Our safeguarding policy

Contents

Introduction

The Care Quality Commission (CQC) has a statutory duty to protect and promote the health, safety and welfare of people who use health and social care services.

Our role in safeguarding people who use health and social care services includes:

- Making sure that providers have the right systems and processes in place to ensure people are protected from abuse, improper treatment and neglect.
- Holding providers to account, securing improvements and taking enforcement action where required.
- Responding to information received from all sources, including the public, staff working in services, providers and stakeholders, assessing the risks to people using services and taking regulatory action to mitigate risks to people using services.
- Working with other inspectorates such as Ofsted, HMI Probation, HMI Constabulary, HMI Prisons, and NHS England/Improvement (NHSEI) to review how health, education, police, probation and prison services work in partnership to help and protect people from harm.
- Working with local partners such as Local Healthwatch, local authorities, the police and clinical commissioning groups (CCGs) or integrated care services (ICSs) to share information about safeguarding people using services.

This policy

This policy relates to safeguarding practice and explains our processes and arrangements to assure CQC's Board that we are protecting people using health and social care services from harm effectively. The following policies and guidance give more detailed information about aspects of this safeguarding policy:

- Responding to information from individuals about the experiences of care (2016)
- People's experience of care (2019)
- Guidance on Sharing Information (2018)
- Report a concern if you are a member of the public
- Report a concern if you work in a regulated service
- Closed Cultures Supporting Information (2020)
- CQC Code of Practice on Confidential Personal Information (2018)
- Managing risks to the quality of care (2019)
- CQC statutory notifications guidance

The key legislative framework supporting this policy includes:

- Health and Social Care Act 2008 (Regulated Activities) 2014 (and as amended 2015)
- Care Quality Commission (Registration) Regulations 2009
- Human Rights Act 1998
- Mental Health Act 1983
- Mental Capacity Act 2005 (including the Deprivation of Liberty Safeguards – which will be replaced by the Liberty Protection Safeguards) Equality Act 2010
- General Data Protection Regulations (GDPR) 2018.
- Children Act 1989, and as amended 2004
- Children and Social Work Act 2017

Our role in safeguarding

Our overall objective in safeguarding is to ensure that providers of regulated health and social care services provide safe, good quality care and treatment that does not expose people to the risk of abuse, improper treatment and neglect, and protects people from harm. We do this in a number of ways:

- We set out requirements for registration with CQC in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We assess whether a new service provider will meet these regulations to determine whether to register it, or whether we can register an existing provider that wishes to add additional services to its registration. These regulations include our expectations of how providers will carry on high-quality regulated activities with effective safeguarding policies and systems in place to protect people using the service.
- We monitor providers by obtaining, assessing and reporting on information and data obtained through multiple sources and using this information to assess any risks posed to people using the service, taking regulatory action where indicated to reduce those risks.
- We identify those services where there may be an increased risk of harm due to their specific nature. For example:
    - where people live or stay long-term in regulated services
    - where the service is not well-led
    - where staff do not have the right training, skills and experience to support people, and
    - where the culture does not support positive and open engagement between staff and people using services and their families.
- Once we have identified risks, we will take action to protect people who may be harmed or where there is a breach of the regulations. See our work on closed cultures for more information on how we identify and risk assess closed cultures.

- We publish our findings about safeguarding in our inspection reports and give services a rating for each key question, which will reflect our findings about safeguarding and the quality of the care.
- We require all providers, as appropriate to their service, to follow the arrangements set out locally to enable them to report safeguarding incidents in line with current national legislation for safeguarding.
- We hold providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that they maintain improvements. This includes requiring providers to produce action plans and taking enforcement action to address breaches of regulations.
- We work with other regulators and inspectorates to review the effectiveness of safeguarding arrangements between health, social care, education, probation and prison settings. This is to drive improvement in how agencies work together to deliver support and protection for children, young people and adults who move within, and between, multiple services. See Appendix C for the approach to safeguarding arrangements in prisons.
- We work with national partner organisations to influence the strategic direction on safeguarding, advise and support developments and undertake independent thematic reviews on areas of health and social care where systemic concerns have been identified.
- We ensure that all providers have evidence that their staff are trained and competent in safeguarding children and adults in line with national good practice as designated by their professional registration or sector-specific good practice guidance.
- We act where providers fail to protect people using their service or fail to report abuse caused by others that results in a person, or people, being harmed.
- We use our enforcement powers to hold providers to account for failures in protecting children, young people and adults from abuse and neglect (Regulation 12 (safe care and treatment) and Regulation 13 (safeguarding service users from abuse and improper treatment). Enforcement action (both civil and criminal) requires the provider to comply with the regulations governing the quality of care and treatment. We aim to be consistent when using our enforcement powers and reporting of our actions to the public.
- We engage with Safeguarding Boards and commissioners of health and social care services to respond to or escalate concerns so that we can work together to safeguard children, young people and adults who are using health and social care services.
- We monitor use of the Mental Health Act 1983. We check that people's rights are maintained while they are detained under the Act.
- We visit patients who have been detained and those under community treatment orders and we also appoint Second Opinion Appointed Doctors (SOADs). The SOAD service safeguards the rights of patients detained under the Mental Health Act who either refuse the treatment prescribed to them or are deemed incapable of consenting. The role of the SOAD is to decide whether the treatment recommended is clinically defensible and whether due consideration has been given to the views and rights of the patient. Adhering to the requirements of the Mental Health Act is not solely the

responsibility of specialist mental health services. We expect all providers to adhere to the lawful detention or treatment of patients.

- We monitor whether registered persons and other professionals promote awareness of the Mental Capacity Act and are aware of their own responsibilities under it.
- We monitor use of the Mental Capacity Act's Deprivation of Liberty Safeguards (DoLS) in all care homes and hospitals in England, and we provide advice and information on using them. We check on the use of the safeguards by visiting the places where they are used. Care services must tell us about the outcome of their application to deprive someone of their liberty. We will continue to have this responsibility when Liberty Protection Safeguards are introduced.
- We require providers to tell us about specific incidents through a statutory notification process, including:
  - abuse or neglect or allegations of abuse or neglect
  - deaths of people using their service
  - involvement of the police
  - serious injury
  - unauthorised absence of a person detained or liable to be detained under the Mental Health Act 1983

  The guidance for these incidents sits alongside other routine notifications that providers must tell us about. See CQC statutory notifications guidance.

- Our approach to assessing safeguarding practice within providers considers systems and processes within each of the four key questions: safe, effective, caring, responsive and well-led. We look for evidence of good governance and oversight from senior leadership and expect to see that providers learn lessons from safeguarding incidents.

Our approach

What we do:

- Where we find poor care or treatment in a registered provider, for example as a result of evidence or breaches of a regulation, but we determine that there is no serious or significant harm to an person, we will not make a safeguarding referral to the local authority. However, we may share concerns with the local authority's contracts/quality team. We will assess the risks to people using the service of any concerns about the care and treatment being provided and take appropriate regulatory action to mitigate those risks. We engage with system partners about issues in the quality of care and we speak with the provider. Although we may not raise a safeguarding alert to the local authority in these circumstances, we may share concerns with them as a result of their contract and quality monitoring role.
- We will make a safeguarding referral (including from unregistered services) to the local authority if we believe abuse or neglect is occurring, or there is a risk of serious or significant harm to a person or people and we are the first organisation to become aware of this information, for example during an inspection. We will use our decision-making tool to determine whether to make a referral. We will also contact the police if we suspect that a crime against a person has been committed.
- We will respond to concerns where we suspect abuse or neglect. We will work where appropriate with colleagues from local authorities, NHS England, clinical commissioning groups or integrated care systems and the police, sometimes in parallel with their own investigation or enquiry.

What we do not do:

- We do not have a statutory duty to investigate safeguarding concerns. This is the responsibility of the local authority, and the police where it is suspected a crime has been committed or a person is at immediate risk of harm or needs urgent protection. The local authority is responsible for protecting people from abuse and neglect and reducing risks of future harm.
- We do not routinely attend Section 42 enquiry meetings or multi-agency meetings convened by the local authority when they are making enquiries about allegations of abuse or agreeing long-term multi-agency protection plans. However, there are times when it may be necessary to attend, including:
    - where there has been a serious incident or failure of care
    - where one or more service users have been harmed
    - where the failure has been systemic
    - where there is a potential breach of regulations
    - when we are taking or considering enforcement action
    - where there are concerns about institutional abuse where a registered manager or nominated individual are implicated

- Our is not as a decision maker in multi-agency discussions, but to consider the evidence presented to decide on our regulatory response. We may also share information, in accordance with the requirements of our Guidance on Sharing Information policy and in adherence to the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) 2018.

How we define safeguarding

Safeguarding people who receive a regulated service is not strictly limited to the confines of the definition of either an adult or child at risk. We consider the wider population that also uses that service and the potential for harm to them. This may mean that where a local authority may not take forward an enquiry about an allegation of abuse or neglect, we may take some form of regulatory action because of the failure of the service provider.

We define a risk to the quality of care as:

"A risk to the quality of care that means people are exposed to or suffer poor quality care, including harm or a risk of further harm."

For abuse or neglect (see definitions in appendix A) or improper treatment to have taken place there should be:

- an individual(s) who has been harmed
- an individual(s) who could potentially have been harmed

For neglect or improper treatment to be established, we would need evidence that staff:

- may not have followed good practice, care or treatment guidance to meet someone's needs
- may not have carried out their duty of care to assess needs and deliver care accordingly; or
- may not have identified abuse or neglect caused by a third party.

When we decide whether to act in relation to information provided to us, we will assess the risk in line with other information we hold about the provider and refer to the appropriate authority.

We will adhere to our Risk Management Framework, which helps us make decisions about actions we may or may not take.

Where a person has been abused or neglected, we will refer to this as **Safeguarding**.

We will refer to an **emerging safeguarding risk** where we:

- do not have enough information to determine that abuse or neglect has occurred

or

- there has been no abuse or neglect but there is risk to the quality of care.

Accountability

We take our role in safeguarding the health and wellbeing of people who use services very seriously. To support this, the Safeguarding Committee (SGC) reports directly to the Executive Team. It leads on safeguarding policy and strategy and determines quality improvements and the operational approach within the organisation. The SGC provides reports to CQC's Board on organisational safeguarding performance and quality of practice. It assures the Board that staff identify risks to people who use services and take timely, effective regulatory action to protect them from harm. Membership of the Safeguarding Committee includes senior representatives of all areas within CQC, reflecting the organisation-wide commitment to safeguarding.

All staff have a role in safeguarding in CQC, but there are key roles with specific responsibilities:

- **National Safeguarding Advisors** provide advice and support to the safeguarding committee and to all levels of the organisation. For example, they will advise operational staff on best practice. They contribute to the development of policies, develop learning materials, and monitoring the quality of safeguarding practice.
- The **National Customer Service Centre (NCSC)** receives and processes most of the information that comes into the organisation. A dedicated team manages information of concern. All information is triaged according to the level of assessed risk; where we assess that a child, young person or adult is suffering, or is at risk of suffering neglect or abuse, we refer the concern to the local authority immediately or within 24 hours of receiving the information. Where we assess the information as being an emerging safeguarding concern, this is referred to the inspector with responsibility for the service who assesses the risk to people using the service and takes regulatory action to address this risk – this is done within five working days.
- **Inspectors** have responsibility for specific providers within their portfolio. They are responsible for receiving information about providers from multiple sources, risk-assessing this information and taking regulatory action. They will make referrals to the local authority, through NCSC, if they receive information from another source that suggests abuse or neglect. They will record the action taken and the outcome. There are Key Performance Indicators (KPIs) in place for oversight of actions. They will also conduct assessments of providers, using data and information to determine whether further on-site inspection activity is needed.
- **Inspection managers** oversee services in their team and engage with the sector in information sharing meetings, looking at safeguarding issues at a broader level. They also engage with Safeguarding Adults Boards through the Adult Social Care lead. Inspection managers also support inspectors to make decisions regarding regulatory action. They will ensure that inspectors have the necessary competencies and will identify any learning needs.

- **Heads of inspection** have responsibility for the providers in a designated ‘patch’ and for the activities of specific teams. They will provide oversight of safeguarding activity and will attend Management Review Meetings when necessary to approve any enforcement activity, in accordance with CQC’s scheme of delegation supported by colleagues from the legal and /or enforcement team.
- **Intelligence and Performance staff** may be involved in collecting, analysing and reporting safeguarding information. Performance staff report on key performance indicators and measures, identifying areas for improvement and providing assurance on safeguarding activity. Intelligence staff include safeguarding information within their products to support regulatory activity.
- **Strategy and Policy teams** will advise the Safeguarding Committee on ensuring that organisational responsibilities for safeguarding are included in any strategic priorities and that the safeguarding policy and associated guidance is regularly updated and current.

Raising concerns

We receive information from many sources including the public, people who use services, their families or those close to them, staff working in services, providers and other stakeholders. This may come through the National Customer Service Centre from Give Feedback on Care, where people tell us about their, or their loved ones’, experiences of care. We review this information using our decision-making tool and risk framework to assess any risks to people using the service and consider the information along with other intelligence we hold to determine our regulatory action. Where we identify abuse or neglect, we will refer to the local authority within 24 hours of receipt. We act within five working days to address an emerging safeguarding risk as a result of delivering care.

See further information about how we manage information of concern on our website: People's experience of care.

When people who work in health and care services are Speaking Up to raise concerns with us, we take this seriously. We expect all providers to have a transparent and supportive framework in place to support staff who speak up. We will consider the information that we are told to determine any regulatory action. Where possible, we will give feedback to people who speak up about what we have done in response to their concerns.

See further information about how we manage information from those Speaking up on our website: Report a concern if you work in a regulated service.

We take appropriate action irrespective of who shares information with us, but we do not investigate and resolve complaints on behalf of individuals. In these circumstances, we will direct people to organisations that can support them.

Sharing information

We are committed to the highest levels of information protection and meeting our legal and statutory obligations when sharing information with the public, partners and all stakeholders. We also make sure that we treat information appropriately that is owned by other organisations, which is made available to us under secondary disclosure agreements.

- When we share sensitive information with external agencies, in relation to a safeguarding matter, we follow our Guidance on Sharing Information (2018), which is underpinned by the Data Protection Act 2018 and the General Data Protection Regulations (GDPR) 2018.
- We may share confidential personal information where there is reasonable cause to believe that an individual, or individuals, are suffering, or at risk of suffering, significant harm, or when sharing the information would help prevent significant harm. We endeavour to involve people who use services and/or their loved ones when deciding who to share information with. This is governed by our Code of Practice on Confidential Personal Information (2016, amended 2018), which establishes the practices we will follow to obtain, handle, use and disclose confidential personal information. We also have a number of information sharing agreements and memoranda of understanding with partner organisations.
- We may share inspection findings that are directly relevant to safeguarding with external agencies before we issue a draft report, for example where we find serious safety issues. If we do so, we reference any disagreement or relevant comments made by the service provider.
- We engage with a range of stakeholders to contribute to a joined-up safeguarding system and to influence safeguarding practice, including:
    - NHS England/Improvement
    - the government
    - child safeguarding practice review panels
    - safeguarding adult boards
    - Public Health England
    - Association of Directors of Adult Social Services (ADASS)
    - Association of Directors of Children's Services (ADCS)
    - Local Government Association (LGA)
    - other inspectorates and regulators
    - royal colleges
    - professional organisations
    - trade associations
    - Healthwatch

- We support the work of child safeguarding practice review panels and safeguarding adult boards. We will respond to requests for data or information and agree our level of involvement on a case by case basis. We do not act as a decision-maker or full member of any panel.

Learning and competency

We recognise that safeguarding is everyone's business and we make sure that we maintain a skilled, knowledgeable and experienced workforce to continually improve in this area. Where appropriate, staff have pre-employment and Disclosure and Barring Service checks that are regularly refreshed to ensure they are suitable for their roles and responsibilities as set out in job descriptions.

Our Academy is responsible for determining the learning needs of all staff and coordinating the delivery of learning programmes. We consider safeguarding training for adults and children as a priority that requires learning to be updated every two years by all staff, irrespective of their role.

Level 3 is learning for designated safeguarding leads who need a strong knowledge of safeguarding. It covers best practice, policy, and their role and responsibilities as leads. All staff above this level must demonstrate continuous development of knowledge and skills in safeguarding practice through regular review of their competency framework.

We aim to provide staff with support, supervision and coaching to meet personal development needs.

Monitoring and improving practice

We constantly monitor safeguarding practice throughout our organisation within a framework of safeguarding quality management and continuous improvement. We do this by:

- monitoring and reporting on a series of key performance indicators and quality measures that indicate if we have responded to concerns and taken regulatory action in a timely way, and . engaging with staff to promote and maintain compliance
- learning from recommendations in reports and audits of our practice undertaken by external agencies, and implementing the requirements of resulting action plans to secure improvement
- auditing the quality of safeguarding practice to ensure that staff have taken the right regulatory action at the right time to protect people from harm
- taking any actions that arise from our contribution to Child Safeguarding Practice Review Panels and Safeguarding Adult Boards and disseminating learning throughout the organisation

- reviewing our safeguarding systems and processes and undertaking quality improvement programmes to develop and refine our approach so that we remain effective in an ever-changing health and social care sector
- providing reports to the Safeguarding Committee, Executive Team and CQC's Board to demonstrate that we took the right regulatory action to effectively protect people from harm.

Appendix A: Categories of abuse, improper treatment and neglect – adults

This section explains the different types and patterns of abuse, neglect and improper treatment and the different circumstances in which they may happen. This is not a full list but a guide to the type of behaviour that could result in a safeguarding concern. These definitions are taken from the Care and Support Act Statutory Guidance (Care Act 2014) Care and support statutory guidance - GOV.UK (www.gov.uk)

Physical abuse

Assault, hitting, slapping, pushing, misuse of medicines, restraint, inappropriate physical sanctions.

Domestic abuse

Psychological, physical, sexual, financial, emotional abuse, so called 'honour'-based violence and coercive and controlling behaviour. Additionally, any of these that are community-based or hate crime.

Sexual abuse

Rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure, sexual assault, sexual acts to which the adult has not consented, was not able to consent or was pressured into consenting.

Psychological abuse

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

Financial or material abuse

Theft, fraud, internet, postal or doorstep scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, the misuse or misappropriation of property, possessions or benefits.

Modern slavery

Slavery, human trafficking, forced labour and domestic servitude, traffickers and slave masters using whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

Discriminatory abuse

This includes forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation, religion.

Organisational abuse

Including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, or in relation to care provided in a person's own home. This may

range from one-off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

Neglect and acts of omission

- ignoring medical advice/needs
- emotional or physical care needs
- failure to provide access to appropriate health, care and support or educational services
- withholding the necessities of life, such as medicines, adequate nutrition and heating or desired social contact.

Self-neglect

This covers a wide range of behaviour neglecting to care for someone's personal hygiene, health or surroundings and includes behaviour such as hoarding. Note: self-neglect may not prompt a section 42 enquiry. An assessment should be made on a case-by-case basis. A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour. There may come a point when they are no longer able to do this, without external support.

Appendix B: Categories of abuse, neglect and exploitation – children

This section describes types of abuse in relation to children. These definitions are from Working Together to Safeguard Children 2018 Working Together to Safeguard Children 2018 (publishing.service.gov.uk)

Abuse

A form of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Harm can include ill treatment that is not physical as well as the impact of witnessing ill treatment of others. This can be particularly relevant, for example, in relation to the impact on children of all forms of domestic abuse. Children may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others. Abuse can take place wholly online, or technology may be used to facilitate offline abuse. Children may be abused by an adult or adults, or another child or children.

Physical abuse

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

Emotional abuse

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

Sexual abuse

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

child in preparation for abuse. Sexual abuse can take place online, and technology can be used to facilitate offline abuse. Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

Child sexual exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Child criminal exploitation

As set out in the Serious Violence Strategy, published by the Home Office, where an individual or group takes advantage of an imbalance of power to coerce, control, manipulate or deceive a child or young person under the age of 18 into any criminal activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial or other advantage of the perpetrator or facilitator and/or (c) through violence or the threat of violence. The victim may have been criminally exploited even if the activity appears consensual. Child criminal exploitation does not always involve physical contact; it can also occur through the use of technology.

Controlling or coercive behaviour

Also known as coercive control, the use of control and coercion in relationships is a form of domestic abuse and, since December 2015, a criminal offence. Controlling and coercive behaviour is outlined in Government guidance issued under section 77 of the Serious Crime Act 2015 as part of the Government's non-statutory definition of domestic violence and abuse as follows:

- Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour; and
- 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 their victim Coercive control is a form of abuse that involves multiple behaviours and tactics which reinforce each other and are used to isolate, manipulate and regulate the victim. This pattern of abuse creates high levels of anxiety and fear. This has a significant impact on children and young people, both directly, as victims in their own right, and indirectly due to the impact the abuse has on the non-abusive parent. Children may also be forced to participate in controlling or coercive behaviour towards the parent who is being abused. Controlling or coercive behaviour also form part of the definition of domestic abuse in section 1(3)(c) of the Domestic Abuse Bill.

County lines

As set out in the Serious Violence Strategy, published by the Home Office, a term used to describe gangs and organised criminal networks involved in exporting illegal drugs into one or more importing areas within the UK, using dedicated mobile phone lines or other form of 'deal line'. They are likely to exploit children and vulnerable adults to move and store the drugs and money, and they will often use coercion, intimidation, violence (including sexual violence) and weapons.

Domestic abuse

Can encompass a wide range of behaviours and may be a single incident or a pattern of incidents. Domestic abuse is not limited to physical acts of violence or threatening behaviour, and can include emotional, psychological, controlling or coercive behaviour, sexual and/or economic abuse. Types of domestic abuse include intimate partner violence, abuse by family members, teenage relationship abuse and adolescent to parent violence. Anyone can be a victim of domestic abuse, regardless of gender, age, ethnicity, socio-economic status, sexuality or background and domestic abuse can take place inside or outside of the home. Domestic abuse continues to be a prevalent risk factor identified through children social care assessments for children in need. Domestic abuse has a significant impact on children and young people. Children may experience domestic abuse directly, as victims in their own right, or indirectly due to the impact the abuse has on others such as the non-abusive parent.

Extremism

Goes beyond terrorism and includes people who target the vulnerable – including the young – by seeking to sow division between communities on the basis of race, faith or denomination; justify discrimination towards women and girls; persuade others that minorities are inferior; or argue against the primacy of democracy and the rule of law in our society. Extremism is defined in the Counter Extremism Strategy 2015 as the vocal or active opposition to our fundamental values, including the rule of law, individual liberty and the mutual respect and tolerance of different faiths and beliefs. We also regard calls for the death of members of our armed forces as extremist.

Female genital mutilation

Female genital mutilation (FGM) is a procedure where the female genital organs are injured or changed and there is no medical reason for this. It is frequently a very traumatic and violent act for the victim and can cause harm in many ways. The practice can cause severe pain and there may be immediate and/or long-term health consequences, including mental health problems, difficulties in childbirth, causing danger to the child and mother; and/or death. The age at which FGM is carried out varies enormously according to the community. The procedure may be carried out shortly after birth, during childhood or adolescence, just before marriage or during a woman's first pregnancy.

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: provide adequate food, clothing and shelter (including exclusion from home or abandonment); protect a child from physical and emotional harm or danger; ensure adequate supervision (including the use of inadequate

caregivers); or ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Appendix C: Safeguarding in prisons

The Care Act 2014 details local authority duties for safeguarding enquiries (Section 42). Safeguarding adults reviews (Section 44) do not apply to adults living in prisons.

Although Safeguarding adult boards have no jurisdiction over prisons, they may assist the institution with its safeguarding responsibilities by acting as a ‘critical friend’.

Devon County Council is the only local authority to date that has this agreement in place and therefore it does carry out safeguarding investigations that meet the threshold within HMP Exeter.

See full details at: https://www.legislation.gov.uk/ukpga/2014/23/section/76/enacted

See The National Offender Management service (NOMS) PSI 16 updated 16.12.2016 for more information. This details a prison’s responsibilities under safeguarding.

Keeping adult prisoners safe: PSI 16/2015 - GOV.UK (www.gov.uk)

If you are still uncertain what action to take regarding safeguarding in prisons, contact the Health and Justice team. health-and-justice-inspection-team@cqc.org.uk