Woking & Sam Beare
Hospice and Wellbeing Care

ADULT SAFEGUARDING POLICY

Policy / procedure code:	CLIN02
Version	3
Policy owner:	Director of Clinical Services
Approval Date:	23/03/23
Ratified by:	Governance Committee
Next Review Date:	March 2025
For Information and action to:	All Staff, Trustees and Volunteers

Version Control Sheet

Policy / Procedure: CLIN02 Adult Safeguarding Policy V3

Version	Date	Author	Status	Comment
1	14/12/12	Clare Lawrence/ Jules Norris	Draft 1	Draft document for circulation for comments
1	23/01/13	Clare Lawrence/ Jules Norris	Updated draft 2	Updated draft document for circulation for comments
1	27/03/13	Clare Lawrence/ Jules Norris	Final draft 3	Final draft submitted to Clinical Governance Committee for ratification in April 2013 meeting
1	27/04/13	Clare Lawrence/ Jules Norris	Ratified	Version 1 (draft 3) ratified at Clinical Governance Committee
1	April 2014	Clare Lawrence/ Jules Norris	Ratified	Amendments: Change of titles and CRB replaced with DBS
1	Sept 2014	Clare Lawrence/ Jules Norris	Ratified	Amendments: Page ,7,8 & 9 of 12 – Add box to flow chart 'report to North West Surrey Clinical Commissioning Group
1.1	July 2015	B. Hamilton/ C.Lawrence	Final Draft	Major revision and addition of Prevent. Distributed to all clinical
1.1	Oct 2015	B. Hamilton/ C.Lawrence	Ratified	Clinical Governance Committee
1.2	Sept 2016	B. Hamilton		MASH contact details
2.0	Nov 2016	C. Hodgson	Draft	Major revision. Increased emphasis of Child Safeguarding and Prevent
2.0	27/01/2017	C. Hodgson	Ratified	Ratified by clinical governance, no amendments
2.1	12/03/2018	C. Hodgson	Ratified	Minor amendment, addition of Trustees throughout document
2.2	07/01/19	C. Hodgson	Ratified	Updated as per Woking together 2018 and amended to new Surrey Children Services practice model. MASH emails updated. FGM reporting duty stated more clearly. Updated policy following SOP 03.
2.3	1/10/19	C. Hodgson	Draft	Minor amendment, 'same day' changed o 24 ours. Removed gsx addresses.
3	March 2023	Jill Jarvis / Julie Gardner	Draft	Major review and amendments. Reviewed against the Surrey Adult Safeguarding Policy and Procedures. Reviewed and recommended by Clinical Quality Group.

Document Status

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1. Introduction

All adults have the right to live lives free from abuse and neglect. Woking and Sam Beare Hospice (WSBH) has a zero tolerance to abuse and is committed to safeguarding and promoting the wellbeing of adults who come into contact with its services either directly or indirectly.

Safeguarding is central to the quality of care and is a fundamental part of patient safety and wellbeing ensuring a positive experience of care. WSBH recognises the importance of an organisational culture where high standards of care are achieved and rigorously monitored.

The Care Act 2014 provides the legal framework for adult safeguarding and sets out the responsibility of services to ensure it is firmly embedded within core duties to protect adults at risk. WSBH therefore, has a statutory duty to safeguard and protect adults at risk of abuse and consistently and conscientiously apply the principles of safeguarding adults whilst at the same time making sure that their wellbeing, views, wishes and beliefs are promoted within safeguarding arrangements.

WSBH works within the guidance provided by Surrey Safeguarding Adult Board and recognises that safeguarding adults at risk is a shared responsibility and requires organisations to work together effectively to prevent abuse or neglect.

2. Purpose

The aim of this policy is to ensure that:

- Robust systems are in place to safeguard and protect adults at risk of harm.
- Training is provided that is at the appropriate level to the staff role.
- Effective procedures are in place to respond to and report safeguarding concerns.
- Adults at risk are supported in making choices and have control about how they want to live.

3. Scope

This policy applies to all staff and volunteers who work on behalf of WSBH including:

- Employed staff (including bank staff and staff on fixed or temporary contracts)
- Trustees and Volunteers
- Staff on placements (students, medical staff and allied healthcare professionals)
- Locums and Agency staff

From this point forwards the term ‘staff’ refers to all of the above

4. Definitions

Safeguarding: Protecting an individual’s right to live in safety, free from abuse, harm and neglect.

Adult: A person who is aged 18 or over.

An adult at risk: (previously described as a vulnerable adult) as defined in the Care Act 2014 is an adult who:

- has needs for care and support (whether or not the local authority is meeting any of those needs),
- is experiencing, or at risk of, abuse or neglect,
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect

Abuse: a violation of an individual's human and civil rights by another person, persons or an organisation.

Abuse comes in many forms, which can include acts of neglect or omission, and more than one type of abuse may be happening at the same time. Abuse may consist of a single act or repeated acts. For examples of abuse and behaviour that may indicate abuse or neglect is occurring see Appendix 1.

Radicalisation: the process where an individual becomes involved with or starts to support groups or ideologies with extremist beliefs.

PREVENT: Part of the UK counter-terrorism strategy aimed at the identification of vulnerable people who may be radicalised by extremist groups and drawn into planning or carrying out terrorist activity.

See Appendix 2 for information on safeguarding people at risk of radicalisation and extremism and how to report concerns.

5. Roles and Responsibilities

Board

- To ensure all statutory requirements relating to safeguarding are in place and upheld by staff.

Chief Executive Officer

- To ensure a robust policy is in place.
- To designate an Executive Safeguarding Lead.

Executive Safeguarding Lead (Director of Clinical Services)

- To provide executive leadership
- To provide assurance on the effectiveness and quality of the safeguarding arrangements
- To ensure WSBH complies with its statutory duties and that best practice is observed.
- To ensure robust safeguarding systems and processes are in place.

Clinical Safeguarding Lead

- To provide timely advice and guidance to staff with safeguarding concerns.
- To promote awareness of the policy and correct safeguarding procedures.
- To assist and support the reporting of concerns.
- To support staff involved in the safeguarding process.

Managers

- To ensure the contents of this policy are applied in practice.
- To ensure staff complete appropriate training to their role.
- To support their staff through the safeguarding process where required.
- To facilitate reflection and learning after a safeguarding incident.

Human Resources (HR) Team

- To ensure safe and effective selection and recruitment procedures are in place to identify candidates who would be unsuitable to work with adults at risk.
- To ensure all staff have a satisfactory Disclosure and Barring Service check.

Education and Training Team

- To ensure training quality, content and frequency is in line with latest local and national guidance and at a level appropriate to staff roles.

Quality Assurance Team

- To record safeguarding incidents and notifications on the Governance Report
- Reporting regularly to the Clinical Quality Group and Governance Committee

All Staff

- To comply with the Safeguarding Policy and procedures.
- To safeguard and promote the welfare of adults at risk.
- To identify and report concerns or abuse or suspected abuse.
- To complete Safeguarding Adults training appropriate with their role.

6. Key Principles

6.1. The Care Act (2014)

The Care Act (2014) sets out six key principles that represent best practice in Adult Safeguarding and are the basis of achieving good outcomes:

Principle	Description
Empowerment	People being supported and encouraged to make their own decisions and informed consent
Prevention	It is better to take action before harm occurs
Proportionality	The least intrusive response to the risk presented
Protection	Support and representation for those in greatest need
Partnership	Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse.
Accountability	Accountability and transparency in delivering safeguarding

These principles should always inform the ways in which professionals and other staff work with adults.

6.2. Wellbeing Principle

The wellbeing principle is a guiding philosophy of the Care Act 2014 and it puts the individual's wellbeing at the heart of care and support recognising that everyone's needs are different.

WSBH staff must always work on the assumption that an adult is best placed to judge their own wellbeing. Staff must put people in control of their care wherever possible and wellbeing must be promoted at every opportunity.

6.3. Mental Capacity Act

Adults who lack capacity
The Mental Capacity Act 2005 (MCA) provides a statutory framework which empowers and protects people aged 16 or over who may lack capacity to make decisions for themselves.

The MCA clearly states that there is a presumption of mental capacity unless an assessment of capacity shows otherwise. If there are concerns about the individual's capacity refer to CG06 Assessing Capacity and Making Best Interest Decisions Policy.

6.4. The Deprivation of Liberty Safeguards (DoLS)

DoLS was introduced to protect a person who has been deemed to lack capacity under the MCA to consent to the arrangements for their care.

Staff will need to be aware that these provisions require a more detailed assessment to determine if the person meets the criteria for a Deprivation of Liberty Safeguard (DoLS) authorisation. If a deprivation of liberty safeguard decision is to be taken the CLIN09 Deprivation of Liberty (DOLS) Safeguarding Policy is to be followed.

6.5. Duty of Candour

The Duty of Candour regulations require WSBH to be open and transparent with patients and their families when a notifiable safety incident has occurred causing moderate or severe harm or death. In order to do this WSBH will:

- Ensure all staff act in an open and transparent way with our patients and their relatives or carers.
- Tell patients and their relatives or carers as soon as possible if a safety incident has occurred, including what the incident was.
- Provide patients and their relatives or carers with the appropriate support following any safety incident.
- Offer an apology and let the patients and their relatives or carers know what we are going to be doing about the incident.

Guidance can be found in CORP02 Duty of Candour Policy

7. Recognising Abuse

Abuse and neglect can occur in any setting including people's homes, public locations and in regulated health and social care services.

Anyone could be an abuser and it is often someone who is known and trusted. It might be a family member or partner, a neighbour, a health or social care worker, another professional worker (e.g. a financial advisor or solicitor), a volunteer, or a friend.

An adult at risk may be a person who:

- Is frail due to age, ill health, physical disability or cognitive impairment, or a combination of these.
- Has a learning disability.
- Has a physical disability, a sensory impairment and/or speech, language and communication needs.
- Has mental health needs including dementia or a personality disorder.
- Has a long-term illness/condition.
- Misuses substances or alcohol.

Any member of staff could suspect, witness or have abuse or neglect directly disclosed to them and it is everyone's responsibility to take the appropriate actions.

A safeguarding concern may be reported by another organisation and should be followed up appropriately.

If the concern is about staff or volunteers who work with an adult at risk the same adult safeguarding process should be followed. The Director of Clinical Services and Head of HR will also decide on appropriate action in line with the relevant HR Policy.

7.1. Patient Safety Incidents

Patient safety incidents (e.g. falls, acquired pressure ulcers and medication errors) could occur as a result of neglect or omission of care (whether deliberate or unintentional). Any safeguarding concern should be referred as per the procedure outlined below and Safeguarding Referral Flowchart (Appendix 3).

The decision to refer should not be based on the level of harm but this will be relevant in deciding what the safeguarding enquiry will involve. All patient safety incidents should be reported on Sentinel.

8. Safeguarding Procedure

8.1. Initial Concern Raised

- Assess the situation and call the police and/or an ambulance **if** the person is in immediate danger.
- Ensure the person is safe.

- Listen carefully to what you are being told and reassure the person that you are taking what they say seriously.
- Ask if there is anyone the person wants to be informed to support them. Consider an advocate if appropriate.
- Ask for consent to share information. It is possible to raise concerns without consent, but it is good practice to seek consent unless to do so increases the risk to the person or others.
- Explain that information will have to be passed on.
- Explain what will be passed on and why and if possible, name the person the information will be shared with.
- Make sure information is only shared with people who need, and have the right, to know.

Do not:

- Touch or clear away any evidence.
- Ignore the concerns.
- Agree to keep it a secret.
- Interrupt the person or ask leading questions.
- Contact the alleged abuser.
- Start an investigation.
- Discuss with other people or agencies if they do not need to know.

8.2. Information Sharing

Effective information sharing between organisations is essential to safeguard adults at risk. There is a legal duty to share information with the local authority so they can investigate.

The General Data Protection Regulation (GDPR) (2018) is not a barrier to sharing information but provides a framework to ensure that personal information is shared appropriately. Information shared should be necessary, proportionate, relevant, accurate, timely, and secure.

It is good practice to gain consent to share information but if the individual refuses to give consent in a safeguarding situation, information can still be shared with the local authority so they can assess the risk of harm. The individual should be informed this is happening unless to do so would increase the risk of harm.

8.3. Report

Concerns must be raised with a Line Manager and/or the Clinical Safeguarding Lead as soon as possible and they will agree next steps and who will contact the relevant organisations if required.

If concerns are about a more senior person or a line manager is not responding appropriately then the issue should be escalated to the Executive Safeguarding Lead.

Where there is a decision that safeguarding procedures are appropriate a referral should be made. If a decision is made not to refer as the criteria are not met and there is a more appropriate response this should be recorded in the patient notes. If staff are unsure whether to refer, guidance should be sort from the Adult Safeguarding Team.

The Surrey County Council 'Adult Social Care Levels of Need' guidance can assist with decision making for referral and identifying other appropriate pathways - https://www.surreysab.org.uk/wp-content/uploads/2022/08/Adult-Social-Care-Levels-of-Need-V5-August-2022-.pdf

8.4. Referral

The Surrey Multi-Agency Safeguarding Hub (MASH) is the single point of contact for referring concerns about the safety of an adult at risk.

The Surrey MASH brings together Surrey County Council's social care workers, healthcare workers, the police and other agencies, where required, to share relevant information.

Include in the referral:

- Information that has led you to believe the person has a need for care and support.
- Details about what has happened, where, when and to who to cause concern; and
- Information about anything that has already been done, or is planned, to help support the person and prevent any further abuse or neglect.
- Any risks that it would be helpful for the local authority to be aware of when considering what happens next.
- Confirmation that you have informed the adult about the referral and, if you have not informed them, an explanation as to why.
- Confirmation of what the adult would like to happen as a result of your referral.
- Information that would assist us in making effective contact with the person.

Refer to 'Making Good Referrals of Adult Safeguarding Concerns in Surrey' (Surrey Adult Safeguarding Board) to ensure all the required information is provided - Concerned about an Adult - Surrey Safeguarding Adults Board (surreysab.org.uk)

During MASH Office Hours (Mon – Fri 09:00 – 17:00)

Method	Contact Information
Tel:	0300 470 9100
E-mail:	ascmash@surreycc.gov.uk
Online:	https://customer.surreycc.gov.uk/adult-safeguarding-referral
SMS	07800 000388 (for deaf and hard of hearing callers)
Sign Language Video Relay:	https://www.surreycc.gov.uk/council-and-democracy/contact-us/british-sign-language

Out of hours Adult Social Care Emergency Duty Team

Method	Contact Information
Tel:	01483 517898
SMS:	07800 000388 (for deaf and hard of hearing callers online)
E-Mail:	edt.ssd@surreycc.gov.uk

The Surrey MASH will decide the need for an adult safeguarding enquiry and/or assess the care and support needs of the person.

Do not refer to MASH:

- **If a crime is suspected**: All crimes should be reported to the Police via 101 or 999 in an emergency.
- **To refer to social services:** Direct referrals can be made via the Professional Portal https://adultsocialcareportal.surreycc.gov.uk/web/portal/pages/profreferral
- **To refer a person in crisis due to their mental health**: For concerns that someone may harm themselves a report should be made to the police for an imminent risk, or the GP or Surrey and Borders Partnership (SABP) Crisis Line on 0800 915 4644
- **As a response to self-neglect:** except where there is a concern that there have been failures by agencies or professionals to work together to assess and manage the risks effectively, or the person is being prevented from accessing services by another person.

8.5 Record Keeping

- Make a record of everything heard and seen as soon as possible after any incident and every time another individual or organisation is contacted.
- Write down exactly what happened, including (if possible) the exact dates and times.
- Include the names and details of any individuals involved and record all possible information to ensure the most accurate account of the incident.
- If the allegation is against a member of staff, do not record the name of the staff member in patient records.
- Make a record of the date and time the concern was reported.
- Keep these records in a safe location where they cannot be accessed by anyone else, this is confidential information and might be used as evidence.
- Record all decisions about whether or not information has been shared and the reasons for doing so. This record must include what information has been shared, with whom, and whether disclosure was made with or without consent.
- All safeguarding incidents and notifications must be reported on Sentinel.

9. Training and Development

All staff will receive training, appropriate to their role, in order to be alert to potential indicators of abuse and neglect of adults at risk, to respond appropriately.

Training Level	**Staff**
Safeguarding Awareness	Retail and Support Services Staff
Adult Safeguarding Level 1	All Clinical Staff and Trustees
Adult Safeguarding Level 2	Executive Safeguarding Lead Clinical Safeguarding Lead Clinical Leads

Training Level	Staff
Adult Safeguarding Level 3	Executive Safeguarding Lead Clinical Safeguarding Lead

10. Monitoring

Compliance with this policy will be monitored via:

Measurable policy objective	Monitoring Method	Monitoring Frequency	Responsible Person	Responsible Committee
Safeguarding Training Compliance	Mandatory Training Reports	Monthly	Director of Clinical Services	Clinical Quality Group Governance Committee
Appropriate referrals to MASH	Safeguarding notification and incident reports	Monthly	Director of Clinical Services	Clinical Quality Group Governance Committee
Correct Safeguarding procedures	Audit	Annual (or more frequently in response to an incident)	Director of Clinical Services	Clinical Quality Group Governance Committee

11. Key Legislation

The key legislation underpinning this policy includes:

- The Care Act 2014
- The Health and Social Care Act 2008
- The Crime and Disorder Act 1998
- The Mental Capacity Act 2005
- The Care and Support Statutory Guidance
- The Human Rights Act 1998

12. Other relevant WSBH Policies

- Safeguarding Children’s Policy
- Information Governance Policy
- Deprivation of Liberty Safeguarding Policy
- Incident Reporting Policy
- Mental Capacity Act Policy
- Consent and Shared Decision Making Policy
- Raising Concerns Policy

13. Equality Impact Assessment

WSBH is committed to creating a positive culture for all staff and service users.

The intention is to identify, remove or minimise discriminatory practice in relation to the protected characteristics (race, disability, gender, sexual orientation, age, religious or other belief, marriage and civil partnership, gender reassignment, pregnancy and maternity), as well as to promote positive practice and value the diversity of all individuals and communities.

PROTECTED CHARACTERISTIC	EQUALITY IMPACT ASSESSMENT
Age	There is no evidence to indicate that any staff member or volunteer represented in these Protected Characteristic groups is, as a result of this Policy, affected more or less favourably than staff and volunteers in other groups
Sex	
Gender Re-assignment	
Sexual Orientation	
Race	
Religion or Belief	
Marriage / Civil Partnership	
Pregnancy / Maternity	
Disability	

14. References

Surrey Safeguarding Adult Board Procedures
https://www.surreysab.org.uk/information-for-professionals/ssab-policies-and-procedures/

Appendix 1: Types of Abuse

What constitutes abuse?
Surrey Multi-agency Procedures describe abuse as:

"A violation of an individual's human and civil rights by any person or other persons. Abuse may consist of a single act or repeated acts. It may be physical, verbal or psychological. It may be an act of neglect or an omission to act, or it may occur when a vulnerable person is persuaded to enter into a financial or sexual transaction to which he or she has not consented or cannot consent." (No Secrets DOH 2000)

Signs of Abuse
Different types of abuse are defined under broad categories. It should be noted that the categories of abuse are not mutually exclusive and many situations will involve a combination of several types of abuse.

Physical Abuse
The non-accidental infliction of physical force that results (or could result) in bodily injury, pain or impairment.

Examples of behaviour: hitting, slapping, pushing, kicking, burning, physical restraint, harassment, enforced sedation, inappropriate use of medication and catheterisation for management ease.

Sexual Abuse
Direct or indirect involvement in sexual activity without consent.
Examples of non contact behaviour: looking, photography, indecent exposure, harassment, serious teasing or innuendo, pornography.

Examples of contact behaviour: coercion touch e.g. of breast, genitals, anus, mouth, with or by penis, finger and or other objects.

Psychological/ Emotional Abuse
Impinges on the emotional health and development of individuals. This includes verbal abuse, humiliation, bullying or use of threats.

Examples of behaviour: shouting, swearing, insulting, ignoring, intimidation, harassment, depriving an individual of the right to choice and privacy.

Financial or Material Abuse
The unauthorised, fraudulent obtaining and improper use of funds, property or any resources of a vulnerable person - this includes the theft or misuse of a person's benefits, pension or bank account.

Examples of behaviour: unexplained loss of personal possessions and money, misappropriating money, valuables or property, forcing changes to a will, denying the person the right to access personal funds, encouraging to hand over control of finances we the person does not have mental capacity.

Neglect
Ignoring or withholding medical or physical care need, or withholding the necessities of life and medicines which cause the person to suffer.

Examples of behaviour: failure to provide appropriate food, shelter, heating, clothing, medical care, hygiene, personal care, inappropriate use of medication.

Self neglect
Self-neglect is an extreme lack of self-care, it is sometimes associated with hoarding and may be a result of other issues such as addictions. The inclusion of self-neglect in statutory guidance does not mean that everyone who self-neglects needs to be safeguarded. There are limitations to what others can do if the adult has mental capacity to make their own decisions about how they live.

Examples of behaviour: *l*ack of self-care to an extent that it threatens personal health and safety, neglecting to care for one's personal hygiene, health or surroundings, inability to avoid harm as a result of self-neglect, failure to seek help or access services to meet health and social care needs, inability or unwillingness to manage one's personal affairs

Abuse of individual rights/discriminatory abuse/racial abuse
Abuse of individuals' rights is a violation of human and civil rights by any other person or persons.

Examples of behaviour: abusive or derisive attitudes or behaviour based on a person's sex, sexuality, ethnic origin, race, culture, age disability or any other discriminatory factors.

Professional Abuse
The misuse of therapeutic power and abuse by professional, the failure of a professional to act on suspected abuse/crimes, poor care practices or neglect in services.

Examples of behaviour: entering into a sexual relationship with a client/patient, failure to refer disclosure of abuse, poor or outmoded care practice, failure to support a vulnerable adult access to professional support and services such as advocacy, failure to raise concerns on issues when internal procedures to highlight are exhausted.

Institutional Abuse
Occurs when lifestyles of individuals are sacrificed in favour of the rituals and routines of the care setting.

Examples of behaviour: lack of individual care, inappropriate confinement or restrictions, sensory deprivation, inappropriate use of rules, custom and practice, no flexibility of bedtimes or waking time, dirty clothing or linen, lack of personal possessions or clothing, deprived environment or lack of stimulation, misuse of medical procedures.

Domestic Abuse
Any incident of threatening behaviour, violence or abuse between adults who are or have been intimate partners, or family members. Family members are defined as mother, father, son, daughter, brother, sister, grandparents, whether directly related, in-laws or step family. Coercive or controlling behaviour is a core part of domestic abuse.

*Examples of behaviour: th*eir partner puts them down in front of other people, they are constantly worried about making their partner angry, they make excuses for their partner's behaviour, their partner is extremely jealous or possessive, they have unexplained marks or injuries, they've stopped spending time with friends and family, they are depressed or anxious, or you notice changes in their personality.

Modern slavery
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.

Examples of behaviour: seem scared, confused, have untreated injuries, poor health, malnutrition, poor dental health, bruising, frightened of authorities, avoid eye contact.

Female Genital Mutilation (FGM)
FGM is illegal in the UK as is taking anyone out of the UK for the procedure. For the purpose of the criminal law in England and Wales, FGM is mutilation of the labia majora, labia minor or clitoris. FGM is an unacceptable practice for which there is no justification. It is child abuse and a form of violence against women and girls.

A mandatory reporting duty applies to regulated health and social care professionals in England and Wales to report 'known' cases of FGM in under 18s which the identify in the course of their professional work to the police. Within the hospice this would include any staff member regulated by the General Medical Council, Health and Care Professions Council and the Nursing and Midwifery Council.

The legislation requires that, where in the course of their professional duties, they either:
- are informed by a girl under 18 that an act of FGM has been carried out on her **or**
- observe physical signs which appear to show that an act of FGM has been carried out on a girl under 18 and they have no reason to believe that the act was necessary for the girl's physical or mental health or for purposes connected with labour or birth they must report it.

Cases of failure to comply with the duty will be dealt with in accordance with the existing performance procedures in place for each profession.

Examples of behaviour: A girl at immediate risk of FGM may not know what's going to happen but she might talk about; being taken 'home' to visit family, a special occasion to 'become a woman' or an older female relative visiting the UK. She may ask an adult for help if she suspects FGM is going to happen.

A girl or woman who's had FGM may; have difficulty walking, sitting or standing, spend longer than normal in the toilet or ask for help, but may not be explicit about the problem due to embarrassment or fear.

Further information can be found here:
Female genital mutilation (FGM) - NHS (www.nhs.uk)
Female Genital Mutilation - Prevent & Protect | NSPCC

Appendix 2 RADICALISATION AND EXTREMISM

Radicalisation is the term used to describe the process where an individual becomes involved with or starts to support groups or ideologies with extremist beliefs. Those who become radicalised often end up getting drawn into terrorism or serious abuse, which is why radicalisation is classed as a form of harm.

People usually become radicalised by someone who exploits and takes advantage of vulnerabilities that make them susceptible to extremist narratives. Vulnerability to radicalisation is when a person, who as a result of their experiences and/ or situation, may be drawn or exploited into supporting terrorism or extremist ideologies associated with terrorist groups. It is possible for people to 'self-radicalise' by viewing extremist materials online and in social media.

Extremism is where someone holds views that are intolerant of people who are of a different ethnicity, culture, religion, gender or sexual identity. Extremists may try to force their views on others and, in some cases, may believe that these views can justify the use of violence in order to achieve certain aims.

What is Prevent?
Prevent is part of the UK's counter-terrorism strategy which consists of the four 'P' work strands:

- **Prevent**: to stop people becoming terrorists or supporting terrorism
- **Pursue**: to stop terrorist attacks
- **Protect**: to strengthen our protection against a terrorist attack
- **Prepare**: to mitigate the impact of a terrorist attack

Preventing extremism and radicalisation
The Prevent strategy (2011) identified 4 types of terrorism that the UK faces, these being:

- International
- Northern-Ireland related, although this is the responsibility of the Secretary of State for Northern Ireland the prevent principles are applicable
- Extreme right-wing
- Other, these are often small movements in reaction to a single issue, a specific incident, or ideology

It is essential that staff organisations are able to identify individuals who may be vulnerable to radicalisation and know what to do when they are identified. Protecting individuals from the risk of radicalisation is no different from safeguarding individuals from other forms of exploitation.

If you have a concern that a person may be at risk of radicalisation or engaged in extremist behaviour, you should follow the safeguarding policy. The Police Prevent Team can be contacted on 101.

Appendix 3