people may be vulnerable to being drawn into radicalisation, extremism and possibly terrorism. They should be aware of what the term 'extremism' means and the relationship between extremism and terrorism.

We will work with staff to identify what measures are available to support people and stop people becoming drawn into terrorism and how to challenge the extremist ideology. Sign posting information will be identified on how to obtain support for people being exploited by radicalising influences.

The key message is that all staff must escalate a concern and have confidence that each issue will be taken seriously, handled appropriately and that, where necessary, specialist advice will be available.

All staff will receive the appropriate level of Prevent training. The basic premise of the training is that staff should:

Notice – there is a change in the behaviour of a service user or staff member, or you see something that concerns you.

Check – discuss your concerns with your manager.

Share – your concerns with your manager.

If staff believe that a child at risk is being exploited or radicalised, then safeguarding procedures will be used to raise concerns, which may then escalate concerns to Channel (the multi-agency early intervention process designed to safeguard adults and children at risk from being drawn into violent extremist or terrorist behaviour).

Where there is an immediate risk to an individual or others contact should be made to the Police via 999. Where there is no immediate threat referral should be made through normal safeguarding procedures.

Appendix 2: Responsibilities

Designated Safeguarding Manager (This could also be the Registered Manager)

- To ensure that safeguarding children is integral to clinical governance and audit arrangements within the provider.
- To ensure that the provider meets the contractual and clinical governance arrangements on safeguarding.
- To ensure that all staff in contact with children are alert to the potential indicators of abuse or neglect and know how to act on those concerns in line with local guidance.
- To ensure that the provider operates safe recruitment processes in line with national and local guidance including disclosure and barring and managing allegations against staff.
- To ensure safeguarding responsibilities are reflected in all job descriptions.

The roles and responsibilities do not equate to a full-time role but, where a person is identified to take on this role, these duties should be included in the job description.

The provider's safeguarding lead is Children's Services Manager who can be contacted on 01217793865

The provider's Mental Capacity Act lead is MCA Lead Contact .

His/her deputy is Deputy MCA.

Their role is to:

- Act as a contact on safeguarding adults and children and Mental Capacity Act matters; this may include requests to contribute to sharing information required for safeguarding investigations where appropriate.
- Disseminate information in relation to safeguarding adults/children and Mental Capacity Act to all staff members.
- Act as a point of contact for family members to bring any concerns that they have, to document those concerns, and to take any necessary action to address concerns raised.
- Share information received on safeguarding concerns promptly with the Safeguarding Team, clarifying or obtaining more information about the matter as appropriate and as advised.
- Facilitate access to support and supervision for staff working with vulnerable adults and families.
- Ensure that the staff team complete the provider's agreed incident forms and analysis of significant events forms.

The responsibilities are to:

- Be fully conversant with the provider's safeguarding children in an adult setting policy, the policies and procedures of Local Safeguarding Children's Board and the integrated processes that support safeguarding.
- Be responsible for facilitating training opportunities for individual staff groups.

Individual staff members, including all employed staff and volunteers

- To be alert to the potential indicators of abuse or neglect for children and know how to act on those concerns in line with national guidance and the local safeguarding procedures.
- To be aware of and know how to access Local Safeguarding Children Board's policies and procedures for safeguarding children.
- To take part in training, including attending regular updates so that they maintain their skills and are familiar with procedures aimed at safeguarding and implementation of the Mental Capacity Act.
- 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.
- Recognise the importance of sharing information, in confidence and with a lead person, regarding concerns they have about a colleague's behaviour.
- To minimise any potential risk to children.