

Greater Manchester

Safeguarding in Primary Care: Children and Adults at Risk

*A Resource Pack for General
Practice, Optometry, Dentistry and
Pharmacy*



Safeguarding in Primary Care – Children and Adults at Risk

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NHS England and your local CCG can take no responsibility for any amendments made to the hyperlinks within this document and the information must be regularly reviewed by the practice to ensure it remains current and up to date.

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How to use this resource pack

This resource pack provides a quick point of reference for anyone working within a Primary Care setting, including General Practitioners, Optometrists, Dentists, Pharmacists and their staff members.

It is designed to

- help you make decisions about what to do when you have concerns about a child or adult
- give you the information you need to review the safeguarding arrangements in your practice, identify gaps and take action to improve where necessary
- sign-post you to sources of local information, help and support

This resource pack is not a substitute for training or team discussion which will help improve the knowledge and confidence of practice staff in safeguarding and promoting the welfare of children and young people.

Safeguarding children and vulnerable adults is an overriding professional duty for all health and social care practitioners and providers. This guidance will help you to be vigilant, able to recognise and report abuse, and to help keep your patients safe.

Remember

Recognise: signs, symptoms, unusual presentations

Respond: seek advice or further information

Refer: as appropriate, ensure that someone who can support is aware of your concerns

Section 1: Key Information for all Primary Care Services

Key Practice/Policy Documents and Guidance

There are several other key documents written specifically for Primary Care services which will be referred to in this guide

| Speciality | Document | Hyperlink |
|-----------------|--|---|
| Relevant to all | Working Together to Safeguard Children (2013) – HM Government | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281368/Working_together_to_safeguard_children.pdf |
| | NICE guideline 89: When to suspect child maltreatment (updated 2013) – National Institute for Health and Care Excellence | http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89 |
| | No secrets. Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse – Department of Health and Home Office (2000) | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/194272/No_secrets_guidance_on_developing_and_implementing_multi-agency_policies_and_procedures_to_protect_vulnerable_adults_from_abuse.pdf |
| | Safeguarding adults: the role of health service practitioners (2011) – Department of Health | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215714/dh_125233.pdf |
| | National Framework of Standards for Good Practice and Outcomes in Adult Protection work (2005) – Leaders in Social Care | http://lx.iriss.org.uk/sites/default/files/resources/Safeguarding%20Adults%20Framework2-1.pdf |
| | Children Act 1989 | http://www.legislation.gov.uk/ukpga/1989/41/contents |
| | Children Act 2004 | http://www.legislation.gov.uk/ukpga/2004/31/contents |
| | Care Act 2014 | http://www.legislation.gov.uk/ukpga/2014/23/contents |

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| | | ntents/enacted |
| | DH Statement of Government Policy on Adult Safeguarding 2013 | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/197402/Statement_of_Gov_Policy.pdf |
| | CQC - Safeguarding children: A review of arrangements in the NHS for safeguarding children 2009 | http://www.cqc.org.uk/sites/default/files/documents/safeguarding_children_review.pdf |
| | Greater Manchester Safeguarding Partnership | http://www.gmsafeguardingchildren.co.uk/ |
| General Practice | Safeguarding Children and Young People. A Toolkit for General Practice (2011) – RCGP | http://www.rcgp.org.uk/~media/Files/CIRC/Safeguarding%20Children%20Module%20One/Safeguarding-Children-and-Young-People-Toolkit.ashx |
| | Protecting children and young people. The responsibilities of all doctors (2012) – GMC | http://www.gmc-uk.org/Protecting_children_and_young_people_English_0414.pdf_48978248.pdf |
| | Children and young people toolkit: 1st edition (2010) – BMA | http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/children%20and%20young%20people%20toolkit/childrenyoungpeopletoolkit_full.pdf |
| | RCN guidance for nursing staff: Safeguarding children and young people – every nurse's responsibility – Royal College of Nursing | http://www.rcn.org.uk/_data/assets/pdf_file/0004/78583/004542.pdf |
| | Confidentiality and disclosure of health information tool kit – BMA | http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/confidentialitytoolkit_full.pdf |
| | CQC registration - what you need to know: Guidance for GPs, BMA(2012) | http://bma.org.uk/practical-support-at-work/gp-practices/cqc-registration |
| | Safeguarding Vulnerable Adults: a toolkit for general practice - BMA | http://www.google.co.uk/url?q=http://bma.org.uk/-/media/files/pdfs/practical%2520advice%2520at%2520work/ethics/safeguardingvulnerableadults.pdf&sa=U&ei=cmyxU66XNa2M7AbG74CQBQ&ved=0CBQQFjAA&usg=AFQjCNFiOgxHWvU0umVIWQN4N8eNKXnukA |
| | Safeguarding children and young people: | http://www.rcn.org.uk/_data/assets/pdf_file/0008/474587/Safeguarding_Children_- |

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| | | |
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| | roles and competences for health care staff INTERCOLLEGIATE DOCUMENT (2014) | Roles and Competences for Healthcare Staff 02_0....pdf |
| Optometry | Optical Confederation Guidance on Safeguarding and the Prevent strategy 2014 | http://www.opticalconfederation.org.uk/downloads/guidance/oc-safeguarding-guidance-and-the-prevent-strategy-2014.pdf |
| Dental | Child Protection and the Dental Team | http://www.cpd.org.uk/ |
| | CQC: A fresh start for the regulation and inspection of primary care dental services | http://www.cqc.org.uk/sites/default/files/CQC_A%20fresh%20start%20Dental%20signposting%20statement%20August%202014.pdf |
| Pharmacy | Royal Pharmaceutical Society | http://www.rpharms.com/support-resources/pharmacy-practice.asp |

Safeguarding in Primary Care – Children and Adults at Risk

Duties and Statutory Responsibilities

The duty to promote and secure the rights of all children (anyone under the age of 18), is an international one and common to all UK jurisdictions, defined in the United Nations Convention on the Rights of the Child (UNCRC) which makes the assumption that most child abuse is preventable.

All children have a right to be protected from

“physical or mental violence, injury or abuse, neglect, maltreatment or exploitation including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.” (Article 19)

NHS England (Greater Manchester) as with all other NHS bodies has a statutory duty to ensure that it makes arrangements to safeguard and promote the welfare of children and young people that reflect the needs of the children they deal with, and to protect adults at risk from abuse or the risk of abuse.

This duty extends to contracts and commissioning of services and as such, the Care Quality Commission (CQC) and relevant health or Commissioning Boards may look at your arrangements with regard to safeguarding and promoting the welfare of children.

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What is Safeguarding?

Children:

In England, safeguarding and promoting the welfare of children is defined in both the Children Act 2004 (Section 11 guidance) and Working Together to Safeguard Children (2013) as:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care
- taking action to enable all children to have the best outcomes.

Child protection is defined as being part of safeguarding and promoting welfare and refers to the activity taken to protect children who are suffering or at risk of suffering significant harm.

Section 11 of the Children Act 2004 places a statutory duty on key people and bodies to make arrangements to safeguard and promote the welfare of children

Adults:

There is no statutory definition currently as to the definition of a “vulnerable adult”. A vulnerable adult is defined by the Department of Health (2000) as a person aged 18 years or older:

“ who is or may be in need of community care services by reason of mental or other disability, age or illness; and who is or may be unable to take care of him or herself, or unable to protect him or herself against significant harm or exploitation”.

Safeguarding adults is an integral part of patient care. Duties to safeguard patients are required by professional regulators, service regulators and supported in law. “

The term “adult at risk” is used to replace that of “vulnerable adult” because the term “adult at risk” focuses on the situation causing the risk rather than the characteristics of the adult concerned.

An adult at risk may be a person who:

- Is elderly and frail due to ill health, physical disability or cognitive impairment
- Has a learning disability
- Has a physical disability and/or a sensory impairment
- Has mental health needs including dementia or a personality disorder
- Has a long-term illness/condition misuses substances or alcohol
- Is a carer such as a family member/friend who provides personal assistance and care to adults and is subject to abuse
- Is unable to demonstrate the capacity to make a decision and is in need of care and support.
- Is a victim of domestic abuse

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Categories of abuse, (Adults and Children):

Physical Abuse

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

Physical abuse may also include the above and include misusing medication, use of restraint and imposing inappropriate sanctions on an adult

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 (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

In additional adults at risk of harm may experience sexual abuse, including rape and sexual assault or sexual acts to which s/he has not consented, or could not consent or was pressured into consenting;

Neglect

The persistent failure to meet children or adults at risk basic physical and/or psychological needs, which may be likely to result in the serious impairment of health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment);
- Protect a child or adult at risk from physical and emotional harm or danger;
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to basic emotional needs

Adults with capacity may self-neglect. Local Adult Safeguarding Boards will have processes in place to assist professionals in supporting adults who self-neglect.

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Emotional Abuse

The persistent emotional maltreatment of a person such as to cause severe and persistent adverse effects on his/her emotional state and development.

It may involve conveying to a person that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the person 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. These may include interactions that are beyond a child's or adult at risk's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the person in 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 the person to frequently feel frightened or in danger, or the exploitation or corruption of children or adults who are at risk. Emotional abuse may be part of domestic abuse.

Some level of emotional abuse is involved in all types of maltreatment though it may occur alone.

Financial Abuse (Adults)

- Financial or material abuse, including theft, fraud, exploitation,
- Pressure in connection with wills, property or inheritance or financial transactions
- The misuse or misappropriation of property, possessions or benefits

Discriminatory Abuse (Adults)

- Discrimination and oppressive attitudes towards race, gender, culture, background, religion, physical and/or sensory impairment, sexual orientation, age
- Harassment, hate crimes

Institutional Abuse (Adults)

- Mistreatment, abuse or neglect of an adult at risk by a regime or individuals
- Violation of a person's dignity, resulting in a lack of respect for their human rights.
- Occurs when the routines, systems and regimes of an institution result in poor or inadequate standards of care and poor practice.
- Can take the form of an organisation failing to respond to or address examples of poor practice brought to their attention.

Who is Responsible for Safeguarding?

Everyone!

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The practice team are not responsible for investigating child abuse and neglect but they do have a responsibility for sharing information, acting on concerns and contributing to the child protection, child in need and safeguarding adults processes.

Barriers to Safeguarding

- Safeguarding is a difficult area of practice which can present a range of challenges, both emotional and practical.
- Practitioners may fail to recognise, underestimate or even condone the problem. Stemming from a desire to help, professionals can sometimes over-identify with the abusing parent/partner/carer to the detriment of the child or vulnerable adult.
- They may find it hard to 'think the unthinkable', seeking more comfortable explanations for what they see or being reluctant to ask the question if they feel they may not know how to respond to the answer.
- In respect of children, their needs are often overshadowed by those of the parents. Parents can be very skilled at deflecting the attention from the real problem or presenting a picture of change when in fact there is none (disguised compliance).
- Decisions to act may be hindered by perceived or actual problems in the child/adult protection system and you may lack confidence that your concerns will be taken seriously based on past experience.

If you encounter any barriers it is important to act to resolve them, either through discussion within the relevant team or by seeking advice. Your local CCG Safeguarding Team can help you

Why is Safeguarding Necessary in Primary Care?

- One in four young adults is severely maltreated in childhood (NSPCC 2011). The long term effects of abuse are widely documented and include a range of psychological, emotional and social effects. Long term effects of abuse may extend into adult life. They are a significant indicator for the development of mental ill health, chronic health problems and adult criminality. In order to achieve the optimum life chances for children and young people and our adult population, early detection and intervention is paramount.
- GPs remain the first point of contact for most health problems in both the child and adult population. This sometimes includes families or people who are not registered but seek medical attention. A GP may be the first to recognise parental and or carer health problems, or behaviour in an individual which might pose a risk to children and young people.
- Optometry, Dental and Pharmacy services also have central roles in the recognition of both children's and adults safeguarding concerns. Fifty percent of all abusive physical injuries to children and adults occur in the oral facial region and dental and optometry services may be the first practitioners to notice that there is a problem.
- A recurring theme of safeguarding serious case reviews is the impact of substance misuse, mental ill health and domestic abuse as indicators of an adult's ability to care for others
- There is a statutory duty of care for health practitioners to recognise and respond to safeguarding and abuse.

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Safeguarding Training

All safeguarding training must be commensurate with the minimum requirements set out in the Safeguarding Children and young people: roles and competences for health staff Intercollegiate Document (RCPCH 2014)

This framework remains focused on safeguarding children and young people, however, training in adult safeguarding is required as part of the CQC regulation for health services (Care Quality Commission Essential Standards of Quality and Safety : Outcome 7: March 2010)

Practitioners who are regulated by CQC are also required to be able to demonstrate that they have undertaken training in Mental Capacity, Deprivation of Liberty Safeguards and PREVENT

The following table clarifies the expectations for safeguarding children training for primary care practitioners.

| Intercollegiate document requirements | Staff applicable within Primary Care | Core competences | Requirement in hours (minimum) over a 3 year period | How may this be achieved |
|--|--|--|---|--------------------------|
| Induction | All new staff | A mandatory session providing key safeguarding/child protection information , including vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns | 30 minutes within 6 weeks of commencing employment | At staff induction |
| Level 1: All staff working in health care settings <i>This is the minimum entry level for all staff working in health care settings</i> | GP practices: >receptionists, administrative and domestic staff >Any other non-clinical staff working within the practice Primary Care services: optometrists, contact lens and dispensing opticians, dentists and pharmacists | Knowing what to look for and who to report to: > Recognising potential indicators of child maltreatment <i>This includes all forms of maltreatment, including:</i> <i>Female Genital Mutilation</i> <i>Fabricated/induced Illness</i> <i>Child trafficking</i> <i>radicalisation</i> > Understanding the impact of parental issues on their ability to meet the needs of their children <i>Including mental ill health, alcohol or substance misuse, domestic abuse</i> > Know how to seek advice and appropriately share concerns > Basic knowledge of safeguarding legislation and guidance <i>Awareness of local policies and procedures, contact details</i> | 2 hours per annum | Elearning is appropriate |

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| <p>Level 2: All non-clinical and clinical staff who have any contact with children, young people and/or parents/carers</p> | <p>GP practices: > Practice nurses, health care practitioners > <i>You may also wish to consider: practice managers and administrative staff dealing with safeguarding information</i></p> <p>Primary Care services: orthodontists, dentists, dental care professionals, optometrists, contact lens and dispensing opticians</p> | <p>Ability to identify and refer appropriately:</p> <p>> Requires more in-depth knowledge of what may make a child or young person more vulnerable and of the increased need in specific circumstances > Clear about own and colleagues' roles, responsibilities, and professional boundaries, including professional abuse and raising concerns about conduct of colleagues <i>This includes knowledge of local policies and processes relating to Managing Allegations against people who work with children and young people</i> > Able to identify and refer to social care > Able to share relevant and proportionate information and document actions > Understand the purpose of reviews such as Serious Case Reviews, Domestic Homicide Reviews and Child Death processes > Enhanced knowledge of the importance of information sharing, documentation and record keeping > Recognises how own beliefs, experience and attitudes might influence professional involvement in safeguarding work</p> | <p>3-4 hours over 3 year period</p> | <p>Elearning is appropriate plus:- Any other updates e.g. newsletter, safeguarding website</p> |
| <p>Level 3: All clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns</p> | <p>GP practices: GP's</p> <p>Primary Care services: Paediatric Orthodontists and Dentists with a lead role in child protection</p> | <p>The guidance is very specific regarding the required core competences, knowledge (including clinical), skills, attitudes and values required at this level</p> <p>> Requirement to undertake regular documented reviews of own (and/or team) safeguarding/child protection practice, such as through audit, case discussion, peer review, and supervision and as a component of refresher training > To provide clinical support and supervision to peers/junior colleagues</p> <p>Please see pages 18-21 for requirements at this level</p> | <p>If moving towards level 3: 8 hours over 3 years</p> <p>If moving towards level 3 and requiring specialist level competences: 16 hours over 3 years</p> <p>If refreshing at level 3: 6 hours over 3 years</p> <p>If refreshing and requiring specialist level competences: 12-16 hours over 3 years</p> | <p>As above plus:- Any other learning sessions: both multiagency and intra-agency Also requires additional reflective team based activity</p> |

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| Level 4: specialist roles - named professionals | Named GPs | The guidance is very specific regarding the required core competences, knowledge(including clinical), skills , attitudes and values required at this level | 24 hours over 1 year | As above plus:- Peer review, reflection Non-clinical knowledge Plus anything specific for role |
| Level 5: Specialist roles - designated professionals. | This applies to designated doctors and nurses, lead paediatricians, consultant/lea d nurses | As above but with emphasis on leading innovation and change to improve safeguarding across the health economy through strategic and professional leadership Supervision of named professionals | 24 hours over 1 year | As above |

Training is available for practices:

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| Adults | via the GM NHSE | http://www.e-lfh.org.uk/programmes/safeguarding-adults/ |
| <i>Add local info here</i> | <i>via local Safeguarding Adult Boards who currently offer three free e-learning packages available on Safeguarding Adults at Risk, Mental Capacity Act and Deprivation of Liberty Safeguards</i> | |
| Children | via the GM NHSE | http://www.e-lfh.org.uk/projects/safeguarding-children/ |
| <i>Add local info here</i> | <i>via Local Safeguarding Children Boards who deliver an annual multiagency safeguarding training programme open to anyone working with children, young people and their families/carers and is free to access</i> | |

Other speciality specific training:

| Speciality | Resource | Hyperlink |
|------------|--|---|
| Optometry | Online training modules have been developed by Directorate of Optometric Continuing Education and Training (DOCET) to further assist optometrists when safeguarding children and vulnerable adults | http://www.docet.info/cms/elearning/safeguard.cfm . |

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| Female Genital Mutilation | Free online safeguarding training course developed for the Home Office on Recognising and Preventing FGM | http://www.safeguardingchildren.co.uk/resources/female-genital-mutilation-recognising-preventing-fgm-free-online-training/ |
| Domestic Violence and Abuse | RCGP's Violence Against Women and Children e-learning course | http://elearning.rcgp.org.uk/course/info.php?id=88 |

Safeguarding Competences:

Annual appraisal is crucial to determine individuals' attainment and maintenance of the required knowledge, skills and competence. Employers should assure themselves that appraisers and have the necessary knowledge, skills and competence to undertake appraisals and in the case of medical or nursing staff to oversee revalidation.

Section 2 – Key responsibilities within Primary Care Services

2a) General Practice

Please note: these best practice principles can also be applied within other Primary Care Services

The Responsibilities of all Doctors

The GMC guidance aims to help doctors to protect children and young people who are living with their families or living away from home (e.g. children in care). It covers some areas which can be difficult and challenging for any practitioner encountering safeguarding concerns. These include:

- communicating with children and young people
- working jointly with other agencies
- confidentiality, consent and sharing information
- record keeping
- child protection examinations
- giving evidence in court

The BMA Safeguarding Children and Young People Toolkit aims to help doctors identify the key factors that need to be taken into account when facing ethical dilemmas and other complex decisions regarding children including:

- Assessing competence & mental capacity
- Parental responsibility
- Best interests and disputes
- Consent and refusal
- Sexual activity
- Child protection
- Use of restraint
- Compulsory treatment for mental disorder

The BMA Safeguarding Vulnerable Adults Toolkit supports General Practitioners who encounter adults whose ability to promote their own rights and interests may be challenged, either directly by an abuser, or because they are in a situation of dependency, or through institutional neglect or disempowerment. It sets out in straightforward terms key concepts and responsibilities in relation to safeguarding adults in England and contains a series of cards that address specific areas of practice including:

- Adults lacking capacity
- Definitions of abuse and neglect
- Approaches to multi-agency working.

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Key role of General Practice:

- Identifying trends: locally and for individual patients e.g. increase number of fail to attend appointments, increase in prescription requests
- Central hub of health information, including from Out of Hours services, Emergency departments etc.
- Knowledge of parents / carers health including domestic abuse, substance misuse or mental health issues
- Links with other community practitioners e.g. Health Visitor, School Nurses, Midwives, District Nurses
- Links with other providers e.g. pharmacies, nursing homes

GP Practice Safeguarding Leads

- You are not expected to provide advice to colleagues on individual cases, although depending on your level of experience, you may be able to do so. You should, however, be able to signpost colleagues to sources of advice and understand the referral process to Social Care.
- It is a central role in improving communication between agencies and amongst health colleagues and offers opportunities to evidence development and learning to support appraisal and revalidation processes.

Role Description

- To act as a first point of contact for colleagues with safeguarding concerns
- To act as local champion for vulnerable individuals and safeguarding best practice
- To alert the CCG Safeguarding Team of local barriers to effective working together
- To disseminate relevant information to the practice, provided by the CCG Safeguarding Team

Contact your local CCG Safeguarding Team for further advice, support and information

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Reviewing Your Practice Safeguarding Arrangements

Effective safeguarding arrangements help ensure that patients are protected from abuse and that staff understand their safeguarding responsibilities and know what to do when they have a safeguarding concern.

There are several ways you can review your practice safeguarding arrangements.

CQC Guidance

Outcome 7 of the Essential Standards for regulation relates to safeguarding patients (children and adults) from abuse. Staff should be in a position to identify abuse and act appropriately in cases of alleged or suspected abuse.

The GMC/BMA guidance on CQC requirements states that your practice is likely to be compliant if it:

- Ensures that staff have had safeguarding training, appropriate to their role, so that possible abuse can be recognised.
- Takes appropriate action to protect patients in the event that any member of staff exploits a vulnerable adult or child in any way
- Ensures that patients can raise concerns and make complaints related to abuse.
- Shares relevant information with other providers, in accordance with local safeguarding procedures, when there are safeguarding concerns about a patient.
- Complies with the Vetting and Barring Scheme
- Has a Safeguarding Children and a Safeguarding Adult Policy.

Toolkit for General Practice

The toolkit for children and young people suggests 11 steps to help you prioritise tasks based on self-audit and/or risk assessment. It includes information on many of the areas key to establishing effective arrangements, including an audit tool and templates for reviewing significant events.

<http://bma.org.uk/practical-support-at-work/ethics/children/children-and-young-people-tool-kit>

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Safer Employment Practices

Vetting, Barring and Referrals

Disclosure and Barring Service (DBS) checks (previously CRB checks)

All GPs, Dentists and Optometrists applying to join the NHSE Performers list under Performers List Regulations have to provide an enhanced disclosure as part of their application.

- Primary Care Practices also have a responsibility to ensure that they carry out appropriate criminal record checks on applicants for any position within their practice that qualifies for either an enhanced or standard level check. Any requirement for a check is dependent on the roles and responsibilities of the job.
- NHS employers also have a legal duty to refer information to the DBS if an employee has harmed, or poses a risk of harm, to vulnerable groups and where they have dismissed them or are considering dismissal. This includes situations where an employee has resigned before a decision to dismiss them has been made.

For further information see <http://www.homeoffice.gov.uk/agencies-public-bodies/dbs>

Safer Recruitment

LSCB and CQC guidance recommends that safer employment extends beyond criminal record checks to other aspects of the recruitment process including:

- making a clear statement in adverts and job descriptions regarding commitment to safeguarding
- seeking proof of identity and qualifications
- providing two references, one of which should be the most recent employer
- evidence of the person's right to work in the UK

Dealing with Allegations

If an allegation is made against a member of practice staff and it relates to conduct towards a child, you must inform the Local Area Designated Officer (LADO) who is employed by the Local Authority. This person assumes oversight of your investigation process from beginning to end and will give you advice. They will also liaise with the police and social care if necessary.

After taking any immediate action in line with your practice policy, you should inform the LADO if a staff member has:

- behaved in a way that has harmed, or may have harmed, a child, or
- possibly committed a criminal offence against or related to a child, or
- behaved towards a child/ren in a way that indicates unsuitability to work with children.

Safeguarding in Primary Care – Children and Adults at Risk

Whistle Blowing

- It is important to build a culture that allows practice staff to feel comfortable about sharing information, in confidence and with a lead person, regarding concerns about quality of care or a colleague's behaviour.

For further information see:

| | |
|---|---|
| Speak up for a Healthy NHS - revised Whistleblowing guidance Document type. DoH: 2 (July 2010) | http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.socialpartnershipforum.org/PressReleases/Pages/SecretaryofStatelaunchesnewwhistleblowingguide.aspx |
| Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013). London: The Stationery Office Volumes 1-3 | https://www.midstaffs.nhs.uk/About-Us/Publications-and-Reports/docs/Reports-About-Our-Trust/Public-Inquiry-Volume-1.aspx http://www.midstaffspublicinquiry.com/sites/default/files/report/Volume%202.pdf http://www.midstaffspublicinquiry.com/sites/default/files/report/Volume%203.pdf |

Staff Behaviour and Professional Boundaries

- The practice should have clear expectations for staff behaviour e.g. attitude, respecting privacy, use of internet/mobile technology, confidentiality

For further information see:

| | |
|---|---|
| Guidance for Safer Working Practice for Adults who Work with Children and Young People (2009) | http://webarchive.nationalarchives.gov.uk/20100202100434/http://www.dcsf.gov.uk/everychildmatters/download/?id=5824 |
|---|---|

Managing Allegations Made Against Staff in Respect of Children and Young People

Working Together to Safeguard Children 2013 (Chapter 2) places an explicit duty on agencies to have clear policies in line with those from the Local Safeguarding Children Boards (LSCBs) for dealing with allegations against people who work with children.

In addition there is an explicit duty upon Local Safeguarding Children Boards to ensure that there are effective inter-agency procedures in place for dealing with allegations against people who work with children (Regulation 5 of the Local Safeguarding Children Boards Regulations 2006)

Safeguarding in Primary Care – Children and Adults at Risk

Local procedures should be applied when there is an allegation or concern that any person employed (or service commissioned) who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

Such behaviours must be considered within the context of the four categories of abuse, that is physical, sexual and emotional abuse and neglect, and would include concerns relating to inappropriate relationships with children or young people, such as:

- Having a sexual relationship with a child under 18 whilst in a position of trust, even if consensual (see s16-19 Sexual Offences Act 2003)
- Grooming, i.e. meeting a child under 16 with intent to commit a relevant offence (see s15 Sexual Offences Act 2003)
- Other 'grooming' behaviour giving rise to concerns of a broader child protection nature (e.g. inappropriate texting / e-mail messages or images, gifts, socialising etc.)
- Possession of indecent or abusive images of children.

There are three separate processes which may or may not run concurrently :

1. The police investigation of a possible criminal offence.
2. Enquiries and assessment by Children's Social Care, as to whether the child or young person is in need of protection or services.
3. Consideration by an employer of disciplinary investigation in respect of the employee. The CCG disciplinary policy will be followed in these cases.

Senior Nominated Officer (SNO)

Each CCG will have a Senior Nominated Officer (SNO), usually the Designated Nurse, whose has overall responsibility for ensuring that the organisation operates effective procedures for dealing with allegations and liaising with LSCB

Other responsibilities include:

- Co-operating with LSCB to provide any information on allegations that may be required
- Acting as the central point to whom all allegations/concerns should be reported
- Considering whether cases should be reported as incidents, with the support of the Governance Team
- Ensuring that there are effective reporting and recording arrangements in place
- Establishing whether there are any lessons to be learned arising from the allegation that have other implications for safeguarding procedures for all agencies concerned.

Safeguarding in Primary Care – Children and Adults at Risk

Local Authority Designated Officer (LADO)

Each Local Authority must have an appointed LADO whose responsibilities include:

- Management and oversight of individual cases from all partner agencies of the LSCB
- Providing advice and guidance to employers and voluntary organisations,
- Liaising with the police and other agencies and monitoring the progress of cases to ensure that they are dealt with as quickly as possible, consistent with a thorough and fair process
- Maintaining information databases in relation to all allegations.
- Coordinating and collating reports to provide information to the LSCB and the Department for Education (DfE)

Managing Allegations Made Against Staff in Respect of Adults at Risk of Harm

Whilst managing allegations of abuse against staff with respect to adults does not require employers to pay due regard to Local Authority Designated Officers, the same considerations need to be given to investigation of the allegation and protection of adults at risk of harm and protection of the staff member. Primary care practitioners are expected to have in place policy and procedures to address allegations of abuse made against staff about adults at risk of harm. This needs to include policies on safe recruitment, whistleblowing and DBS checking.

Information Sharing

Children

Keeping children and young people safe from harm requires professionals and others to share information about their health and development and exposure to possible harm. Often, it is only when information from a number of sources has been shared and pulled together that it becomes clear that there are concerns a child is in need of protection or services.

Decisions to share information must always be based on professional judgement about the safety and wellbeing of the individual and in accordance with legal, ethical and professional obligations.

Guidance is given by the GMC within “Protecting children and young people: The responsibilities of all doctors”, which contains a section on confidentiality and information sharing and within “Information Sharing: Guidance for practitioners and managers (2008)”.

<http://webarchive.nationalarchives.gov.uk/20130401151715/https://www.education.gov.uk/publications/eorderingdownload/00807-2008bkt-en-march09.pdf>

Working Together (2013) tells us that fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

To ensure effective safeguarding arrangements:

- all organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB; and
- no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child’s welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children’s social care.

A study of recommendations arising from serious case reviews 2009-2010:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/182521/DFE-RR157.pdf

Adults

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Specific legislation containing express powers or which imply powers to share information: can be found within Information Sharing: further guidance on legal issues

http://webarchive.nationalarchives.gov.uk/20130401151715/http://www.education.gov.uk/publications/eOrderingDownload/Info-Sharing_legal-issues.pdf

- Some legislation includes explicit 'gateways' by which information can be disclosed or received for particular purposes.
- Such gateways may be permissive (creating a discretionary power to disclose or receive data) or mandatory (requiring data to be transferred in certain circumstances).

Crime and Disorder Act, 1998 Section 115 – gateway power

- Used for the prevention and/or detection of crime.
- All safeguarding issues, until we are told otherwise by the Police, are potentially a crime. This is one of the ways we are able to share information with the Police and Council

Data Protection Act, 1998

- Vital interest is a term used in the Data Protection Act 1998 to permit sharing of information where it is critical to prevent serious harm or distress or in life threatening situations.

In applying safeguarding principles, agencies may need to balance the requirements of confidentiality with the consideration that, to protect vulnerable adults, it may be necessary to share information.

This should be done in line with the framework provided by the Data Protection Act 1998, the overarching Inter-agency Protocol for Sharing Information and, in relation to confidential personal information, the Caldicott principles.

http://www.hpa.org.uk/web/HPAweb&HPAwebStandard/HPAweb_C/1195733746440

Legal grounds when considering sharing without consent:

| Protection against disclosure | |
|----------------------------------|-----------------------------|
| Legal Issues | Source |
| Protection of personal data | Data Protection Act |
| Duty of confidentiality | Common law |
| Right to private and family life | Human Rights Act, article 8 |

Main lawful grounds for sharing without consent:

| Purpose | Legal authority |
|-----------------------------------|-----------------------------|
| Prevention and detection of crime | Crime and Disorder Act 1989 |

Safeguarding in Primary Care – Children and Adults at Risk

| | |
|--|--------------------------------------|
| Prevention and detection of crime and/or the apprehension or prosecution of offenders | Section 29, Data Protection Act(DPA) |
| To protect vital interests of the data subject: serious harm or matter of life or death | Schedule 2 and 3, DPA |
| For the administration of justice/ usually bringing perpetrators to justice | Schedule 2 and 3, DPA |
| For the exercise of functions conferred on any person by or under any enactment (police/social care) | Schedule 2 and 3, DPA |
| Overriding public interest | Common Law |
| Child protection | Schedule 2 and 3,DPA |
| Right to life Right to be free from torture or inhuman or degrading treatment | Human Rights Act, Articles 2 and 3 |
| Caldicott Guidance | Revised May 2013 |

The DoH view:

“Our reluctance to share information because of fear or uncertainty – about the law or the lack of suitable arrangements to do so – has been a feature of some public services in recent years and a factor in numerous accounts of untoward incidents, including homicides. A natural reaction to uncertainty is to take what appears to be the least risky option and, for information sharing, that can often mean doing nothing – and that may be the worst outcome for the individual and the public”

Information Sharing and Mental Health: Guidance to Support Information Sharing by Mental Health Services (2009) – Page 3.

http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_104948.pdf

Safeguarding in Primary Care – Children and Adults at Risk

2b) Dentists

The dental team has a statutory duty of care to all patients which includes ensuring that safeguarding arrangements are in place. All members of staff need to be alert to the essential requirements in their role and responsibility with regards to safeguarding, including understanding the potential indicators of abuse and neglect, familiarity with local safeguarding procedures, when and how to instruct an Independent Mental Capacity Advocate, who to contact for further advice, how to refer matters of concern as well as the principles of patient confidentiality and information sharing.

The Care Quality Commission has regulated primary care dental services since 2011. However, this current approach is being reviewed and since August 2014 there has been engagement and consultation, followed by evaluation and learning from testing their new inspection approach until April 2015, when the new approach will be rolled out nationally.

Why safeguarding for dental practices:

| | |
|---|--|
| General Dental Council (GDC) | <ul style="list-style-type: none">> expects all registrants to be aware of the procedures involved in raising concerns about the possible abuse or neglect of all patients> Put patients' interests first and act to protect them (<i>Principle 1: Standards for dental professionals</i>)> Find out about local procedures for child protection. Make sure you follow these procedures if you suspect that a child might be at risk because of abuse or neglect (<i>Principle 1.8: Standards for dental professionals</i>) |
| Care Quality Commission | Developing an approach to inspection that protects the public from unsafe care (<i>Priority 3</i>) |
| NICE Guidance includes dental disease as a possible sign of child maltreatment | 'Where dental professionals consider child maltreatment; i.e. there may be a possibility of child maltreatment; they should liaise with other Health professionals involved.' (<i>Clinical Guideline 89: When to suspect Child Maltreatment</i>) |
| Department of Health: statement applies equally to oral health and access to oral health care | '.....a consensus has emerged identifying 'neglect and acts of omission' as a form of abuse. This includes ignoring medical and physical care needs, failure to provide access to appropriate health services and withholding the necessities of life, such as medication, adequate nutrition and heating.' (<i>Department of Health publication: No Secrets - 2000</i>) |

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The website Child Protection and the Dental Team ¹ offers an introduction to safeguarding children in dental practice. It offers:

- A training resource for those needing to update their knowledge of child protection including managing dental neglect and best practice in record keeping
- A fast-response tool if you have concerns about a child
- A clinical governance resource if you need to prepare your dental practice to safeguard children
- A tool to record continuing professional development in safeguarding which encourages reflection on previous child protection experience, to make notes on anything new learned and any further training needs identified
- Offers use of a custom screen within electronic patient records to prompt recognition and response

For further information see:

| | |
|--|--|
| British Society of Paediatric Dentistry website | http://www.bspd.co.uk/ |
| General Dental Council: Child protection and Vulnerable Adults | http://www.bda.org/dentists/policy-campaigns/research/patient-care/childprotection.aspx http://www.gdc-uk.org/Dentalprofessionals/Standards/Documents/standards%20childprotectMay10.pdf |

¹ <http://www.cpd.org.uk/>

2c) Optometrists

The Optical Confederation has published guidance on safeguarding children and vulnerable adults for optical practitioners and optical practices². The guidance, developed in collaboration with the College of Optometrists and the Department of Health, sets out in a simple non-bureaucratic way, what optical staff and practices need to do.

This includes:

- Details of common signs and symptoms of abuse and neglect with a simple protocol which all optical practitioners and staff can follow
- The five step protocol designed to assist practitioners to recognise, respond and take action
- Model notification forms to assist practitioners in focussing their observations and reporting to the statutory agencies as appropriate.

² <http://www.opticalconfederation.org.uk/downloads/guidance/oc-safeguarding-guidance-and-the-prevent-strategy-2014.pdf>

2d) Pharmacists

- The centre for Pharmacy Postgraduate Education offers an e-learning programme³ on safeguarding children and vulnerable adults, intended to help pharmacists and pharmacy technicians fulfil their professional responsibilities with regards to safeguarding.
- It includes:
 - a number of case studies where you can apply your learning to practice-based scenarios
- The Royal Pharmaceutical Society website⁴ offers a range of resources including:
 - Protecting children and young people
 - Protecting vulnerable adults

³ <http://www.cppe.ac.uk/News/Article.asp?articleID=288&ID=0>

⁴ <http://www.rpharms.com/support-resources/pharmacy-practice.asp>

Section 3 – Greater Manchester Information

Greater Manchester Safeguarding Partnership

The Greater Manchester Safeguarding Partnership (GMSP) supports collaborative safeguarding children activities across the 10 Local Safeguarding Children Boards in Greater Manchester. It aims to ensure that, wherever it is possible, the delivery of safeguarding children across the 10 Local Authority areas is consistent and supports improving practices

The Greater Manchester Safeguarding Partnership website has a wealth of information and resources which can be accessed. These include:

- Information on policies and procedures
- Projects and developments in safeguarding, including:
 - Missing from Home/Care
 - Voice of the Child
 - Non-therapeutic Infant Male Circumcision Services
 - Greater Manchester Female Genital Mutilation Forum
- Newsroom
- Other useful resources, including
 - Voice of the Child DVD and training resources
 - useful document library
 - links to other websites
 - links to GM Safeguarding procedures⁵

⁵ <http://greatermanchesterscb.proceduresonline.com/chapters/contents.html>

Safeguarding in Primary Care – Children and Adults at Risk

Local Children and Adult Safeguarding Board Websites

Local Children's Safeguarding Board Websites are a useful source of information on local safeguarding procedures.

Information which can be found on the website includes:

- Child protection procedures
- information for parents, children and young people and professionals
- News alerts
- Published Serious Case Reviews
- training and development opportunities
- What to do if you are concerned about a child

Local Safeguarding Children Board Websites

| Area | Website |
|--------------------------------|---|
| Bolton | http://boltonsafeguardingchildren.org.uk/ |
| Bury | http://www.safeguardingburychildren.org/ |
| Heywood Middleton and Rochdale | http://www.rbscb.org/ |
| Manchester (Citywide) | http://www.manchesterscb.org.uk/ |
| Salford | http://www.partnersinsalford.org/sscb/ |
| Stockport | http://www.safeguardingchildreninstockport.org.uk/ |
| Oldham | http://www.oldham.gov.uk/lscb/ |
| Trafford | http://www.tscb.org.uk/ |
| Tameside | http://www.tamesidesafeguardingchildren.org.uk/ |
| Wigan | http://www.wiganlscb.com/ |

Local Adults Safeguarding Board Websites

| Area | Website |
|--------------------------------|---|
| Bolton | http://www.bolton.gov.uk/website/Pages/Safeguardingvulnerableadults.aspx |
| Bury | http://www.bury.gov.uk/index.aspx?articleid=4408 |
| Heywood Middleton and Rochdale | http://www.rochdale.gov.uk/social_care_and_support/safeguarding_adults_at_risk.aspx |
| Manchester (Citywide) | http://www.manchester.gov.uk/info/100010/social_care_and_support/4093/manchester_safeguarding_adults_board |

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| | |
|------------------|---|
| Salford | http://www.salford.gov.uk/adult-safeguarding.htm |
| Stockport | http://www.stockport.gov.uk/services/socialcarehealth/adultsocialcare/safeguardingadults/ |
| Oldham | No Website currently |
| Trafford | http://myway.trafford.gov.uk/i-need-help-with/keeping-people-safe/safeguarding-adults/safeguarding-adults/safeguarding-in-trafford/trafford-adult-safeguarding-board.aspx |
| Tameside | http://www.tameside.gov.uk/socialcare/adultabuse/tasp |
| Wigan | No website currently |

Safeguarding in Primary Care – Children and Adults at Risk

Safeguarding Training in Greater Manchester

Safeguarding Mandatory Training both Adults and Children's Modules can be accessed on the following website:

Elearning for health: <http://www.e-lfh.org.uk/projects/safeguarding-children/>

Children's Safeguarding Training

The e-learning covers:

- Level 1 - for non-clinical staff
- Level 2 - for all clinical staff
- Level 3 - for clinical staff working with children, young people and/or their parents/carers

as described in the Intercollegiate Document - Safeguarding Children and Young People: Roles and Competences for Health Care Staff September 2014.

Adults Safeguarding Training

This online learning resource is an introduction to the requirements and responsibilities for Safeguarding Adults.

- Part A is intended for all staff working within the NHS
- Part B is intended for clinicians and non-clinicians in a management or supervisory role
- Both Parts A and B are open to the general public, patients groups and staff who have responsibility for vulnerable people, or adults who may be at risk of abuse.

Local Children's and Adults Safeguarding Training Opportunities:

More detailed or specific training for safeguarding adults and children may be provided in your locality. To see what is available in your local area please check your local children and adult safeguarding board websites to see what is available.

Alternatively you may wish to contact your local CCG Safeguarding Team if you have any specific queries or needs.

For further information please see section 1, pages 15-18

Section 4 – Resources and further Information

Core Information for Primary Care: taken from NSPCC website

Emotional abuse and neglect:

http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/emotional-neglect-emotional-abuse-PDF_wdf90154.pdf

Fractures:

http://www.nspcc.org.uk/Inform/publications/downloads/fracturesinchildren_wdf48020.pdf

Bruises:

http://www.nspcc.org.uk/Inform/publications/downloads/bruisesonchildren_wdf48018.pdf

Head and spinal injuries:

http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/headandspinalinjuries_wdf64403.pdf

Thermal injuries:

http://www.nspcc.org.uk/Inform/trainingandconsultancy/learningresources/coreinfo/thermalinjuriesonchildren_wdf54671.pdf

Oral injuries/bites:

http://www.nspcc.org.uk/Inform/publications/downloads/oralinjuriesandbites_wdf48007.pdf

Safeguarding in Primary Care – Children and Adults at Risk

Children with a Disability

It is cause for concern that there is so little research in either the UK or further afield about safeguarding disabled children. Nonetheless, consistent findings emerge throughout the available evidence.

- Disabled children are significantly more likely to experience abuse than their peers and are subject to lower levels of reporting and child protection planning.
- Practitioners tend to apply higher thresholds to disabled children because they see abuse as attributable to the stress and difficulties of caring for a disabled child and therefore accept a different or lower standard of parenting than would be tolerated for a non-disabled child.
- Some individuals find it hard to believe that a disabled child could be deliberately harmed or neglected by a carer
- Due to the challenge of communicating with disabled children, there are often difficulties in ascertaining the child's perception of events and understanding their wishes and feelings.
- Parents' voices tend to dominate and practitioners do not communicate with the child or seek creative approaches to communication
- Practitioners risk seeing the disability, not the child
- Explanations for injuries may be accepted by practitioners without sufficient enquiry, and may (wrongly) be assumed to be related to the disability
- disabilities and special educational needs can impact negatively on a child's ability to learn and achieve

Challenge for General Practice:

- Health services often play a key role in working with families where there are disabilities and interpreting how the condition may impact on the day to day life of both the child and family members
- You often have the whole family registered: each family member needs to be assessed in their own right and will have very different needs
- Consider the impact on other, non-disabled siblings who may be undertaking some degree of caring responsibility
- Families where there are children with a disability will need extra, and earlier, help and support from a range of practitioners
- Be alert to the risk of abuse and neglect: allow yourself to think the thinkable

Implications of "Implementing a new 0-25 special needs system" 2014

- There is a key duty to identify those children aged 0-5 years and bring them to the attention of the Local Authority
- There will be new, local Education, Health and Care Assessments which will influence the development of Education, Health and Care Plans
- Assessment will aim to identify as early as possible any Special Educational Need or disability so that diagnostic services and interventions can be provided and reviewed against agreed outcomes

Safeguarding in Primary Care – Children and Adults at Risk

Other resources can be found at:

| | |
|--|---|
| Departmental advice setting out how agencies and professionals should work together to safeguard the welfare of disabled children | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/190544/00374-2009DOM-EN.pdf |
| Implementing a new 0-25 special needs system: governmental advice regarding the changes being introduced to the special educational needs and disabilities (SEND) system | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/307555/04-14_FE_Implementation_Pack.pdf |
| NSPCC report - We have the right to be safe' Protecting disabled children from abuse October 2014 | http://www.nspcc.org.uk/globalassets/documents/research-reports/right-to-be-safe-main-report |

Safeguarding Looked After Children (LAC)

Looked After Children and young people (Children in Local Authority care) often have increased health risks and problems to their peers due to the impact of poverty, abuse and neglect on their lives. The health needs of this group of children and young people are often linked to their life experiences, including the circumstances through which they became looked after and their experience of care.

http://www.ncb.org.uk/media/905675/lac_health_reforms_briefing_010213.pdf

As of 31 March 2012 there were 67,050 looked after children nationally, and this figure has been rising over the last few years.

Role of Primary Care Services:

The Designated Doctor and Designated Nurse for LAC hold responsibilities to improve the health and wellbeing of children in the care system and 'on the edge of care', including care leavers.

Primary Care providers have a vital role in the identification of the health care needs of children and young people who are looked after or leaving care. They have prior knowledge of the child/young person and should:

- Accept the LAC child as a registered patient seeking the urgent transfer of the medical records if the child is placed over three months.
- Act as advocate for the child, contribute and provide summaries of the health history of a child who is LAC, including their family history where relevant and appropriate.
- Ensure that referrals to specialist services are timely, taking into account the needs and high mobility of children who are looked after.
- Ensure the clinical records make the 'looked after' status of the child clear, so that particular needs are acknowledged and forwarded for each statutory health review. The

Safeguarding in Primary Care – Children and Adults at Risk

GP practitioner held clinical record is a unique health record and can integrate all known information about health and events to enable GP, dentists, nurses, health visitors and other in primary care to have an overview of health priorities and to know whether health care decisions have been planned and implemented.

- Ensure that any health needs identified within a Looked After Children Health Assessment are met and monitored.

For further information see:

| | |
|--|---|
| Promoting the health and wellbeing of looked after children - revised statutory guidance (2009) DoH | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/276500/promoting_health_of_looked_after_children.pdf |
| Action for Children - Too much, too young. Helping the most vulnerable young people to build stable homes after leaving care 2014 | http://www.actionforchildren.org.uk/media/9663598/too-much-too-young-web.pdf |

Safeguarding in Primary Care – Children and Adults at Risk

Early Help and Working Together

Early help means providing support as soon as a problem emerges, at any point in a child's life. For this to be effective, all agencies are required to work together to:

- Identify children and families who would benefit from support early
- Undertake an assessment of need via the local Early Help process
- Provide services to address those needs

All workers are responsible for using standard ways of working with families to identify the right support that can be delivered quickly to prevent things from getting worse. They have a responsibility to share information, work together and co-ordinate action plans.

This might mean when a child:

- Is disabled and has specific additional needs
- Has special educational needs
- Is a young carer
- Is showing signs of engaging in anti-social or criminal behaviour
- Is in a family circumstance presenting challenges for the child, such as substance abuse, adult mental health, domestic violence
- Is showing early signs of neglect or abuse

For further information, see the local resources at the back or check your local Safeguarding Children Board website.

Safeguarding in Primary Care – Children and Adults at Risk

E-safety – the safe use of internet and mobile devices

There are a range of organisations that offer information about e-safety and several that will act in response to illegal on-line content or concerns about attempted or actual on-line abuse. For further information, see:

http://www.nspcc.org.uk/help-and-advice/for-parents/online-safety/online-safety_wdh99554.html

- advice and links for young people, parents, teachers, and organisations, including regarding cyber bullying and sexting

www.childnet.com/sorted

- a site designed by young people

www.ceop.gov.uk

- Child Exploitation and Online Protection. Linked to a Virtual Global Taskforce, enabling police
- to investigate reported, actual or attempted abuse

www.iwf.org.uk

- the Internet Watch Foundation. The UK's hotline for reporting illegal online content

www.digizen.org

- information about the safe use of social networking sites

Other resources can be found at:

| | |
|---|---|
| How young people between the ages of 13-25 engage with smartphone technology and naked photos – The Wireless report 2014 | https://www.scribd.com/fullscreen/242718506?access_key=key-pax9L3y2BEh80LbivjNc&allow_share=true&escape=false&show_recommendations=false&view_mode=scroll |
| Children's changing online experiences in a longitudinal perspective Uwe Hasebrink Sept 2014 | http://www.lse.ac.uk/media%40lse/research/EUKidsOnline/EU%20Kids%20III/PDFs/EUKOLongitudinal-report%2c-final.pdf?utm_content=buffer3591&utm_medium=social&utm_source=twitter.com&utm_campaign=buffer |

Safeguarding in Primary Care – Children and Adults at Risk

Fabricated or Induced Illness

Fabricated or Induced Illness (FII) is considered to be rare

- There is little literature to support practitioners: RCPCH Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians (2009) was revisited in January 2013 when it was agreed that the 2009 guidance remains relevant, valid and up-to-date.

Challenge for Doctors:

- Often symptoms are perplexing and atypical so doctors seek to rule in, or out, a medical cause
- There is concern that a treatable disorder may be overlooked
- Doctors usually work with parents, not considering them to part of the problem
- Parents are often plausible and knowledgeable: many will have , or claim to have, a medical or nursing background
- Such parents will often strike up a closer relationship with the doctors through more frequent contact, flattery, pressure
- It can be very uncomfortable to be suspicious of a parent who may just be over reacting or be overly anxious about a genuine condition
- There is often an organic diagnosis but the symptoms are not controlled/cured using normal methods of treatment

Doctors may feel powerless as they are largely reliant upon:

- History given by a parent: many presentations may not be observed by anyone else and signs and results of investigations may be induced by parent
- It can be difficult to admit to not understanding or being able to make sense of a presentation
- It can be difficult not to go on and on with investigations and interventions when driven by such parents

They may be fearful of:

- Complaints, reports to professional bodies, litigation
- The sheer length of time taken to analyse, record, share and discuss suspicions
- Uncertainty about when to mention suspicion, to whom, what to record, when to refer
- Losing control over the child protection process: the medical staff will be seen as key to supporting any child protection investigations and advising multiagency colleagues such as police and Social Care.

Safeguarding in Primary Care – Children and Adults at Risk

Other resources can be found at:

| | |
|---|---|
| Governmental supplementary guidance to Working Together: Safeguarding children in whom illness is fabricated or induced (2008) | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/277314/Safeguarding_Children_in_whom_illness_is_fabricated_or_induced.pdf |
| NSPCC research briefing 2011 - Fabricated or induced illness in children: a rare form of child abuse | https://www.nspcc.org.uk/Inform/research/briefings/fii_pdf_wdf83368.pdf |
| RCPCH Fabricated or Induced Illness by Carers (FII): A Practical Guide for Paediatricians (2009) | http://www.rcpch.ac.uk/system/files/protected/page/Fabricated%20or%20Induced%20Illness%20by%20Carers%20A%20Practical%20Guide%20for%20Paediatricians%202009_1.pdf |
| Dr D Glayser: PowerPoint presentation | http://www.google.co.uk/url?q=http://www.bacc.h.org.uk/conferences/documents/DanyaGlaserPresentation.ppt&sa=U&ei=q42NU9C3OOnT7AahvoCoAw&ved=0CGEQFjAP&usg=AFQjCNHffQPQ2AEzy-GPqBlwut5GbGCqQ |

If you are concerned that a case may involve possible FII: seek advice, either from your local CCG Safeguarding Team or one of the Named Doctors at the hospital.

Child Sexual Exploitation (CSE)

CSE is sexual abuse
If you have any concerns, you must act as for any other safeguarding concern:
seek advice and guidance from your local CCG Safeguarding Team, Children's Social care or local multiagency CSE Team

Models of exploitation

| | | |
|---|--|---|
| 1 | Inappropriate relationships | Usually involving one perpetrator who has inappropriate power or control over a young person (physical, emotional or financial). One indicator may be a significant age gap. The young person may believe they are in a loving relationship. |
| 2 | Boyfriend' model and peer exploitation | The perpetrator befriends and grooms a young person into a 'relationship' and then coerces or forces them to have sex with friends or associates. Young people may be forced or coerced into sexual activity by peers and associates. Sometimes this can be associated with gang activity, but not always |
| 3 | Organised/networked sexual exploitation or trafficking | Young people (often connected) are passed through networks, possibly over geographical distances, between towns and cities where they may be forced or coerced into sexual activity with multiple men. Often this occurs at 'sex parties' and young people who are involved may be used as agents to recruit others into the network. Some of this activity is described as serious organised crime and can involve the organised 'buying and selling' of young people by perpetrators |

For further information see:

Serious Case Review in respect of a number of children subject of Sexual Exploitation in Rochdale 2013

http://www.rochdaleonline.co.uk/uploads/f1/news/document/20131220_93449.pdf

Safeguarding in Primary Care – Children and Adults at Risk

| | |
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| Independent Inquiry into Child Sexual Exploitation in Rotherham (1997 – 2013) | http://www.rotherham.gov.uk/downloads/file/1407/independent_inquiry_cse_in_rotherham |
| 2014 Health Working Group Report on Child Sexual Exploitation: Improving the outcomes for children by promoting effective engagement of health services and staff | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf |
| Academy of Medical Royal Colleges: Child Sexual Exploitation: Improving Recognition and Response in Health Settings Sept 2014 | http://www.aomrc.org.uk/dmdocuments/aomrc_cse_report_web.pdf |

Safeguarding in Primary Care – Children and Adults at Risk

Trafficking

Human trafficking is the movement of a person from one place to another into conditions of exploitation, using deception, coercion, the abuse of power or the abuse of someone's vulnerability. It is entirely possible to have been a victim of trafficking even if consent has been given to being moved

Victims are often mistrusting of the authorities as a consequence of their experiences and they often suffer physical, emotional, neglect and sexual abuse

What is it?:

- Kidnap
- False imprisonment
- Rape

It is not an immigration issue but is serious criminality

Role of Primary Care Practitioners:

If you are visiting homes or in contact with individuals it is important to be vigilant:-

- Are the rooms and windows locked – who has control of the locks?
- Can the child or vulnerable adult talk on their own
- What are the relationships like with the adult or other individuals present?
- Does the child or vulnerable adult have relevant identity documentation and if they do does this raise any concerns?
- Is there evidence of any injuries to the child or vulnerable adult, or is there a pattern of attending for emergency treatment?

If you think you have identified Human Trafficking you can contact the Sexual Crime Unit

Duty Mobile Number: 07747648793

Email: sexual.crimeunit@gmp.co.uk

For further Child Trafficking Guidance:

<https://crimestoppers-uk.org/get-involved/our-campaigns/national-campaigns/human-trafficking>

Safeguarding in Primary Care – Children and Adults at Risk

Female Genital Mutilation

Female genital mutilation (FGM) (also known as female circumcision or female genital cutting, and in practising communities by local terms such as 'tahor' or 'sunna') is a form of child abuse which has devastating physical and psychological consequences for girls and women.

In the UK since 1985 it has been a serious criminal offence under the Prohibition of Female Circumcision Act to perform FGM or to assist a girl to perform FGM on herself. The Female Genital Mutilation Act 2003 tightened this law to criminalise FGM being carried out on UK citizens overseas. Anyone found guilty of the offence faces a maximum penalty of 14 years in prison.

There is a requirement for GP surgeries to inform Public Health England of any girl/woman who has been subject to FGM (DOH April 2014)

Other resources can be found at:

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|---|---|
| World Health Organisation factsheet | http://www.who.int/mediacentre/factsheets/fs241/en/ |
| NSPCC information | http://www.nspcc.org.uk/inform/resourcesforprofessionals/minorityethnic/female-genital-mutilation_wda96841.html |
| Intercollegiate report with recommendations | http://www.rcog.org.uk/files/rcog-corp/FGM_Report%20v10%20a~final%20forwebsite.pdf |
| Legal guidance from the Crown Prosecution Service | http://www.cps.gov.uk/legal/d_to_g/female_genital_mutilation/ |
| Multiagency practice guidelines | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216669/dh_124588.pdf |
| Charity working to educate to put an end to FGM | http://orchidproject.org/?gclid=CLjKr8Sq274CFbShtAodqRUAvA |
| The Foundation for Women's Health, Research and Development is an African women's campaign and support charity | http://www.forwarduk.org.uk/key-issues/fgm |
| | |

FGM in General Practice:

GP's and practice nurses are well placed to identify girls and women in need of treatment to deal with the consequences of FGM (see Section 2.10 of the multiagency practice guidelines above), as well as to identify and protect those who may be at risk.

GPs and practice nurses are encouraged to consider a number of areas:

Safeguarding in Primary Care – Children and Adults at Risk

- A question about FGM should be asked when a routine patient history is being taken from girls and women from communities that traditionally practise FGM
- Information about FGM could be made part of any 'welcome pack' given to a practice's new patients
- Consider the risk of FGM being performed on girls and women overseas when vaccinations are requested for an extended break.

**FGM is illegal,
is often hidden
and is a form of child and female abuse**

Neglect and Emotional Abuse

General Indicators of neglect

The risk of is recognised as being increased and should be suspected or considered when there is:

- parental or carer drug or alcohol abuse
- parental or carer mental health disorders or disability of the mind
- intra-familial violence or history of violent offending
- previous child maltreatment in members of the family
- known maltreatment of animals by the parent or carer
- vulnerable and unsupported parents or carers
- pre-existing disability in the child, chronic or long term illness

What Medical Neglect means to Primary Care:

Non administration of medication

- Not picking up/ordering prescriptions in a timely manner, often resulting in acute crises
- Not giving to the child, despite having access to prescribed medication

Not giving therapy/following advice given: resulting in e.g.

- extensive dental caries requiring general anaesthesia
- not wearing spectacles as prescribed leading to impact on learning

Not attending or being available for appointments

- either at home, to therapy appointments or specialist appointments (secondary or tertiary)
- Blood appointments
- Health surveillance

Consider the impact on the child

E.g. hospital admissions or time off school, development (including vision/hearing), social (e.g. soiling/wetting), emotional, growth

Safeguarding in Primary Care – Children and Adults at Risk

Neglect and Emotional Abuse:

- Is the persistent emotional maltreatment of a child causing severe and persistent adverse effects on the child's emotional development?
- It can occur from what a parent may fail to do as well as what actions which may have been taken
- Concerns about Neglect are likely to arise from assessment of the context in which a family live rather than an incident.
- NSPCC helpline staff responded to over 8000 contacts about emotional neglect and abuse during 2013/14 - 5354 of these cases were so serious they were referred to local authorities for further action compared to 3629 during 2012/13: **this is an increase of almost 50%**

Examples of neglect include:

- Ignoring the child's need to interact
- Failing to express positive feelings to the child, showing no emotion in interactions with the child
- Denying the child opportunities for interacting and communicating with peers or adults.

Examples of emotional abuse include:

- Persistently telling a child they are worthless or unloved
- Bullying a child or frequently making them frightened
- Persistently ridiculing, making fun of or criticising a child

Other resources can be found at:

| | |
|--|---|
| Neglect: research evidence to inform practice Dr Patricia Moran, Action For Children 2009 | http://www.actionforchildren.org.uk/media/143188/neglectc_research_evidence_to_inform_practice.pdf |
|--|---|

Neglect of an Adult at Risk includes the following criteria:

- Acts of omission, including ignoring medical or physical care needs,
- Failure to provide access to appropriate health, social care or educational services
- Withholding of the necessities of life, such as medication, adequate nutrition and heating;

Self-neglect of an adult at risk of harm:

- Occurs where someone, with mental capacity is refusing care and treatment and is therefore putting him/herself at serious risk of harm
- Where this is the case, consideration needs to be given to calling a multiagency meeting to ensure that all duties and powers have been considered and how the individuals' health and wellbeing will be monitored in the future.

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Other resources can be found at:

| | |
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| A scoping study of workforce development for self-neglect work October 2013 | http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Research/Self-Neglect-Final-Report-301013-FINAL.pdf |
| Self-neglect and adult safeguarding: findings from research 2011 | http://sro.sussex.ac.uk/22841/1/Self_neglect_report.pdf |

Safeguarding in Primary Care – Children and Adults at Risk

Domestic Abuse

Home Office definition 2013:

- Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:
 - psychological
 - physical
 - sexual
 - financial
 - emotional
- 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.
- 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.”*
- This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Domestic Violence and abuse as a safeguarding issue:

- Domestic Violence and Abuse (DVA) is an abuse of human rights and a major public health problem because of the long-term health consequences for people who have experienced it. Many people experiencing abuse believe that their GP can be trusted with disclosure and GP’s can offer practical support to protect people who disclose abuse.
- Early identification of domestic abuse so that victims can be referred into specialist services, before reaching crisis point, is vital. National research highlights that the prevalence of DVA is substantially higher in the general practice population than that found in the wider community. Nationally, 80% of women in a violent and/or abusive relationship seek help from health services, usually general practice, at least once, and this may be their first or only contact with professionals.

Further information available locally

Safeguarding in Primary Care – Children and Adults at Risk

Multiagency Risk Assessment conferences (MARAC):

MARAC's are regular local meetings where information about high risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by the IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim.

Independent Domestic Violence Advocate/Advisor (IDVA)

- The main purpose of an IDVA is to address the safety of high risk domestic abuse victims and their children. Serving as a victim's primary point of contact, IDVAs work proactively with their clients from the point of crisis to assess the level of risk, discuss the range of suitable options and develop co-ordinated safety plans.
- The IDVA service offers independent, professional and confidential advice and support in a non-judgmental manner. The IDVA acts as an advocate on the victim's behalf, exploring legal options and/or supporting the victim through the court process. The IDVA can support the victim by liaising with agencies such as housing, the Police, the Crown Prosecution Service (CPS), solicitors and other services.
- The IDVA service aims to encourage and empower victims of domestic abuse, enabling the victim's interests to be heard by service providers and other agencies, whilst ensuring the advice and support offered, safeguards the victim and their family.

Other resources can be found at:

| | |
|---|---|
| CAADA website: co-ordinated action against domestic abuse | http://www.caada.org.uk |
| Guidance for general practices to help them respond effectively to patients experiencing domestic abuse. The guidance includes key principles to help you develop your domestic abuse policy | http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~media/Files/CIRC/Domestic%20Violence/RCGP-Responding%20to%20abuse%20in%20domestic%20violence-January-2013.ashx |
| GMP information regarding DVA and Domestic Violence Disclosure Scheme | http://www.gmp.police.uk/content/section.html?readform&s=903BB34BE34EDA3180257A71002DE9EE |
| CAADA information about the MARAC process | http://www.caada.org.uk/marac/Information_about_MARACs.html |

Safeguarding in Primary Care – Children and Adults at Risk

Honour Based Violence (HBV)

Honour' based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour' and is a crime or incident which has or may have been committed to protect or defend the honour of the family and/or community.

Although predominantly against women and girls, males can also be victims, sometimes as a consequence of a relationship which is deemed to be inappropriate, if they are gay, have a disability or if they have assisted a victim.

It can take many forms including: 'honour' killing, forced marriage, rape (group), forced suicide, acid attacks, mutilation, imprisonment, abduction, beatings, death threats, blackmail, emotional abuse, surveillance, harassment, disownment and forced abortion.

HBV can exist in any culture or community where males are in a position to establish and enforce women's conduct. Examples include but not exclusive to: Turkish; Kurdish; Afghani; South Asian; African; Middle Eastern; South and Eastern European; Gypsy and the travelling communities. However, sometimes female relatives will support, incite or assist.

Other resources can be found at:

| | |
|---|---|
| Crown prosecution Service: Honour Based Violence and Forced Marriage | http://www.cps.gov.uk/legal/h_to_k/honour_based_violence_and_forced_marriage/ |
| IKWRO – Iranian and Kurdish Women's Rights Organisation | http://ikwro.org.uk/2013/08/honour-based-violence/ |
| Halo project – Honour based violence and forced marriage | http://www.haloproject.org.uk/honour-based-violence-W21page-3- |
| Karma Nirvana: Supporting victims of honour crimes and forced marriages Run a dedicated helpline not only for victims but also for professionals in need of guidance | http://www.karmanirvana.org.uk/help-line/ |

Safeguarding in Primary Care – Children and Adults at Risk

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. Forced marriage is recognised in the UK as a form of violence against women, children and men. It is considered to be a serious abuse of human rights. The Anti-social Behaviour, Crime and Policing Act 2014 makes it a criminal offence to force someone to marry.

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 wages or not providing any money) can also be a factor.

Forced Marriage Unit (FMU)

The Forced Marriage Unit (FMU) is a joint Foreign and Commonwealth Office and Home Office unit which was set up in January 2005 to lead on the Government's forced marriage policy, outreach and casework. It operates both inside the UK, where support is provided to any individual, and overseas, where consular assistance is provided to British nationals, including dual nationals.

The FMU operates a public helpline to provide advice and support to victims of forced marriage as well as to professionals dealing with cases. The assistance provided ranges from simple safety advice, through to aiding a victim to prevent their unwanted spouse moving to the UK ('reluctant sponsor' cases), and, in extreme circumstances, to rescues of victims held against their will overseas.

The Forced Marriage Unit (FMU) dealt with over 1,485 cases in 2012

Other resources can be found at:

| | |
|--|---|
| The Right to Choose: Multi-agency statutory guidance for dealing with forced marriage 2014 | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322310/HMG_Statutory_Guidance_publication_180614_Final.pdf |
| Multi-agency practice guidelines: Handling cases of Forced Marriage 2014 | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/322307/HMG_MULTI_AGENCY_PRACTICE_GUIDELINES_v1_180614_FINAL.pdf |

Safeguarding in Primary Care – Children and Adults at Risk

Child Death Overview Process, Serious Case Reviews, Domestic Homicide Reviews, Lessons Learnt

Child Death Overview Panels:

These panels are a sub group of the Local safeguarding Children's Board with a statutory remit to review all deaths of children and young people under 18 within the local area.

Serious Case Reviews (Adults and Children):

- review the cases where children have died or been seriously harmed and abuse or neglect are known or suspected to be a factor in the death and there is cause for concern as to the way in which agencies have worked together to safeguard the child (Working Together to Safeguard Children and Young People 2013)
- Review the death or serious injury of an adult where abuse/neglect is known/suspected and there is concern as to how agencies have worked together. There is currently no statutory requirement for serious case reviews to be undertaken but they are seen as good practice to learn lessons.

Domestic Homicide Reviews:

- When a person has been killed as a result of domestic violence, a domestic homicide review should be carried out to find out what happened and, most importantly, to identify what needs to change to reduce the risk of such tragedies happening in the future.
- DHRs were established on a statutory basis under section 9 of the Domestic Violence, Crime and Victims Act (2004).
- They are a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:
 - a person to whom the victim was related or with whom they were or had been in an intimate personal relationship, or
 - a member of the same household as the victim

Lessons Learnt Reviews

- Since 2013 there is a requirement for Local Safeguarding Children's Boards to consider the need for Lessons Learnt reviews to be undertaken if a death/ injury of a child does not meet the criteria for a serious case review to be commissioned but there is learning for agencies. This may include circumstances where good practice has been identified.

All processes are used to:-

- Understand fully the reasons for the death/significant injury
- Address the needs of other vulnerable individuals in the household
- Improve service responses in cases of child abuse and domestic abuse
- Consider lessons to be learned to inform future planning to safeguard vulnerable children and adults

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Other resources can be found at:

| | |
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| Multi-agency Statutory Guidance for the Conduct of Domestic Homicide Reviews | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/209020/DHR_Guidance_refresh_HO_final_WEB.pdf |
|---|---|

Safeguarding in Primary Care – Children and Adults at Risk

Some Guiding Legislation

Care Act 2014

- The Act sets out the first ever statutory framework for adult safeguarding, which stipulates local authorities' responsibilities, and those with whom they work, to protect adults at risk of abuse or neglect. It is intended to modernise the protection of vulnerable adults within a clearer legal framework than has existed since No Secrets was published in 2000.
- The Care Act 2014 received Royal Assent and became law on 14th May 2014. It is now on the statute books, leaving health and social care professionals one year to get up to speed with its provisions before full implementation in 2015.
- It will have impacts on the new social care inspection system, the legal basis for adult safeguarding, the implications of the Care Act 2014 on adult safeguarding boards, adult safeguarding thresholds, identification of safeguarding concerns, the practicalities of undertaking a safeguarding investigation, the changes to the Safeguarding Adults Review process and information sharing in safeguarding.

Implications:

- Make safeguarding adults boards statutory
- Make safeguarding enquiries a corporate duty for councils
- Make serious case reviews mandatory when certain triggering situations have occurred and the parties believe that safeguarding failures have had a part to play
- Place duties to co-operate over the supply of information on relevant agencies
- Place a duty on councils to fund advocacy for assessment and safeguarding for people who do not have anyone else to speak up for them
- Abolish, on human rights grounds, councils' power to remove people from insanitary conditions under section 47 of the National Assistance Act, albeit with recourse to the Public Health Act still possible for nearly the same outcome
- Re-enact existing duties to protect people's property when in residential care or hospital
- Place a duty of candour on providers about failings in hospital and care settings, and create a new offence for providers of supplying false or misleading information, in the case of information they are legally obliged to provide

Therefore, safeguarding adults will be moving towards being on the same statutory footing, with all the inherent responsibilities for partner agencies, as safeguarding children.

http://www.legislation.gov.uk/ukpga/2014/23/pdfs/ukpga_20140023_en.pdf

Safeguarding in Primary Care – Children and Adults at Risk

Mental Capacity Act 2005

The Act provides:

- the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make decisions for themselves
- a system of rules for assessing a person's capacity to make decisions
- for people to make advance decisions if they are concerned they may lack capacity at some time in the future.

It covers:

- health and welfare decisions
- medical treatment
- finances including property
- choices about the most appropriate place to live e.g. full time residential or nursing care

Principles:

- Every adult has the right to make his or her own decisions and must be assumed to have capacity to make them unless it is proved otherwise.
- A person must be given all practicable help before anyone treats them as not being able to make their own decisions.
- Just because an individual makes what might be seen as an unwise decision, they should not be treated as lacking capacity to make that decision.
- Anything done or any decision made on behalf of a person who lacks capacity must be done in their best interests.
- Anything done for or on behalf of a person who lacks capacity should be the least restrictive of their basic rights and freedoms.

Role of the Independent Mental Capacity Act Advocate (IMCA):

- Represent people without capacity, including those who have no one else to do this for them or where there is a dispute by family members regarding medical treatment or care and welfare decisions.
- The responsibility for determining mental capacity is that of the decision maker, not the IMCA although they can challenge the outcome of the capacity test
- Must be involved when person involved is over 16
- There are 4 types of decision in 2 categories:
 - mandatory i.e. required by law –
 1. Serious (to the individual) medical treatment
 2. Long term change in residence discretionary i.e. best practice if IMCA invited to contribute
 3. Adult protection cases (either as abused or abuser
 4. Care review

Safeguarding in Primary Care – Children and Adults at Risk

BMA Mental Capacity Act Toolkit:

The Toolkit is designed to raise awareness of the Act and to help in good decision-making when providing care and treatment for people who lack, or who may lack, the mental capacity to make decisions on their own behalf.

It covers issues such as:

- how to assess capacity
- the basic principles of the Act
- advance refusals of treatment
- research
- Lasting Powers of Attorney (LPAs)

Restraint

Taken from Mental Capacity Act Code of Practice Section 6.44

“Anybody considering using restraint must have objective reasons to justify that restraint is necessary. They must be able to show that the person being cared for is likely to suffer harm unless proportionate restraint is used. A carer or professional must not use restraint just so that they can do something more easily. If restraint is necessary to prevent harm to the person who lacks capacity, it must be the minimum amount of force for the shortest time possible”.

Other resources:

| | |
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| BMA tool kit relating to specific areas of the Mental Capacity Act | http://bma.org.uk/-/media/files/pdfs/practical%20advice%20at%20work/ethics/mental%20capacity%20act%20tool%20kit_full.pdf |
| RCGP tool kit | http://www.rcgp.org.uk/clinical-and-research/clinical-resources/~/_media/Files/CIRC/CIRC-76-80/CIRC-Mental-Capacity-Act-Toolkit-2011.ashx |
| Medico legal information and case studies | http://www.gponline.com/apply-mental-capacity-act-medico-legal/article/1210994 |
| UK Clinical Ethics Network | http://www.ukcen.net/index.php/ethical_issues/consent/legal_considerations1 |
| Mental Capacity Act 2005 | http://www.legislation.gov.uk/ukpga/2005/9/contents |
| Mental Capacity Act 2005: Code of Practice | https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/224660/Mental_Capacity_Act_code_of_practice.pdf |
| Social Care Institute for Excellence (SCIE): key messages at a glance | http://www.scie.org.uk/publications/atagance/atagance05.asp |

Safeguarding in Primary Care – Children and Adults at Risk

Deprivation of Liberty Safeguards

The DoLS Safeguards focus on those in hospitals or care homes, who for their own safety and in their own best interests, need to receive care and treatment that may have the effect of depriving them of their liberty, but who lack the capacity to consent to these arrangements. In other settings the Court of Protection can be asked if a person can be deprived of their liberty.

The deprivation of a person's liberty is a serious matter and should not happen unless it is absolutely necessary and these safeguards have been created to ensure that any decision to deprive someone of their liberty is made following defined processes and in consultation with specific authorities. Such authorisations may be urgent or standard.

Clarification March 2014:

- The Supreme Court has clarified that there is a deprivation of liberty for the purposes of Article 5 of the European Convention on Human Rights in the following circumstances:
- The person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.
- Therefore, there must be a standard recognition, irrespective of any disability, that where an individual lacks capacity and is prevented from or cannot leave a room or building (whether they know it or not), they are being deprived of their liberty.

In April 2014 the CQC advised that they are to do more checks on the use of Deprivation of Liberty Safeguards as a routine part of hospital and care home inspection

In September 2014 the Government's law reform advisory body advised that its programme would

- include a project to consider how deprivation of liberty should be authorised and supervised in settings other than hospitals and care homes
- reconsider the legislation underpinning the DoLS under the Mental Capacity Act 2005.

Other resources:

| | |
|---|---|
| http://www.scie.org.uk/publications/atagance/atagance43.asp | Social Care Institute for Excellence at a glance briefing |
| http://www.medicalprotection.org/uk/england-factsheets/MCA-DOLS-assessments | Medical Protection Services information |
| https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300106/DH_Note_re_Supreme_Court_DoLS_Judgment.pdf | Government briefing regarding the March 2014 clarification following <i>P v Cheshire West and Chester Council</i> |
| | |

Safeguarding in Primary Care – Children and Adults at Risk

PREVENT

Building Partnerships, Staying Safe. The health sector contribution to HM Government's Prevent strategy: guidance for healthcare workers (2011). DoH.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215251/dh_131934.pdf

The Government's counter-terrorism strategy is known as CONTEST. PREVENT is part of CONTEST, and its aim is to stop people becoming terrorists or supporting terrorism.

Healthcare professionals have a key role in PREVENT.

PREVENT focuses on working with vulnerable individuals who may be at risk of being exploited by radicalisers and subsequently drawn into terrorist-related activity but does not require you to do anything in addition to your normal duties. If you are concerned that a vulnerable individual is being exploited in this way, you can raise these concerns using existing safeguarding procedures for children and adults.

All organisations providing health funded services are required, through the national contract, to adhere to the requirements of the PREVENT strategy. This includes the training, via HealthWRAP, of all relevant front line staff in the responsibilities of PREVENT as well as introducing and embedding processes to identify and protect those who may be at risk of radicalisation as well as escalating concerns regarding potential terrorist events.

Where there are concerns that a young person or vulnerable adult may be at risk of radicalisation, advice should be sought from the CCG Safeguarding Team as to whether the information should be shared

Section 5 – Local Resources

Key services which Primary Care services can refer to if there are concerns – for CCGs to complete as relevant

e.g. Drug and Alcohol Services for Children, Young People and Families

Other Local Resources

Other local panels:

e.g. Community Safety Partnership etc

Safeguarding in Primary Care – Children and Adults at Risk

Safeguarding Contacts

CCG – Safeguarding Team

| Name | Title | Contact |
|------|-------|---------|
| | | |
| | | |
| | | |
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| | | |
| | | |

Provider - Safeguarding Teams (includes community)

| Name | Title | Contact |
|------|-------|---------|
| | | |
| | | |
| | | |
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| | | |
| | | |

Social care – adults

| Service | Area | Contact |
|---------|------|---------|
| | | |
| | | |
| | | |
| | | |

Social care – children

| Service | Area | Contact |
|---------|------|---------|
| | | |
| | | |
| | | |
| | | |

Safeguarding in Primary Care – Children and Adults at Risk

Police

| Service | Contact |
|--------------------------------------|---------|
| Domestic Violence Unit | |
| Vulnerable adults team | |
| Public Protection Investigation Unit | |
| | |
| | |

Flowchart: Adult Safeguarding Concerns

Flowchart: Adult Social Care responses to a referral

Flowchart: Child Safeguarding Concerns

Flowchart: Children's Social Care responses to a referral

Safeguarding in Primary Care – Children and Adults at Risk

GP Practice Screening Tool for Vulnerable Children and Young People

It is the responsibility of ALL staff coming into contact with children and young people to report and follow through any concerns that may be/become apparent.

This tool has been developed to raise awareness of where such vulnerabilities may be present and to improve assessment, documentation, response and information sharing

YES NO

Parental Issues:

- Is either parent known to have current issues with substance or alcohol misuse?
- Is either parent known to have issues of mental ill health or learning disability which is causing concern?
- Is there a history of domestic abuse within the household?
- Are you aware of poor interactions between the parent/s and their child/ren

☐☐

Concern regarding possible neglect:

- Does the child have a generally poor presentation? *e.g. dirty, persistent head lice, dental caries*
- Does the child appear to be over or underweight for age? *verify and where possible complete BMI*
- Is there a history of missed appointments? *e.g. for immunisations, developmental assessments, hospital, other health practitioners*

☐☐

Current presentation:

- Is there evidence of bruising in a non-mobile infant i.e. <6 months
- If there is an injury, is this not consistent with the history being given?
- Was there a delay between the time of injury and seeking medical advice?
- Has the child attended surgery or out of hours frequently?
consider > twice in a month

☐☐

Other considerations:

- Does the child/family have a Social Worker?
- Is the child subject of a Child Protection Plan or Looked After?
- Is the child/family receiving extra support within a needs and assessment Framework for Action

☐☐

A tick in any box should trigger a further discussion with a colleague. This may be your Safeguarding Lead, Clinical Lead, the CCG Safeguarding Team or the caseload holding Health Visitor or School Nurse.

The outcome of the review will be one of the following:

Consider non suspicious: record consultation, file proforma and ensure Safeguarding Lead is aware
Consider possible cause for concern: check whether an Early Help offer is in place, share information accordingly

Consider suspicious: refer to Children's Social Care

Section 6 – GM information

Greater Manchester Designated Nurses and Local Authority Contact List

CCG Designated Safeguarding Nurses can be contacted for advice and support when required. **may this be better as whole team information? May need to be modified as potential duplication with local section**

Please note this is not an emergency service and the usual services should be contacted for urgent support and advice as needed e.g. police, Local Authority dedicated support line.

| Clinical Commissioning Group | Adults/ Children | Nurse Name | E-mail | Phone Number | Local Authority Safeguarding Contact Number |
|------------------------------|------------------|-----------------------------------|--------------------|--------------|---|
| Bolton | Adults | Awaiting confirmation – Pam Jones | pam.jones8@nhs.net | 01204 463389 | 01204 337000 - postcode areas: BL3, BL4, BL5 01204 333410 - postcode areas: BL1, BL2, BL6, BL7 01204 337777 - Emergency out of office hours |
| | Children | Pam Jones | | | North Bolton; 01204 337408 or |

Safeguarding in Primary Care – Children and Adults at Risk

| | | | | | |
|---------------------------------------|----------|-----------------|--|---------------|--|
| | | | | | 01204 331505 South Bolton; 01204 337729 or 01204 337730 West Bolton; 01942 634625 Bolton Emergency Duty Team – 01204 337777 |
| Bury | Adults | Claire Holder | Clare.holder@nhs.net | 0161 762 3102 | 0161 253 5151 or emergency contact out of hours 0161-253-6606 |
| | Children | Maxine Lomax | Maxine.lomax@nhs.net | 0161 762 3124 | 0161 253 5454 Out of Hours Tel: 0161 253 6606 |
| Heywood Middleton and Rochdale | Adults | Karen McCormick | karen.mccormick@nhs.net | 01706 652879 | 0844 264 0867 Or out of hours 0845 121 2975 |

Safeguarding in Primary Care – Children and Adults at Risk

| | | | | | |
|-------------------------------------|----------|---|--|--------------------------------|---|
| | Children | Hazel Chamberlain | hazel.chamberlain@nhs.net | 01706 652879 / 01706 261876 | 0845 226 5570 or out of hours 0845 121 2975 |
| Manchester Citywide Team | Adults | Head of Service – Anna Berry | cmccg.safeguardingpw@nhs.net | 0161 765 4710 | Tel: 0161 234 5001 |
| | Children | | | 0161 765 4726 0161 765 4746 | |
| Oldham | Adults | Vacancy (joint cover provided by Hazel Chamberlain and Maxine Lomax) | Maxine.lomax@nhs.net | 0161 762 3124 | 0161 770 1515 Other times: 0161 770 6936 |
| | Children | | hazel.chamberlain@nhs.net | 01706 652879 / 01706 261876 | 0161 770 3790 / 3791 0161 770 6599/98 (for a young person 16 years and above) |
| Salford | Adults | Liz Walton | elizabeth.walton2@nhs.net | 0161 212 4592 | 0161 909 6517 or out of hours 0161 794 8888 |
| | Children | Melanie Hartley | melaniehartley@nhs.net | 0161 212 4592 | 0161 603 4500 |
| Stockport | Adults | Andria Walton | andriawalton@nhs.net | 0161-426-5007 | 0161 217 6028 |

Safeguarding in Primary Care – Children and Adults at Risk

| | | | | | |
|-------------------------------|----------|-------------------------|---------------------------------|---------------|---|
| | | | | | Or out of hours 0161 718 2118 |
| | Children | Sue Gaskell | sue.gaskell@nhs.net | 0161 426 5057 | |
| Tameside & Glossop | Adults | Gill Gibson | gill.gibson@nhs.net | 0161 304 5456 | Tameside 0161 794 8888 or out of hours 0161 342 2222 Glossop (Derbyshire) on 08456 058 058 or 01629 533190 |
| | Children | Gill Gibson/Karen Sykes | k.sykes@nhs.net | 0161 304 5409 | Tameside 0161 794 8888 or out of hours 0161 342 2222 Glossop (Derbyshire 01629 533190 or out of hours 01629 532600) |
| Trafford | Adults | Michel Le Straad | michel.lestraad@trafford.nhs.uk | 0161 873 9500 | https://myway.trafford.gov.uk/i-need-help-with/keeping-people-safe/safeguarding-adults/safeguarding-adults-referral-public).aspx |

Safeguarding in Primary Care – Children and Adults at Risk

| | | | | | |
|---------------|----------|----------------|-------------------------------------|---------------|--|
| | Children | Julie Adesanya | j.adesanya@nhs.net | 0161 912 3828 | 0161 912 5125 or Out of Hours 0161 912 2020 |
| Wigan Borough | Adults | Deborah Ward | deborah.Ward@wiganboroughccg.nhs.uk | 01942 481159 | 01942 828777 |
| | Children | Joanne Hiley | Joanne.Hiley@wiganboroughccg.nhs.uk | 01942 481159 | Tel: 01942 828 300 After 8pm: 0161 834 2436 |

The Greater Manchester Police Safeguarding Vulnerable Persons Unit can also be contacted – details below:

Tel: 0161 856 6411 or 0161 856 5017 or 0161 856 7484

Email: publicprotection.division@gmp.pnn.police.uk



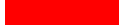
Updated June 2014

Safeguarding in Primary Care – Children and Adults at Risk

PRIMARY CARE CONTRACTORS CORE STANDARDS

Audit Tool to Monitor Safeguarding Standards based CQC Essential standard 7 and Section 11 of the Children Act (2004)

RAG rating Key:

| | | |
|-------|---|---|
| Green |  | Fully compliant (remains subject to continuous quality improvement) |
| Amber |  | Action plans in place to ensure full compliance and progress is being made within agreed timescales |
| Red |  | Non-compliance against standards and actions have not been completed within agreed timescales |

| | Standard | Examples of Components of the standard | Evidence | RAG |
|---|---|--|----------|-----|
| 1 | There is a named lead for safeguarding children and a named lead for vulnerable adults. | In line with Working Together 2010 and the Guidance to Health in respect of adults at risk by DH (Feb 2011) | | |
| 2 | The Provider regularly reviews safeguarding across the organisation | <ul style="list-style-type: none"> - Clinical Supervision - Discussion at practice Meetings | | |
| 3 | An adverse incident reporting system in place which identifies circumstances/incidents which have compromised the safety and welfare of children and or vulnerable adults | <ul style="list-style-type: none"> - All complaints that refer to the safety of children and vulnerable adults are referred and investigated thoroughly | - | |
| 4 | A programme of internal audit and | Audits of safeguarding arrangements to include progress | | |

Safeguarding in Primary Care – Children and Adults at Risk

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| | review is in place that enables the organisation to evidence the learning from review, incidents | on action to implement recommendations from: - Serious Case Reviews - Internal management reviews as a consequence of Safeguarding Incident compromising the safety/welfare of service users | | |
| 5 | Staff at all levels, have easy access to safeguarding policies and procedures. These policies and procedures must be consistent with statutory, national and local guidance. (policies as per Appendix 1) | - Policies and procedures are updated regularly to reflect any structural, departmental and legal changes - Policies take account of the Mental Capacity Act. - LSCB and LSAB policies can be accessed at: | | |
| 6 | There is clear guidance on managing allegations against staff and volunteers working with children and or vulnerable adults in line with those of the LSCB and LSAB. | All substantiated cases to be reported to (insert lead at CCG) in addition to other regulatory bodies, including professional bodies. | | |
| 7 | There is a process for ensuring that patients are routinely asked about dependents such as children, or about any caring responsibilities | | | |
| 8 | There is a process for following up children who do not attend an appointment. | - This will ensure the clinician and referrer are aware that the child has not attended and can take any follow up action considered appropriate to ensure the child's needs are being met. - This process must be audited on a regular basis (at least annually) to ensure that it is working | | |
| 9 | There is a system for flagging children for whom there are safeguarding concerns | - Consideration should be given to Looked After Children. | | |
| 10 | There are clear procedures on the implementation and management of Deprivation of Liberty Safeguards in | | | |

Safeguarding in Primary Care – Children and Adults at Risk

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| | line with the Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice | | | |
| 11 | There are agreed systems, standards and protocols for sharing information within the service and between agencies in accordance with national and local guidance | | | |
| 12 | Safeguarding responsibilities are reflected in all job descriptions relevant to role and responsibilities | | | |
| 13 | <p>Staff working directly with children and vulnerable adults have access to advice support and supervision. This includes clinical and safeguarding supervision as per the organisations safeguarding supervision policy</p> <p>Named professionals seek advice and access regular formal supervision from designated professionals for complex issues or where concerns may have to be escalated.</p> | | | |
| 14 | All staff have received appropriate levels of training in Children's and Adults Safeguarding. | - | | |

Safeguarding in Primary Care – Children and Adults at Risk

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|--|---|--|--|--|
| 15 | Practices share information where there are any safeguarding concerns. | | | |
| 16 | The child's GP and health visitor/school nurse is notified of admissions/discharges | - Where a child is not registered with a GP the parent/carer should be advised to register the child with a local GP practice. | | |
| Applies only to community providers offering services to children / families and adults | | | | |
| 17 | Practices should have a clear means of identifying in records those children (together with their parents and siblings) who are subject to a child protection plan | | | |
| 18 | There is good communication between GPs, community nursing services (i.e. health visiting, school nursing and community midwifery services) in respect of children for whom there are concerns. | - Each GP practice should be informed of who their 'named' health visitor / school nurse / community midwife is and how they can be contacted. | | |

Safeguarding in Primary Care – Children and Adults at Risk

Policies required by all Primary Care Provider Organisations (the policy can be provided via a link to local LSCB and ASB policies)

| Policy | Seen | Expiry date |
|--|------|-------------|
| Localised Safeguarding Adults policy | | |
| Localised Safeguarding children policy Including guidance on : <ul style="list-style-type: none"> • Fabricated Illness • Forced marriage • Disabled Children • Sexually Exploited Children • Female genital mutilations • Working with sexually Active young people under the age of 18 • Domestic Abuse | | |
| Whistle blowing | | |
| Managing allegations of abuse against a person who works with children or vulnerable adults | | |
| Information sharing | | |
| Safe Recruitment, including DBS checks where required and taking up of references | | |
| Appropriate Behaviour by staff towards vulnerable adults and children | | |
| | | |

Safeguarding in Primary Care – Children and Adults at Risk

Escalation process

Escalation Level 1

The CCG and Provider organisation will include amber and red standards on their organisational risk registers and inform the Local Safeguarding Board(s) (Children (LSCB) or Adults (LSAB)) and Associate Commissioners about the gaps identified. This will ensure the action plans are linked to the organisational and multi-agency governance arrangements.

Escalation Level 2 – For NHS Acute, Community, Mental Health & Ambulance Providers

When a standard rated amber moves to a red, this will be considered a breach of contract. It was agreed that this line of action would be taken as the applicable organisation would have had time to meet the standards in the amber period, and this needs to be taken very seriously due to the vulnerable population they are meant to protect, as well as the fact the standards are based in statute and key national policies. Therefore a performance notice will be issued and appropriate contractual levers utilised, as well as a letter sent to the Care Quality Commission (CQC) the safeguarding lead at the National Commissioning Board Area Team. This is to fulfil obligations in communicating with the CQC regarding quality of services and to the NCB as their role in assuring systems are in place for commissioning safe quality services.