Safeguarding Webinar

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Lincolnshire CCG Safeguarding Team

Specialist safeguarding support
for Lincolnshire CCG and Primary Care

Call: 01522 309317

(Monday to Friday 09:00 – 17:00)

Secure Email: SWLCCG.safeguarding1@nhs.net

(checked daily Mon-Fri)

https://lincolnshireccg.nhs.uk/about-us/safeguarding/federated-safeguarding-team/

The team is made up of the Named and Designated Professionals in Safeguarding and Safeguarding Specialists for children and adults

AIMS & OBJECTIVES

- Training requirements in Primary Care
- Where to access training
- Identifying Safeguarding concerns
- Making a Safeguarding referral
- Safeguarding in your practice
- Writing a Safeguarding report

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TRAINING REQUIREMENTS FOR PRIMARY CARE

RCGP document: a great summary of training requirements:

Royal College of General Practitioners

RCGP supplementary guide to safeguarding training requirements for all primary care staff

1.0 Introduction

This document is an RCGP supplement to, and should be used in conjunction with, the following Intercollegiate Documents (ICD):

- Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. Fourth edition: January 2019 (1)
- Adult Safeguarding: Roles and Competencies for Health Care Staff. First edition: August 2018 (2)

It is intended to give a 'quick glance' summary of the safeguarding training requirements for all who work in a primary care setting (clinical and non-clinical staff) which includes NHS, private, virtual and any other setting where primary health care is delivered.

https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx

	Level 3 Core	Level 3 requiring additional knowledge, skills and competencies
Staff groups	• Pharmacists* • Foundation level doctors	• GPs • GP practice safeguarding leads • GP registrars • Practice nurses • Advanced nurse practitioners • Paramedics
Adult Safeguarding **INITIAL** training requirement in the first 12 months of taking up a Level 3 post	Minimum of 8 hours	Minimum of 8 hours
Adult Safeguarding **REFRESHER** training requirement over 3 years	Minimum of 8 hours	Minimum of 8 hours
Child Safeguarding **INITIAL** training requirement in the first 12 months of taking up a Level 3 post	Minimum of 8 hours	Minimum of **16** hours
Child Safeguarding **REFRESHER** training requirement over 3 years	Minimum of 8 hours	Minimum of **12** hours **with the exception of GP Practice Safeguarding Leads** who will require **16** hours
Total safeguarding **REFRESHER** training requirement over 3 years	Minimum of **16** hours	□ For all professionals in this group **except** GP Practice Safeguarding Leads: Minimum of **20** hours □ GP Practice Safeguarding Leads: Minimum of **24** hours

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3.0 Education and Training

Education and training at all levels should be at least 50% participatory (1,2). Participatory training involves a level of interaction. A record of training can be kept by using the Education, training and learning activity logs in the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff, Appendix 4.

Inter-professional and inter-organisational training is encouraged in order to share best practice, learn from serious incidents and to develop professional networks.

Examples of Participatory education and training:

- Attending face-to-face training
- Group case discussion
- Reflection on the learning from a case the professional has been involved in and how this learning has been applied to their practice
- Webinars
- Attendance at safeguarding forums e.g. GP Practice Safeguarding Lead forums.

WHERE TO ACCESS TRAINING:

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- Face-to-face training will restart when it is safe to do so.
- Recent document: Level 3 Safeguarding Training Package *
- e-learning:
  - LSCP website (free) - https://www.lincolnshire.gov.uk/safeguarding/lscp/3?documentId=258&categoryId=20076
    - Child safeguarding refresher
    - Adult safeguarding refresher
    - Prevent
    - Trafficking and modern slavery
    - CSE
  - e-learning for health https://www.e-lfh.org.uk/programmes/safeguarding-children/
  - Home office FGM training https://www.fgmelearning.co.uk
  - Medical Protection free MCA/DOLS training https://www.medicalprotection.org/uk/articles/mental-capacity-act-online-learning-course

https://www.rcn.org.uk/professional-development/publications/pub-007366

Adult Safeguarding: Roles and Competencies for Health Care Staff

First edition: August 2018

INTERCOLLEGIATE DOCUMENT

https://www.rcn.org.uk/professional-development/publications/pub-007069

Appendix of Intercollegiate Document contains learning logs such as this one, to help record your learning:

Education, training and learning activity log – level 3

You will need to keep accurate records and document the following on an ongoing and continual basis:

- type of education, training and learning eg, online learning, course attendance, group case discussion, independent learning
- topic, a brief description and key points of learning activity
- the number of learning hours in total and the number of **participatory learning hours** (interacting with other professionals eg conference, meeting or training course). Record separately for adults and children or record proportionally as appropriate

Date	Type of education training and learning activity (specify*)	Topic and key points of learning activity	Number of hours ADULTS	Participatory hours ADULTS	Number of hours CHILDREN	Participatory hours CHILDREN

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IDENTIFYING SAFEGUARDING CONCERNS

GP GUIDE TO RECOGNISING SAFEGUARDING CONCERNS IN CHILDREN

NHS England

	RED FLAG PRESENTATIONS THAT REQUIRE LEVEL 4 INTERVENTION - REFERRAL TO CHILDREN & YOUNG PEOPLE'S SERVICE (SOCIAL SERVICES)			
	The presentations in this section do not easily fit into emerging needs or cause for concern and so are listed as Level 4 red flags			
Physical features	• **CAN'T MOVE, CAN'T BRUISE** • Bruising, lacerations, scars, burns, scald injuries, one or more fractures, intracranial injury, retinal haemorrhages, eye injuries, signs of spinal injury: not caused by medical condition/has unsuitable explanation or on immobile infant. • Signs of spinal injury in a child if there is no major confirmed accidental trauma. • Intra-abdominal/intrathoracic injury in a child if there is no major confirmed accidental trauma, with an absent/unsuitable explanation, or with a delay in presentation. • Possible induced or fabricated illness. • Consider injuries that may have occurred during experimentation with improvised explosive devices e.g. burns to fingers, and / or lower abdomen			
Sexual Abuse	• Persistent or recurrent genital or anal symptom (for example, bleeding or discharge) in a girl or boy, without a medical explanation, that is associated with behavioural or emotional change. • Genital, anal or perianal injury in a girl or boy, with an absent or unsuitable explanation. • Anal fissure, when constipation, Crohn's disease and passing hard stools have been excluded as the cause. • Gonorrhoea, Chlamydia, syphilis, genital herpes, hepatitis C, HIV or trichomonas infection in a child younger than 13 years if there is no clear evidence of vertical transmission or blood contamination. • Child or young person is in sexually exploitative relationship/s.		• Unusual sexualised behaviours in a prepubertal child (for example, oral–genital contact with another child or doll, requesting to be touched in the genital area, or inserting or attempting to insert an object, finger or penis into another child's vagina or anus). • Under 13 engaged in sexual activity (or older but with concerns regarding competency). Consider Sexual Grooming • Secretive behaviour, arranging face to face meetings through online introductions, receipt of gifts or money in sexually active person. • Sexual activity with someone in authority or in a position of trust.	
Past Medical History	• Pregnant woman who has had previous children removed by the Local Authority. • Risky adult becoming a parent/in contact with children.			
	LEVEL OF NEED			
Neglect	**Level 1 Green** **Universal services**	**Level 2 Emerging Needs** **Interaction with other agencies/CAF***	**Level 3 Cause for Concern** **Specialist services/CAF*/building on existing CAF***	**Level 4 - Red Flag** **Referral to Children & Young People's Service**
	Good physical health.	Any injury in a child under 12 months, even if apparently trivial or accidental. Recurrent illness or health concerns beginning to have impact on education, family or social functioning. Recurrent nappy rash through poor parenting.	Chronic or recurring health problems having significant impact on: foetal development, access to education, learning, psychological wellbeing and/or family and social functioning. History of frequent minor injury.	Severe or complex physical health problems including: end of life care, severe health needs not being met, severe abnormalities in social communication, potential for acute/life threatening deterioration.
	Age appropriate development.	Not achieving individual education targets. Early onset of sexual activity (13–14). Sexually active (15+) with additional vulnerability. Teenage parent or pregnant or expectant father (16–18 years).	Frequent non attendance or persistent absence from educational settings. Under 16 and pregnant or has had or caused a previous pregnancy ending in still birth, abortion or miscarriage.	Permanently excluded. Not accessing education due to physical illness or mental health problems. Teenage parent under 16.
	Accesses health services appropriately and effectively.	Missing immunisations, ante-natal care, medical appointments and developmental checks. Excess inappropriate access to health care such as unscheduled attendances at GP surgery, Urgent Care and walk-in Centres, A&E for non-urgent issues.	Frequently missing routine and non-routine healthcare appointments including ante-natal. Excess unscheduled attendances.	Failure to access healthcare which is likely to cause significant avoidable impairment to child/unborn.
	Achieving key milestones.	Slow in reaching developmental milestones.	Developmental, language or social communication delay/disorder having significant impact on access to education, learning, psychological wellbeing and/or on family and social functioning requiring specialist services.	No access to early years setting (playgroups, crèche, nursery, peer play)
	Age appropriate feeding/eating, diet and nutrition.	Growth or weight above or below expected norms. Medically unexplained weight loss.	Basic care or supervision of child is inadequate.	Reports of scavenging for food.

https://www.nice.org.uk/guidance/cg89

GP GUIDE TO RECOGNISING SAFEGUARDING CONCERNS IN CHILDREN

NHS England

	Level 1 Green Universal services	Level 2 Emerging Needs Interaction with other agencies/CAF*	Level 3 Cause for Concern Specialist services/CAF*/building on existing CAF*	Level 4 - Red Flag Referral to Children & Young People's Service
Emotional Abuse Present in radicalisation, domestic violence, sexual abuse.	Good quality early attachments.	Concerns about attachment and interaction issues.	Insecure attachment behaviours.	Child or young person is rejected, abandoned or persecuted.
	Confident in social situations.	Low self esteem, mood changes, self doubt, anxiety and fears affecting a sense of security.	Child is withdrawn, isolated and/or unwilling to engage.	Frequently going missing from home and/or school.
	Parents confident to manage common childhood behavioural issues and minor self-limiting illness.	Exhibiting some low level anti-social behaviour. Unable to manage behaviours effectively.	Parent provides inconsistent boundaries or responses. Inconsistent parenting impairing emotional or behavioural development.	Challenging behaviour resulting in serious risk to the child, young person and/or others. Offending behaviour resulting in custodial sentence or community sentence. Child is beyond control of parent and is at risk of harm.
	Positive sense of self.	Low level mental health problems or emotional vulnerability requiring intervention.	Significant low self esteem.	Needs considerable supervision and support to attend to personal hygiene.
	Make and maintain age appropriate relationships.	Mild lack of age appropriate behaviour.	Marked over familiarity and poor personal boundaries. At risk of radicalisation and/or initiation into a gang.	Severe lack of age appropriate behaviour.
	Ability to manage and cope with everyday emotional and relationship difficulties.	Self harming as a way of coping without suicidal thinking or intent.	Self harming as a means of coping, may be suicidal thought **without** intent.	Severe mental health conditions e.g: OCD, anorexia, depression, suicide attempts.
	Stable and affectionate relationships that meet the needs of the child.	History of domestic abuse. Child/young person has multiple carers. Inappropriate child care arrangements. Inconsistent care. Carer unsupported.	Ongoing domestic abuse. Child or young person is a: young carer, prisoner's child, had periods of being a Looked After Child.	Severe assault (even single episode). Continued instability and violence in the home including serious or repeated domestic abuse where children were present in house or witness to it.
	Parents provide secure and caring parenting.	Inconsistent parenting, but child's development not significantly impaired. Lack of response to concerns raised regarding child. Absence or loss of significant adult.	Family relationships significantly impaired due to caring responsibilities. Parents socially excluded or have no access to local facilities.	Severe alcohol or substance misuse. Parent who is a prolific offender. Suspicion of physical, emotional, sexual abuse or neglect of child or young person. Parent is engaged in drug dealing. Parent previously had children on a child protection plan, removed or cared for in extended family.
	Parents sensitive to child's needs within context of wider family.	Overcrowding, children affected by difficult family relationships.	Severe overcrowding. Negative or critical responses to a child or young person's emotional needs. A child's additional needs are having a negative impact on the family.	Child living with carers who are not immediate family (private fostering). Severe family relationship problems. Child or family need protection and support due to harassment. Child or young person left at home alone or unsupervised.
	Able to manage budget within their financial resources.	Families affected by low income or unemployment. Debt issues evident.	Unmanageable levels of debt. Temporary homelessness. Living in temporary accommodation. Accommodation not suitable. Frequent moves which have impacted on child's education and wellbeing.	No fixed abode or homelessness. Family in extreme poverty. Anti-Social Behaviour Injunction (ASBI) applied to family home. Housing which places child or young person in danger.

Produced by Dr James Burden & Denise Maud (January 2014)
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References:
Northamptonshire Thresholds & Pathways October 2013
www.northamptonshire.gov.uk/TAP
NICE Guidelines
http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89

This is only a guide – Individual cases need judgment and when in doubt contact your local Named or Designated professional.
Next steps – Internal discussion at your MDT (health visitor, midwife, GP colleagues).
There are no phone numbers or websites as these go out of date. This guide does not replace awareness of local services.
Safeguarding Training helps performance. This guide is a reference tool and does not replace reflective training.
*** Common Assessment Framework (CAF)** - The process where agencies work together to identify a child's or young person's needs early, assess those needs holistically, deliver co-ordinated services and review progress. *Please visit your local County Council website to see how this is done in your area.*
Prevent/Radicalisation concerns – should be discussed with your Prevent or Safeguarding lead

Possible Safeguarding Concern:

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Consider discussion with practice safeguarding lead

↓

Consider discussion with CCG Safeguarding Team on 01522 309317

↓

Discuss with CSC (or police if appropriate) on 01522 782111

↓

Inform parents/carers if does not increase the risk

↓

Secure email referral form to team as advised by CSC

↓

Ensure appropriate follow up

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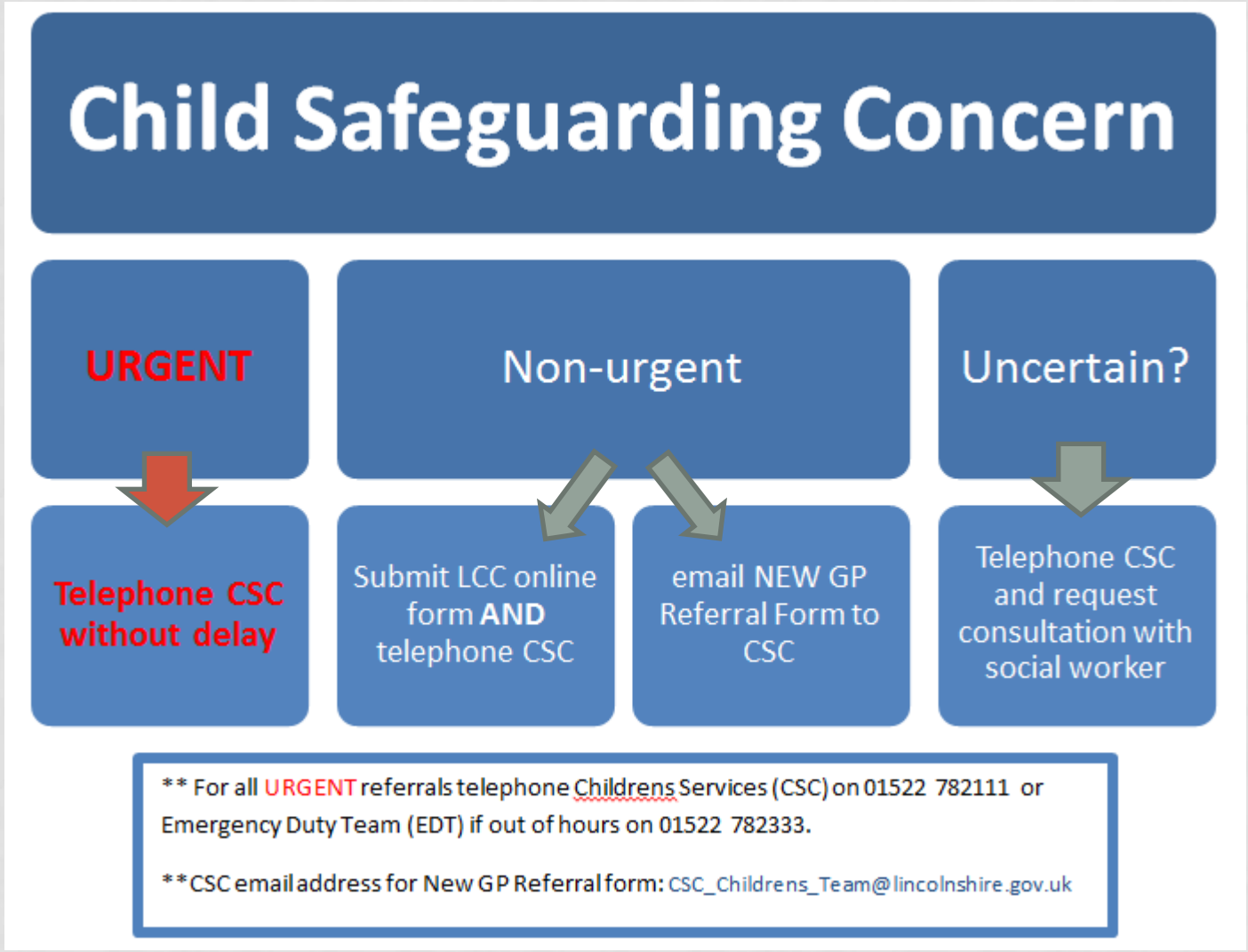

Emergency Duty Team (EDT) on 01522 782333

SAFEGUARDING REFERRAL:

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GP Referral Form

NAME OF SUBJECT(S)	
Child 1:	
Date of Birth:	
Address:	
Child 2:	
Date of Birth:	
Address:	
Child 3:	
Date of Birth:	
Address:	
Child 4:	
Date of Birth:	
Address:	

DETAILS OF PARENTS / CARERS / HOUSEHOLD MEMBERS	
Parent/ Carer 1:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 2:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 3:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 4:	
Relationship to child(ren):	
Date of Birth:	
Address:	

REFERER DETAILS	
Name:	
Email Address:	
Telephone No:	
GP practice:	

What are your safeguarding concerns for the child/ren?

Consider: Behaviour of parent/carer or child that is causing concern, how often it is occurring and how severe it is. When was the first, worst and last time it occurred?

Click here to enter text.

1. What is your evidence base? Tick all that apply:
   a. Child disclosure ☐
   b. Parent report ☐
   c. Referrer Witnessed ☐
   d. Third hand ☐
   e. Other ☐

   Details:

   Click here to enter text.

2. Who or what is making this concern harder to deal with? Tick all that apply:
   a. Poverty ☐
   b. Mental health ☐
   c. Housing ☐
   d. Relationship issues ☐
   e. Substance misuse ☐
   f. Other ☐

   Details:

   Click here to enter text.

3. How are those safeguarding concerns affecting the child/ren? (What is the voice of the child or what have you or others observed? How is the parenting affected?).

Click here to enter text.

4. Who is keeping the child safe and how are they keeping the child safe?

   a. Parents ☐ Name: _____

   b. Family Member ☐ Name: _____

   c. Friend/Neighbour ☐ Name: _____

   d. Involved professional ☐ Name: _____

      Role: _____

   e. Other ☐ Name: _____

      Role: _____

   How are they keeping the child safe?:

   Click here to enter text.

5. What stay safe advice have you provided to the parent and/or child:

   Click here to enter text.

6. If nothing changes, what are you concerned will happen to the child(ren)?

   Click here to enter text.

7. On a scale of 0-10, where 0 is the child is not safe at all and 10 is the child is safe and their needs are being met, what would you score and why?

   0----------5----------10

   What led you to score as you did?

   Click here to enter text.

UNCERTAIN?

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- Discuss within practice team, SG lead, SG meeting. Gather more information?
- Discuss with CCG Safeguarding Team (telephone/email)
- Health Visitor?
- School?
- Consider CSC asking for a consultation with a social worker for advice (this can be theoretical with no patient details shared, or patient specific if with consent)
- ?Early Help

IN-HOUSE SAFEGUARDING

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- **Be active** in Child Safeguarding and Protection processes
- Use Safeguarding **Template** (Ardens)
- **Regular Quarterly Meetings**
- Use **up to date** Referral Form
- Have a **Safeguarding Practice Protocol** - use RCGP Toolkit
- Have a **Safeguarding Lead**
- Have a DNA/WNB Policy

PRACTICE SAFEGUARDING MEETINGS

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- **The right people there:** Safeguarding Lead, but consider all GPs? other clinicians? Admin, Practice Manager.
- **Midwife, Health Visitors; confirm availability** in advance; ask for deputy/updates if not able to attend.
- **Meeting date and time**: set well in advance to improve attendance.
- **Preparation:** minutes, agenda, collate **lists of children** in advance of meeting
- **Children that *"people are worried about"*** eg. cause of concern in pregnancy/ concern about WNB to appointments/ neglect issues/ vulnerable families/ domestic violence/ MARAC info received
- **Children recently referred**: outcomes of any Strategy meetings/updates to information about children known to be on a Protection Plan
- Use meetings to update practitioners but mainly to **share concerns, co-ordinate action and check records are updated**

PRACTICE SAFEGUARDING MEETINGS

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- Ensure that actions are documented and **who is responsible for action**
- **Use "THINK FAMILY" thinking to assess safeguarding issues**
- **Flag all the relevant records**
- **Ensure that any action for the child is reviewed at next meeting**
- Ensure that if all concerns have been addressed/child's needs met/child no longer causing concern they are **removed from review list**
- Children on effective plans may be the least in need of action-but children **recently removed** from plan may require a review
- Document and circulate minutes

HOW TO WRITE A GOOD REPORT….

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- A good report is not a printout of the patient(s) GP record
- Consider: the voice of the child(ren)?
- Timely manner (don’t miss the deadline!)
- Send securely
- Accurate
- Only relevant information
- Update on GP payments is awaited and has been delayed due to COVID19
- NHSE suggest simple report may take 30 minutes?
- Example report…

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Invitation to attend Child Safeguarding Conference

NAME OF SUBJECT(S)	
Child 1:	Jack Smith
Date of Birth:	1/1/2010
Address:	6 High Street Somewhere
Child 2:	
Date of Birth:	
Address:	
Child 3:	
Date of Birth:	
Address:	
Child 4:	
Date of Birth:	
Address:	

DETAILS OF PARENTS / CARERS / HOUSEHOLD MEMBERS	
Parent/ Carer 1:	Jane Smith
Relationship to child(ren):	mother
Date of Birth:	2/2/1989
Address:	6 High Street Somewhere
Parent/ Carer 2:	John Smith
Relationship to child(ren):	father
Date of Birth:	3/3/90
Address:	6 High Street Somewhere
Parent/ Carer 3:	
Relationship to child(ren):	
Date of Birth:	
Address:	
Parent/ Carer 4:	
Relationship to child(ren):	
Date of Birth:	
Address:	

GP PRACTICE DETAILS	
Name of GP Practice:	St Elsewhere Medical Centre
Practice Address:	42 Station Road, Somewhere
Practice Telephone No:	01522 123456

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Dear Doctor,

Please could you complete the following form to provide information for the forthcoming Safeguarding Conference?

Please note:

- *It is acceptable for an administrator to complete this form, as long as it is checked by a GP prior to submitting to the conference chairperson*
- *It is acceptable to write 'No information as far as I am aware' in sections about which you have no information.*
- *If this is for a Review Conference, please comment on what has changed since the previous Conference.*
- *Pease complete this report whether you are attending the conference or not*
- *Please complete information for each child and parent/carer involved in the conference*
- *Information within this report will be shared with conference members, including the family. If there is any information which should not be shared, please contact the conference chairperson to discuss further*

Are you able to attend? (please delete)		No

Once you have completed this paperwork, please sign the declaration below (if completing electronically, you can enter your name in the signature box and this will be treated as an electronic signature).	
I have read the answers provided in this report and confirm that they accurately reflect the information available to us about the child and family	
Signed: Dr Riverwild	Date: 5th July 2020

Child: John Smith
Date of Birth: 1/1/2012
Address: 6 High Street, Somewhere

Is the child up to date with his/her immunisations?	Yes	
Comments: Mother was originally reluctant for John to have his MMR immunisations. After discussion with his GP and health visitor, John had the immunisations and is up to date with his schedule		

Has the child had any OOH or A&E attendances?	Yes	
Please list A&E attendances in the last 12 months 3/5/18 – exacerbation of asthma		

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6/6/18 – stubbed toe

How many attendances at the surgery has this child had in the last 12 months?			6-8	

Please comment about the nature of these consultations, and whether they were appropriate or not.

Jack has attended 6 times in the last 12 months. 5 of these were for minor self-limiting illnesses.

On the 19th of October 2017, Jack was brought by his mother due to concerns relating to his behaviour at school. The school also sent a letter to me stating that Jack had difficulty establishing and maintaining friendships with other children in his class, difficulty sustaining conversations and at times displayed repetitive movements. Mum reported that she had also noticed the latter whilst Jack has always struggled to build up strong friendships with his peers.
During the course of this appointment, Jack presented as very quiet and shy. He sat on mum's knee throughout and interacted well with her.

A referral was made to the community paediatrician, Dr Jones, who saw Jack on 3rd March 2018. Dr Jones states that Jack does have features of autistic spectrum disorder but has not made a formal diagnosis yet. He plans to review Jack in September 2018.

Does the child have any long term medical conditions?	Yes	

Please list long term conditions
Asthma

Does the child have any medications?	Yes	

Please list current medications
Ventolin and Clenil inhalers, Monteleukast. (medication to treat his asthma)
He is compliant with medication and attends for his asthma review on time.

Have you had any safeguarding concerns regarding this child? Have there been any past concerns?		No

If yes, please give further details

Based on my interactions with Jack and his family, I have not observed any safeguarding concerns.

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Parents:	Jane and John Smith
Date of Birth:	As above
Address:	As above

Are you aware of any significant physical health, mental health, learning disabilities, domestic violence, drug or alcohol problems in this parent/carer?	Yes	

If yes please give details.

Jane presented 6 months ago with depression (well controlled now on medication) and disclosed that she was subject to domestic abuse (verbal and financial) from her partner Jack. She did not meet the threshold for referral to MARAC and was signposted to other services. At review 1 month ago she stated that she was no longer subject to domestic abuse following her partner's attendance at drug and alcohol services (see below).

John is currently under the care of Addaction and in receipt of a methadone prescription. The most recent clinic letter states he is testing negative to opiates and engaging well.

Have you ever had concern about this parent/carer's ability to provide care for the child/children (basic care, safety, emotional warmth, stimulation, guidance, boundaries and stability)?		No

If yes please give details.

When Jack has attended surgery, he has interacted appropriately with his mother. His behaviour appeared normal for age, he was dressed appropriately and appeared clean.

Do you have any further information about the home circumstances which are relevant to a safeguarding conference?	Yes	

If yes please give details.

On 2 attendances at the surgery (8th January 2018 and 12th April 2018), Jack was brought by his grandmother Melanie Smith due to his mother being at work. On one occasion Mrs Smith stated that she looked after Jack several days a week.

QUESTIONS?