**[NAME] – “The Company”**

**Safeguarding, Mental Capacity Act and Deprivation of Liberties Policy**

**Policy overview**Safeguarding children and vulnerable adults is an overriding professional duty for all health and social care practitioners and providers. The Company is committed to safeguarding children and vulnerable adults. This policy demonstrates the measures that we take to ensure that our patients are safeguarded during their time with us. The Company also supports the safeguarding agenda in the context of tackling health inequalities.

The Company will comply with local safeguarding, mental capacity and deprivation of liberty policies including any updates required in line with multi-agency policies and the Commissioner’s requirements.

All local safeguarding concerns must be reported to the relevant local safeguarding children and adult board and to the company safeguarding lead.

Local contact details can be found on the link below or by downloading the app

<http://www.myguideapps.com/nhs_safeguarding/default/>

<https://play.google.com/store/apps/details?id=com.antbits.nhsSafeguardingGuide&hl=en_GB>

<https://itunes.apple.com/gb/app/nhs-safeguarding-guide/id1112091419?mt=8>

**Legislation**
The Company is aware of the safeguarding provisions contained within the Care Act 2014 and Children and Social Work Act 2017. We support the intention to:

* Improve decision making and support for looked after and previously looked after children.
* Improve joint work at the local level to safeguard children and enable better learning at the local and national levels to improve practice in child protection.
* Promote the safeguarding of children by providing for relationships and sex education in schools.
* Enable the establishment of a new regulatory regime specifically for the social work profession in England.

The Company supports Regulation 13: Safeguarding service users from abuse and improper treatment as one of the fundamental standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as amended by the Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2015. The Company is also aware of the local authority’s duty to investigate child welfare safeguarding set out in Section 11 Children Act 2004. We also comply with the Mental Capacity Act 2005.

**Safeguarding governance**The Company’s safeguarding lead is [insert name]. The Commissioner will be kept informed at all times of the identity of the safeguarding lead.

The Company will participate in the development of any local multi-agency safeguarding quality indicators and/or plan if requested by the coordinating commissioner. At the reasonable written request of the commissioner the Company will provide evidence to the commissioner no later than ten days from request confirming that it is addressing any concerns raised by relevant multi-agency reporting systems.

Practitioners will have DBS checks carried out prior to service delivery according to the commissioner’s requirements. If a practitioner has a conviction highlighted by the DBS check the Company requires them to evidence that they have shared this with the GOC and NHS England.

**Mental capacity and deprivation of liberty**The safeguarding lead will also act as the mental capacity and deprivation of liberty lead.

The Company recognises the principles of the Mental Capacity Act 2005 to be:

* Presumed capacity unless proven otherwise.
* Empowering decision making to the maximum extent utilising all practical steps before an individual is treated as lacking capacity.
* Recognising that unwise decisions do not in themselves indicate lack of capacity.
* Acting in the best interests of an individual lacking capacity.
* The objective of less restrictive options relating to acts or decisions when a person lacks capacity.

The Company supports the Deprivation of Liberty Safeguards. We will ensure individual patients’ freedom are not inappropriately restricted while protecting their rights and allowing them to make decisions where possible, putting the patient first when decisions are taken for them.

The Company will comply with local multi-agency policies relating to mental capacity and deprivation of liberty. We will meet training programme requirements and annual audit requirements as appropriate.

The Company will provide assurances to the commissioner raised through the relevant multi-agency reporting systems if requested as well as taking part in development of any local multi-agency safeguarding quality indicators and/or plan if requested.

**Prevent**

The safeguarding lead will act as the Prevent lead. The Company will meet Prevent requirements as appropriate for the contract and service type. To the extent applicable, and as agreed by the commissioner in consultation with the regional Prevent coordinator, the Company will:

* Include in its policies and procedures, and comply with, the principles contained in the Government Prevent Strategy and the Prevent Guidance and Toolkit.
* Include in relevant policies and procedures a programme to raise awareness of the Government Prevent Strategy among Staff and volunteers in line with the NHS England Prevent Training and Competencies Framework.
* Include in relevant policies and procedures a WRAP delivery plan that is sufficient resourced with WRAP facilitators.

**Child sexual abuse and exploitation**

The Company’s safeguarding lead will act as the child sexual abuse and exploitation lead. The Company will monitor signs of child sexual exploitation including looked after children and will act within local plans in the event of identifying children at risk.

The Company recognises that while any child can be a victim of sexual exploitation those at risk are likely to exhibit behavioural signs such as sexualised behaviour, self-harm, change in eating habits, mental health problems and disruptive behaviour.

**Domestic abuse – adults and children**

The Company is aware that domestic abuse can occur in a variety of environments and will ensure that our practitioners monitor for signs of this. We recognise that domestic abuse is any type of controlling, bullying, threatening or violent behaviour between people in a relationship. Examples of domestic abuse are:

* sexual abuse and rape (including within a relationship)
* punching, kicking, cutting, hitting with an object
* withholding money or preventing someone from earning money
* taking control over aspects of someone's everyday life, which can include where they go and what they wear
* not letting someone leave the house
* reading emails, text messages or letters
* threatening to kill or harm them, a partner, another family member or pet.

**Coercive behaviour**

The Company recognises coercive behaviour to be 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. This includes:

* Forced Marriage - A forced marriage is where one or both people do not (or in cases of people with learning disabilities, cannot) consent to the marriage and pressure or abuse is used.
* Female Genital Mutilation - FGM is considered as child abuse and is illegal under UK law. It is now a legal duty for healthcare professionals to report any cases they may suspect or be made aware of.

**Other safeguarding concerns**

* ‘Honour’ based Violence is a form of domestic abuse which is perpetrated in the name of so called 'honour'. The honour code which it refers to is set at the discretion of male relatives and women who do not abide by the 'rules' are then punished for bringing shame on the family. The pressure put on people to marry against their will can be physical (including threats, actual physical violence and sexual violence) or emotional and psychological (for example, when someone is made to feel like they’re bringing shame on their family). Financial abuse (taking your wages or not giving you any money) can also be a factor.
* Human/child trafficking - human trafficking involves recruitment, harbouring or transporting people into a situation of exploitation through the use of violence, deception or coercion and forced to work against their will. We recognise trafficking to be a process of enslaving people, coercing them into a situation with no way out, and exploiting them. People can be trafficked for many different forms of exploitation such as forced prostitution, forced labour, forced begging, forced criminality, domestic servitude, forced marriage, and forced organ removal.

We will monitor signs of these and work with local safeguarding agencies as necessary.

**Fabricated or induced illness**

The Company recognises fabricated or induced illness to be a condition whereby a child has suffered, or is likely to suffer, significant harm through the deliberate action of their parent and which is attributed by the parent to another cause. There are three main ways of the parent fabricating or inducing illness in a child:

* Fabrication of signs and symptoms, including fabrication of past medical history.
* Fabrication of signs and symptoms and falsification of hospital charts, records, letters and documents and specimens of bodily fluid.
* Induction of illness by a variety of means.
* The above three methods are not mutually exclusive. Existing diagnosed illness in a child does not exclude the possibility of induced illnesses. The very presence of an illness can act as a stimulus to the abnormal behaviour and also provide the parent with opportunities for inducing symptoms.

**Working with sexually active young people under 18**

Most young people under the age of 18 will have a healthy interest in sex and sexual relationships. The primary concern of anyone working with sexually active young people under the age of 18 years must be to safeguard and promote the welfare of the child. Where staff working with young people identify those relationships may be abusive, the young people may need the provision of protection and additional services.

**VIP, celebrity, media and other visitor policy**

All visits by media, VIPs or celebrities are to be handled and managed by the management team of the practice because of the high profile they can attract. Any requests for visits must be referred to and approved by the management team. The policy requires that one-off or very short-term approved official visitors are always accompanied throughout their visit as there is a possibility of contact with vulnerable patients/visitors. Consent for the visit, especially if media are involved, must be received in writing from any patients who may be involved in the visit. VIPs, celebrities or media are not to be granted access to patient records; staff must comply with all policies throughout the visit. Any areas that may be visited must be cleared of any paperwork and an IG review carried out around the area to be visited to ensure there is no patient or staff data visible.

 **Practice requirements**

We will:

* Maintain our own Safeguarding Policies in accordance with local policies and guidance
* Ensure that all staff are familiar with the guidance and know what to do if they suspect and observe signs or symptoms of suspected abuse or neglect, so that they are compliant with Intercollegiate Guidance for Safeguarding Children.
* Ensure each accredited practitioner has completed the Level 2 accredited ‘Safeguarding Children and Safeguarding Vulnerable Adults’ training modules.
* Appoint a safeguarding, mental capacity and deprivation of liberty and prevent lead.
* Comply with local safeguarding, mental capacity and deprivation of liberty policies including any updates required in line with multi-agency policies and the commissioner’s safeguarding requirements.
* Ensure that all staff are aware of the local safeguarding contacts and the need to inform the company.
* Be familiar with the NHS Safeguarding app: <http://www.myguideapps.com/nhs_safeguarding/default/>