

Statement on CQC's role and responsibilities for safeguarding children and adults

February 2018

Currently under review to late 2019

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The Care Quality Commission is the independent regulator of health and social care in England.

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We register, monitor, inspect and rate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

Excellence – being a high-performing organisation
Caring – treating everyone with dignity and respect
Integrity – doing the right thing
Teamwork – learning from each other to be the best we can

Introduction

Safeguarding children and adults is everyone’s business. This statement sets out what safeguarding means for CQC, what our role and responsibilities are (and are not), and why safeguarding is important to us.

This statement reflects the legislative position on safeguarding adults at risk and vulnerable children, and reflects CQC’s methodology for health and care services.

The statement is supported by more detailed guidance in the ‘Inspector handbook on safeguarding’. The handbook will help our staff better understand the how, what, when and with whom to help keep safe the children and adults who use the services we regulate.

CQC’s work and safeguarding?

Safeguarding is a key priority for CQC and people who use services are at the heart of what we do. Our work to help safeguard children and adults reflects both our focus on human rights and the requirement within the Health and Social Care Act 2008¹ to have regard to the need to protect and promote the rights of people who use health and social care services. Regulated providers of health and social care services all have a key role in safeguarding children and adults receiving care or treatment who may be at risk of abuse and neglect. We monitor how well providers are doing this by assessing the quality and safety of care they provide, based on the things that people tell us matter to them.

There are significant differences in the laws and policies that shape how we safeguard children and how we safeguard adults. The legal framework to protect children is contained in Working together to safeguard children (2015) and for adults, the Care Act (2014). However, the overarching objective for both is to enable children and adults to live a life free from abuse or neglect. This cannot be achieved by any single agency. Every organisation and person who comes into contact with a child or adult has a responsibility and a role to play to help keep children and adults safe. Our safeguarding responsibilities are set out on page 7 and information about how we work in partnership with other organisations in safeguarding is on page 13.

¹ S.4 (1)(d) Health and Social Care Act 2008

What is our role in safeguarding?

Our role in safeguarding is:

- Checking that care providers have effective systems and processes to help keep children and adults safe from abuse and neglect.
- Our Insight model monitors information we receive about safeguarding to assess risks to adults and children using services, to make sure the right people act at the right time to help keep them safe and to inform our inspections.
- Acting promptly on safeguarding issues we discover during inspections, raising them with the provider and, if necessary, referring safeguarding issues to the local authority – who have the local legal responsibility for safeguarding – and the police, where appropriate, to make sure action is taken to keep children and adults safe.
- Speaking with people using services, their carers and families as a key part of our inspections so we can understand what their experience of care is like and to identify any safeguarding issues. We also speak with staff and managers in care services to understand what they do to keep people safe.
- Holding providers to account by taking regulatory action to ensure that they rectify any shortfalls in their arrangements to safeguard children and adults, and that that they maintain improvements. This includes requiring providers to produce action plans, taking enforcement action to remedy breaches of fundamental standards, and taking action against unregistered providers.
- Publishing our findings about safeguarding in our inspection reports, and awarding services a rating within our key question ‘Is the service safe?’ which reflects our findings about safeguarding, safety and quality of the care provided.
- Supporting the local authority’s lead role in conducting enquiries or investigations regarding safeguarding children and adults. We do this by co-operating with them and sharing information where appropriate from our regulatory and monitoring activity. We assist the police in a similar way.
- Explaining our role in safeguarding to the public, providers and other partners so that there is clarity about what we are responsible for and how our role fits with those of partner organisations.

Although we do not have a formal role on Safeguarding Adults or Children’s Boards we work closely with local teams, sharing as appropriate and where asked provide information and intelligence to help them identify risks to children and adults.

Safeguarding definitions

This section sets out definitions of safeguarding children and adults which we use in exercising our role in safeguarding. We aim to ensure that within the health and care system the right people take the right action in response to safeguarding issues that are identified to protect people, minimise risk and seek improvements.

Fundamental standards

In April 2015, fundamental standards of safety and quality were introduced which all providers of regulated health and social care activities must meet. The standards set the benchmark below which care must not fall. One of the standards relates to safeguarding.

The fundamental standard on safeguarding² states that children and adults using services we regulate must be protected from abuse and improper treatment. Providers should establish and operate systems and processes effectively to ensure this protection and to investigate allegations of abuse as soon as they become aware of them.

In addition, the standard states that care or treatment must not:

- (i) discriminate on the grounds of any of the protected characteristics of the Equality Act 2010³ (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation)
- (ii) include acts intended to control or restrain an adult or child that are not necessary to prevent, or not a proportionate response to, a risk of harm to them or another person if the adult or child was not subject to control or restraint
- (iii) be degrading to the adult or child
- (iv) significantly disregard the needs of the adult or child for care or treatment.

The standard goes on to state that no adult or child must be deprived of their liberty for the purposes of receiving care or treatment without lawful authority. Under the Mental Capacity Act 2005, we are responsible for monitoring how hospitals and care homes operate the Deprivation of Liberty Safeguards. Where necessary to protect people using services, we will take enforcement action to drive improvement, using powers relating to the fundamental standards about safeguarding, person-centred care and the need for consent to care and treatment.

² Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

³ S4 Equality Act 2010

Definitions

Safeguarding children and young people and promoting their welfare means⁴:

- Protecting children from maltreatment
- Preventing wherever possible impairment of children's health or development
- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care, and
- Taking action to enable all children to have the best outcomes.

Child protection is defined as being part of safeguarding and promoting welfare. It is the work done to protect specific children who are suffering, or are likely to suffer, significant harm.

The Working together to safeguard children 2015 guidance states that:

“children are best protected when professionals are clear about what is required of them individually, and how they need to work together.”

In addition, the guidance states that “effective safeguarding of children can only be achieved by putting children at the centre of the system and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.”

Safeguarding adults means⁵:

- Protecting the rights of adults to live in safety, free from abuse and neglect.
- People and organisations working together to prevent and stop both the risks and experience of abuse or neglect.
- People and organisations making sure that the adult's wellbeing is promoted including, where appropriate, taking fully into account their views, wishes, feelings and beliefs in deciding on any action⁶.
- Recognising that adults sometimes have complex interpersonal relationships and may be ambivalent, unclear or unrealistic about their personal circumstances and therefore potential risks to their safety or wellbeing.

Providers' safeguarding arrangements should always promote the adult's wellbeing. CQC recognises how 'Making Safeguarding Personal' influences person led and focused outcomes. Being safe is only one of many things that adults want for themselves and there can be some challenges in balancing safety and freedom in a way which protects and fulfils human rights. Providers, and other professionals where relevant, should work with the adult to establish what being safe means to them and how that can be best achieved.

⁴Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children, (March 2015) HM Government

⁵ Care and Support Statutory Guidance Issued under the Care Act 2014. Department of Health (August 2017)

⁶ Including Mental Capacity Act 2005, where appropriate

What safeguarding is not

For clarity, it may be helpful to describe what safeguarding (children or adults) is not.

It is not a substitute for:

- Providers' responsibilities to provide safe and high-quality care and support.
- Commissioners regularly assuring themselves of the safety and effectiveness of commissioned services.
- CQC ensuring that regulated services comply with the fundamental standards of care, or for us taking enforcement action.
- The core duties of the police to prevent and detect crime and protect life and property.

Why is safeguarding important to CQC to fulfil its purpose?

Under the Health and Social Care Act 2008, CQC's main statutory objective is to protect and promote the health, safety and welfare of people who use health and social care services.

Monitoring safeguarding arrangements for people using the services we regulate and making sure that providers fulfil their responsibilities to safeguard children and adults is fundamental to our meeting this objective.

Equality and human rights

If people are not safeguarded from abuse or neglect, it is highly likely that their human rights will be compromised. This is an important reason why we need to address safeguarding issues in our work.

Our Human rights approach to regulation lays out how we embed the human rights principles of fairness, respect, equality, dignity, autonomy, right to life and rights for staff into the way that we regulate services. These principles cover the Articles in the Human Rights Act 1998 that are relevant to health and social care services. Our human rights principles have close links to safeguarding – for example neglect often leads to a loss of dignity, discriminatory abuse is obviously linked to equality, and unlawful restrictive practice leads to a loss of autonomy.

We have ensured that the human rights principles are reflected in the fundamental standards and the key lines of enquiry we use for each type of service we regulate. The impact of regulatory breaches on people's rights is also factored into our Enforcement policy and enforcement decision tree.

We do not regulate using the Human Rights Act 1998 or the Equality Act 2010. However, as a public sector body, we have duties to ensure that we consider these

pieces of legislation in the way that we carry out our functions. In nearly all cases, the actions that we take under the Health and Social Care Act fulfil these duties.

What are CQC's responsibilities in safeguarding?

CQC's primary responsibilities for safeguarding are:

1. Ensuring providers have the right systems and processes in place to make sure children and adults are protected from abuse and neglect. We do this through our inspection regime. We publish ratings and inspection reports, so people who use services can understand if providers have effective systems to safeguard people.
2. Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons) to review how health, education, police, and probation services work in partnership to help and protect children and young people and adults from harm.
3. Holding providers to account and securing improvements, including through taking enforcement action.
4. Using intelligent monitoring, where we collect and analyse information about services, and responding to identified risks to help keep children and adults safe.
5. Working with local partners to share information about safeguarding.

1. Ensuring providers have the right systems and processes

Our approach to inspection is based around five key questions. The 'Is the service safe?' question includes a focus on safeguarding.

There are key lines of enquiry (KLOEs) relating to safeguarding across all the sectors we regulate. These are the questions that inspectors will ask, supported by prompts (other, more general questions) to seek additional information (see box). The KLOEs on safeguarding are mandatory in all our inspections:

Adult social care and Health

- KLOE S1: How do systems, processes and practices safeguard people from abuse?
 - Prompt S1.3– How are people protected from discrimination, which might amount to abuse or cause psychological harm? This includes harassment and discrimination in relation to protected characteristics under the Equality Act.

Adult social care

- KLOE S2: How are risks to people assessed and their safety monitored and managed so they are supported to stay safe and their freedom is respected?
 - Prompt S2.5 – Are there thorough, questioning and objective investigations into whistleblowing or staff concerns, safeguarding, and accidents or

incidents? Are action plans developed, and are they monitored to make sure they are delivered?

Health⁷

- KLOE S6: Are lessons learned and improvements made when things go wrong?
 - Prompt S6.2 – What are the arrangements for reviewing and investigating safety and safeguarding incidents and events when things go wrong? Are all relevant staff, services, partner organisations and people who use services involved in reviews and investigations?

Also important to safeguarding and people's human rights are the issues of mental health legislation enshrined in the Mental Health Act 2007 and mental capacity through the Mental Capacity Act 2005.

Relevant KLOEs, which apply to the 'Is the service effective?' question, are below:

Adult social care

- KLOE E7: Is consent to care and treatment always sought in line with legislation and guidance?
 - Prompt E7.1 – Do staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national guidance?
 - Prompt E7.7 – Do staff recognise when people aged 16 and over, who lack mental capacity, are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

Health

- KLOE E6: Is consent to care and treatment always sought in line with legislation and guidance?
 - Prompt E6.1 - Do staff understand the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004 and other relevant national standards and guidance?
 - Prompt E6.7 – Do staff recognise when people aged 16 and over and who lack mental capacity are being deprived of their liberty, and do they seek authorisation to do so when they consider it necessary and proportionate?

⁷ Includes NHS acute hospitals, Community health services, Specialist mental health services, Independent healthcare, and NHS GP and out-of-hours services

We inspect against the 5 Key Questions, which all contain elements of safeguarding, and use KLOEs and prompts to look for evidence that a provider is 'good', assessed against the ratings characteristics. We do not rate safeguarding separately. However, we use the prompts and sources of evidence to check that, for example, people are protected from avoidable harm and abuse, good practice is adopted, lessons are learned, and the service manages safeguarding concerns promptly and appropriately. Where the evidence does not reflect characteristics of good, we explore issues that need further explanation or information to understand what the level of quality of the service is and what the experience is for people using the service. The evidence feeds in to the ratings of relevant Key Questions and the overall rating of the service. We consider whether any regulations have been breached and, if so, take appropriate and proportionate action. We publish a report of our findings.

Where we find that systems and processes to safeguard children and adults are weak or ineffective we consider what regulatory action may be appropriate. Where risks to children or adults are unacceptable, we can prosecute the provider to ensure improvement takes place and people are protected.

2. Children's Health and Justice Teams: Working with other inspectorates (Ofsted, HMI Probation, HMI Constabulary, HMI Prisons)

Our work with other inspectorates is carried out by two teams in the primary medical services directorate – the children's services team and the health and justice team.

Their responsibilities are set out below.

Children's Services Team

Our Children's Services Team carry out in-depth reviews of child safeguarding within all health settings, as follows:

Children Looked After and Safeguarding Inspections (CLAS)

Under Section 48 of the Health and Social Care Act, we carry out Special Reviews of child safeguarding. This consists of an in-depth review of child safeguarding and looked after children services provided by primary medical health services, acute hospitals, mental health trusts (including child and adolescent mental health services), and community services (to include health visiting, school nursing, child and adolescent sexual health and substance misuse services).

The review assesses how these services work together to provide early help to children in need and how they provide help and support to children and young people at risk of significant harm. This includes risk of harm from radicalisation, female genital mutilation and child sexual exploitation. Recommendations for improvement are made and an action plan developed by all health services inspected. Information from these reports is then added into our intelligence

processes and is shared with external bodies such as Public Health England, Healthwatch and NHS England as well as partner inspectorates as below.

Multi-Agency Child Protection Inspections

Under Section 20 of the Children Act 2004, we contribute to multi-agency child protection inspections with Ofsted, HMI Constabulary, and HMI Probation. These inspections provide an in-depth inspection of how police, probation, health and children's social care work together to help and protect children at risk of significant harm. Services reviewed under these inspections include all health providers and commissioners, police forces, probation services and children's social care. Recommendations for improvement are made to the relevant sectors and a multi-agency action plan developed following the inspection to support improvement.

Health and Justice Team

Our Health and Justice Team carries out joint inspections of secure settings. We ensure that health services within these secure settings are meeting standards and regulations and that children, young people and adults within these settings are adequately safeguarded, as follows:

Adult Prisons and Young Offender Institutions

All prisons are inspected at least once every five years within a schedule operated by HMI Prisons. We are also responsible for collating and managing complaints from prisoners, many of which will be concerned with safeguarding issues. There are eight Young Offender Institutions (YOIs) holding young males in England and Wales and they operate within many of the same rules and policies as prisons.

Immigration Removal Centres (IRCs)

The 12 existing IRCs are inspected at least once every three years. Safeguarding key lines of enquiry are explored within these settings and recommendations made for improvement. Joint arrangements for the inspection of prisons and IRCs with HMI Prisons lead to joint reports which can include requirements set by CQC.

Police Custody

Inspections of police custody suites are led by HMI Constabulary and HMI Prisons. Safeguarding the welfare of individuals in police custody is a priority with specific lines of enquiry for safeguarding adults and young people, some of whom may be inappropriately detained in police custody.

Secure Training Centres (STCs)

Inspections of Secure Training Centres are led by Ofsted with inspection teams made up of Ofsted, HMI Prisons and CQC. Those young people, under the age of

18, who are, or may be, involved with offending behaviour can be held in secure children's homes, young offender institutions, or STCs with the latter two generally holding those over 15. Annual inspections are carried out within a jointly agreed framework with the resulting report published on the Ofsted website:
<http://reports.ofsted.gov.uk/>

Youth Offending Teams (YOTs)

YOTs were established in every local authority in England and Wales following the Crime and Disorder Act 1998. These statutory bodies include representatives from health, education, police, probation, social services and substance misuse.

Inspections of YOTs are now carried out on a risk proportionate basis with six full joint inspections being carried out annually alongside a fuller programme of short quality assurance visits and about three additional thematic inspections per year. Joint inspection reports with recommendations for improvement are published following these inspections.

3. Holding providers to account and securing improvements through Enforcement

Providers are required by law⁸ to notify us of serious incidents that occur to people in their care, including:

- the death of a child or adult using their service;
- abuse or allegations of abuse in relation to a child or adult using their service;
- serious injury to any person using the service;
- unauthorised absence of a detained mental health patient
- any incident that is reported to, or investigated by, the police.

We have a range of enforcement powers we can use to hold providers and individuals to account for failures in protecting children and adults from abuse and neglect. These aim to protect people who use regulated services from harm and the risk of harm, and ensure they receive health and social care services of an appropriate standard. There is, therefore, a clear and direct link between safeguarding and some of our enforcement powers.

The starting point in considering using our enforcement powers is to assess the harm or risk of harm to children or adults using the service. The action we may take responds to the severity of the risk posed to the individual(s) and evidence of multiple or persistent breaches. We will only take action that we judge to be proportionate. For instance, where a child or adult is exposed to harm (whether

⁸ The Care Quality Commission (Registration) Regulations 2009

physical or psychological), or where that harm has occurred, we will consider using our powers of prosecution.

Sometimes we may take informal enforcement action instead of formal action. For example, if the provider is able to improve the service on their own and the risks to children and adults are not immediate, we will generally work with them to improve standards rather than taking enforcement action.

Where risks to children or adults using the service are at an unacceptable level or the provider is repeatedly or seriously failing to meet their legal obligations, we can either force improvement or require the provider to make improvements.

We can require improvement by issuing:

- (i) Requirements Notices – for example, we found a care home for older people was not meeting the fundamental standard on safeguarding but there was no immediate risk of harm to the people living there. We issued a Requirement Notice, which required the provider to send us a report setting out the action they would take and by when to achieve improvement so that they met the standard; or
- (ii) Warning Notices – for example, during an inspection, inspectors found that staff had a lack of knowledge about how to identify or respond to the risk of abuse. Also, the provider's safeguarding policy did not describe the appropriate steps to follow should a safeguarding concern be identified. We issued a Warning Notice requiring improvements to be made as a priority to keep residents safe.

If, for any type of service we regulate, we identify a more serious concern we can force improvement by, for example, imposing conditions on registration, or suspending or even cancelling it. For example, we may consider cancelling the provider's registration where:

- (a) We find the provider falling short of meeting the fundamental standard on safeguarding; and
- (b) We have previously taken a number of actions to get the registered person to improve; and
- (c) We now judge that they do not have the capacity or capability to improve to the level of the standard.

Note: there are also other enforcement options; see our Enforcement policy on our website for more details. <http://www.cqc.org.uk/content/enforcement-policy>

4. Insight and responding to risk

Our Insight model monitors information we receive about safeguarding. It enables us to act promptly where we identify high levels of risk to people using services. .

Our first priority when we receive information from any source is to make sure that the right people are aware so that they can take the right steps to remove any immediate risk of harm to the individual(s). This could be the local authority, the police, or the provider. We add the information to what we already know about the service and consider whether the overall level of risk means that we should bring forward an inspection or conduct a focused inspection to look at a specific aspect of the service. Where risks are low, we will make sure we take the issue into account in planning the next inspection.

Providers have a legal responsibility to notify us about all abuse and/or harm caused to children and adults using regulated services or incidents which place them at risk of harm; or about issues such as medication errors which have potentially caused harm (for example, where a wrong dose of medication is given or where a person is given medication they are not authorised to receive). Notifications include details of whether or not the local safeguarding authority has been informed and what action has been taken.

We also receive information and intelligence on safeguarding from a number of other sources, particularly:

- (i) Concerns raised by the public to the National Customer Service Centre by phone or email, or using our Responding to Concerns policy⁹;
- (ii) Share Your Experience forms sent to us by people using services, their friends, relatives and advocates (<http://www.cqc.org.uk/share-your-experience-finder>).

5. Working with local partners to share information

No one organisation has complete oversight of safeguarding children and adults: responsibilities are spread over a number of organisations. That is why it is essential for all the organisations that come into contact with children and adults to work in partnership to help protect them from abuse and neglect.

Local authorities hold the lead and coordinating role in safeguarding children and adults. They have legal duties and powers to establish Local Safeguarding Children Boards¹⁰ and Safeguarding Adults Boards¹¹. The Boards' objectives include developing local safeguarding policy and ensuring effective working with partners such as Clinical Commissioning Groups and the police to help and protect and promote the welfare of children, and to help and protect adults in their areas who are in need of care and support. Local authorities also have duties to conduct Serious

⁹ <http://www.cqc.org.uk/contact-us/report-concern/improving-how-we-respond-concerns-about-poor-care>

¹⁰ S13 Children Act 2004

¹¹ S43 Care Act 2014

Case Reviews¹² for children and Safeguarding Adults Reviews¹³ where death or serious injuries have occurred.

For CQC, working with local authorities and other partners means:

- (i) Being clear about our role and its boundaries.
- (ii) Understanding the roles of partner organisations.
- (iii) Sharing information and intelligence with local authorities and the police as appropriate (statutory guidance on safeguarding adults¹⁴ contains details about multi-agency confidentiality agreements and principles governing information sharing).
- (iv) Contributing, where appropriate, to Serious Case Reviews and Safeguarding Adults Reviews.

We work with partner organisations at a local level, especially local authorities safeguarding teams and the Local Safeguarding Adults Board (LSAB). We do not routinely attend LSAB meetings. However, we maintain contact with them and respond to requests for information.

At a national level, we work with partner organisations such as NHS England, ADASS and the Department of Health and Social Care amongst others. Working together in this way assists in developing multi-agency solutions to safeguarding issues that are identified.

We fully engage with Serious Case Reviews (SCRs) and Safeguarding Adult Reviews (SARs), carrying out, where appropriate, Independent Management Reviews of our own decisions and actions. This helps to inform improvements to our systems, processes or practice. At a national level we will respond to recommendations made by these Reviews.

¹² Reg 5 Local Safeguarding Children Boards Regulations 2006

¹³ S44 Care Act 2014

¹⁴ Chapter 14.157 of Care and Support Statutory Guidance issued under the Care Act 2014. Department of Health (October 2014)

Additional information

Data Protection

In performing our functions and roles around safeguarding, we comply with the requirements of our Data Protection and Information Management policies. We share information and intelligence promptly and appropriately, taking into account our Code of Practice on Confidential Personal Information.

Although providers are responsible for referring staff to professional bodies and the Disclosure and Barring Scheme where they have concerns about their behaviour, we may also do this in certain circumstances.

Governance

Our Safeguarding Committee provides strategic oversight for safeguarding work. It has a range of responsibilities, ensuring:

- Safeguarding children and adults at risk is embedded in our work on registration, inspection and monitoring.
- There is a consistent approach to safeguarding across our sectors and the inspection directorates.
- That our policies are up to date and effective.
- That our systems and procedures support effective safeguarding practice in our regulatory roles.
- That staff are adhering to policies and practice.

Report a safeguarding issue

You should contact the local authority (social services) Safeguarding Team if you are concerned about a child or adult at risk.

If you believe a criminal offence has occurred, contact the Police on 101

If you want to share your concern about a provider you can contact us in different ways. These are set out at: <http://www.cqc.org.uk/contact-us>

If you do not have access to the Internet, you can call us on: 03000 616161

Review

This document is currently under review until late 2019

Documents referred to in this statement, with links (Note that some legislation may not show changes made after it came into effect)

Working together to safeguard children (March 2015) [expected to be updated from April 2018]

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

Health and Social Care Act 2008

<http://www.legislation.gov.uk/ukpga/2008/14/contents>

Health and Social Care Act 2008 (Regulated Activities) 2014

<http://www.legislation.gov.uk/uksi/2014/2936/contents/made>

Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Prevent Duty Guidance (March 2015)

<https://www.gov.uk/government/publications/prevent-duty-guidance>

Care and Support Statutory Guidance, issued under the Care Act 2014 (Department of Health August 2017), Chapter 14, Safeguarding

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Care Quality Commission (Registration) Regulations 2009

<http://www.legislation.gov.uk/uksi/2009/3112/contents/made>

Children Act 2004 <http://www.legislation.gov.uk/ukpga/2004/31/contents>

Care Act 2014 <http://www.legislation.gov.uk/ukpga/2014/23/contents>

Local Safeguarding Children Boards Regulations 2006

<http://www.legislation.gov.uk/uksi/2006/90/contents/made>

Code of Practice on the Mental Health Act 1983 [Mental Health Act 1983 Code of Practice](#)

Mental Capacity Act 2005 <http://www.legislation.gov.uk/ukpga/2005/9/contents>

Law Commission recommendations for replacing Deprivation of Liberty Safeguards (March 2017) <https://www.lawcom.gov.uk/project/mental-capacity-and-deprivation-of-liberty/>