

Safeguarding Adults and Children Policy

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Policy statement

Under the 1989 and the 2004 Children Acts a child or young person is anyone under the age of 18 years.

Under the Care Act 2014 an adult aged 18 or over who has needs for care and support (whether or not the authority is meeting any of those needs), is experiencing, or is at risk of, abuse or neglect, and as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Safeguarding is the action we take to promote the welfare of all adults and children to protect them from harm.

South Warwickshire GP Federation recognises that all adults and children have a right to protection from abuse and neglect and South Warwickshire GP Federation accepts its responsibility to safeguard the welfare of all adults and children with whom staff may come into contact.

We intend to:

Respond quickly and appropriately where information requests relating to a child or adult safeguarding are made, abuse is suspected or allegations are made.
Provide adults, carers, children and parents with the chance to raise concerns over their own care or the care of others.

Have a system for dealing with, escalating and reviewing concerns.
Remain aware of safeguarding procedures and maintain links with other bodies, especially the commissioning body's appointed contacts.

South Warwickshire GP Federation will ensure that all staff are trained to a level appropriate to their role, and that this is repeated on a 3-yearly basis. New members of staff will receive induction training within 1 month of start date.

Basic principles

- The welfare of the child and adult at risk is paramount.
- It is the responsibility of all South Warwickshire GP Federation staff to safeguard and promote the welfare of children, young people and adults. This responsibility extends to a duty of care for those staff employed, commissioned or contracted to work with children and young people and adults at risk.
- South Warwickshire GP Federation must have safe recruitment practices including appropriate use of the disclosure and barring service and whistle blowing processes. <https://www.gov.uk/government/organisations/disclosure-and-barring>
- Staff who work with children and adults at risk are responsible for their own actions and behaviour and should avoid any conduct which would lead any reasonable person to question their motivation and intentions.
- Staff should work and be seen to work, in an open and transparent way.
- The same professional standards should always be applied regardless of culture, disability, gender, age, language, racial origin, religious belief and/or sexual identity.
- Staff should continually monitor and review their practices and ensure they follow the guidance contained in this document.

- South Warwickshire GP Federation will ensure regular meetings are held to discuss vulnerable children and adult's families and that such meetings include other Agencies to ensure early recognition of circumstances leading to abuse and neglect and early intervention to help prevent abuse and neglect.
- South Warwickshire GP Federation will ensure children and their families, adults and carers are able to share concerns and complaints and that there are mechanisms in place to ensure these are heard and acted upon.

Responsibilities

Safeguarding: sources of advice and support

Contact information

SWGP Safeguarding Lead
SWGP Safeguarding Deputy Lead

Dr Timothy Shackley
Timothy Morris

Safeguarding Children and Young People:

Common presentations and situations in which abuse may be suspected include:

- Disclosure by an individual
- Physical signs and symptoms giving rise to suspicion of any category of abuse and/or inconsistent with the history provided.
- A history which is inconsistent or changes over time.
- A delay in seeking medical help.
- Extreme or worrying behaviour of an individual.
- Self-harm.
- Accumulation of minor incidents giving rise to a level of concern, including frequent A&E attendances.
- Evidence of neglect.

Some other situations which need careful consideration are:

- Repeated attendance of a young baby under the age of 12 months.
- Any bruising or injury in a child under 24 months of age.
- Very young girls or girls with learning difficulties or disability requesting contraception, especially emergency contraception.
- Girls under 16 presenting with pregnancy or sexually transmitted disease, especially those with learning difficulties, chronic long term illness, complex needs or disability.
- Situations where parental factors such as mental health problems, alcohol, drug or substance misuse, learning difficulties, domestic abuse may impact on children and family life.
- Unexplained or suspicious injuries such as bruising, bites or burns, particularly if situated unusually on the body.
- The individual says that she or he is being abused, or another person reports this.
- The individual has an injury for which the explanation seems inconsistent, delayed presentation or which has not been adequately treated or followed up.
- The individual's behaviour changes, either over time or quite suddenly, and he or she become quiet and withdrawn, or aggressive.

- Refusal to remove clothing for normal activities or keeping covered up in warm weather.
- The individual appears not to trust particular persons, perhaps a carer, parent or relative. Inappropriate sexual awareness or behaviour.
- Fear of going home or parents and carers being contacted.
- Disclosure by an individual of abusive activities, including activities related to internet and social media use.

Immediate actions

Concerns should immediately be reported to the Safeguarding Lead at South Warwickshire GP Federation or his / her deputy as stated above.

- Concerns should be discussed internally and a plan of action decided.
- In the absence of one of the nominated persons, the matter should be brought to the attention of the Warwickshire MASH for children.
- The Designated persons within the CCG can be contacted for advice and support.
- If the suspicions relate to a member of staff there should be internal discussion with the South Warwickshire GP Federation Safeguarding Lead or deputy, and a plan of action decided, the CCG and / or social services should be contacted directly. Consideration should be made to involving the LADO for children.
- Suspicions should not be raised or discussed with third parties other than those named above.
- Any individual staff member must know how to make direct referrals to the children and adult safeguarding agencies and should be encouraged to do so if they have directly witnessed an abuse action; however, staff are encouraged to use the route described here where possible. In the event that the reporting staff member feels that the action taken is inadequate, untimely or inappropriate they should report the matter directly. Staff members taking this action in good faith will not be penalised.
- Where emergency medical attention is necessary it should be given. If necessary as ascertained by clinical judgement the child should be admitted to the care of the emergency Paediatric service and a social services referral made. Any suspicious circumstances or evidence of abuse should be reported to the designated clinical Lead.
- If a Social Services referral is being made without the parent's knowledge and urgent medical treatment is required, social services should be informed of this need. Otherwise, if it is decided that the child is not at risk, suggest to the parent or carer that medical attention be sought immediately for the child.
- If appropriate the parent/carer should be encouraged to seek help from the Social Service Department prior to a referral being made. If parents do not consent to medical care or to a social care referral and they fail to do so in situations of real concern the safeguarding Lead will contact social services directly for advice.
- Where sexual abuse is suspected the South Warwickshire GP Federation Lead or Deputy will contact the Social Services or Police Child Protection Team directly. The Lead will not speak to the parents if to do so might place the child at increased risk.
- Neither the South Warwickshire GP Federation Safeguarding Lead nor any other South Warwickshire GP Federation team member should carry out any investigation into the allegations or suspicions of sexual abuse in any circumstances.
- The South Warwickshire GP Federation Safeguarding Lead will collect exact details of the allegations or suspicion and provide this information to statutory child protection agencies: Social Care, the police or NSPCC, who have powers to investigate the matter under the Children Act 1989.

What to do with allegations of abuse from a child

- Keep calm
- Reassure the child that they were right to tell you, and that they are not to blame and take what the child says seriously.
- Be careful not to lead the child or put words into the child's mouth – ask questions sensitively
- Do not promise confidentiality.
- Fully document the conversation on a word by word basis immediately following the conversation while the memory is fresh.
- Fully record dates and times of the events and when the record was made, and ensure that all notes are kept securely.
- Inform the child/ young person what you will do next.
- Refer to the South Warwickshire GP Federation Safeguarding Lead clinician or Deputy.
- Decide if it is safe for a child to return home to a potentially abusive situation. It might be necessary to immediately refer the matter to social services and/or the police to ensure the child's safety.

Confidentiality

Staff are required to have access to confidential information about children and young people to do their jobs, and this may be highly sensitive information.

These details must be kept confidential always and only shared when it is in the interests of the child to do so, and this may also apply to restriction of the information within the clinical team. Care must be taken to ensure that the child is not humiliated or embarrassed in any way.

If an adult who works with children is in any doubt about whether to share information or keep it confidential he or she should seek guidance from the South Warwickshire GP Federation Clinical Safeguarding Children Lead.

Any actions should be in line with locally agreed information sharing protocols, and whilst the Data Protection Act applies it does not prevent sharing of safeguarding information.

Whilst adults need to be aware of the need to listen and support children and young people, they must also understand the importance of not promising to keep secrets. Neither should they request this of a child or young person under any circumstances.

Additionally, concerns and allegations about adults should be treated as confidential and passed to the South Warwickshire GP Federation safeguarding lead or appointed person or agency without delay.

Responding to requests for safeguarding/child protection information

All requests for information relating to a child protection investigation or report for Case Conference will be passed to the Child Safeguarding Lead or Deputy on the day received. A response will be made in a timely manner, preferably within 48 hours, and if this is not possible the Agency requesting information will be informed and a reason given.

Physical examination of a child or young person

A parent or carer should be present always, or a chaperone offered. Children should only be touched under supervision and in ways which are appropriate to, and essential for clinical care.

Permission should always be sought from a child or young person before physical contact is made and an explanation of the reason should be given, clearly explaining the procedure in advance.

Where the child is very young, there should be a discussion with the parent or carer about what physical contact is required. Routine physical examination of an individual child or young person is normally part of an agreed treatment procedure and/or plan and should be understood and agreed by all concerned, justified in terms of the child's needs, consistently applied and open to scrutiny.

Physical contact should never be secretive or hidden. Where an action could be misinterpreted a chaperone should be used or a parent fully briefed beforehand, and present at the time.

Where a child seeks or initiates inappropriate physical contact with an adult, the situation should be handled sensitively and a colleague alerted.

Attitude of parents or carers

Parental attitude may indicate cause for concern:

- Unexpected delay in seeking treatment.
- Reluctance to have child immunised.
- Failure to take child for dental care.
- Failure to attend scheduled appointment with GP or other healthcare providers.
- Denial of injury, pain or ill-health.
- Incompatible explanations, different explanations or the child is said to have acted in a way that is inappropriate to his/her age and development.
- Reluctance to give information or failure to mention other known relevant injuries.
- Unrealistic expectations or constant complaints about the child.
- Alcohol misuse or drug/substance misuse.
- Domestic Abuse or Violence between adults in the household.
- Appearance or symptoms displayed by siblings or other household members.

Training – in house

The South Warwickshire GP Federation Safeguarding Children Lead is responsible for ensuring training records are kept and maintained and will liaise with the South Warwickshire GP Federation Appraisal Lead to ensure training is aligned with identified staff development needs. An annual Update and Refresher is given by a member of the Local Safeguarding Children Team, such as the Named GP.

Record keeping

All information received regarding children from the Safeguarding Children Team and any other associated Services should be regarded as strictly confidential.

This information should be handled by the designated member of staff who will deal with such paperwork in the following way.

Designated member of staff for record keeping: Lisa Webb

Child Protection Reports are as important as records of serious physical illness and should be recorded in the same way and with the same degree of permanence.

Case Conference Reports should be ideally be scanned into that individual child's electronic practice records. If necessary third party references must be blanked out or anonymised before scanning or sharing with appropriate agencies.

Appropriate coding and templates should be used in Active and Past Problem Lists and priority lists.

Child's records should be linked in some way to parents even if not living at the same address, siblings and others in household by use of appropriate templates and codes.

Read codes expressing that a child is on a Child Protection Plan should be entered into notes of all individuals living at same address.

It is vital that when a child who is or has been on a Child Protection Plan moves to another area that the full clinical record including Case Conference Reports be sent to the next GP.

Therefore, they must **NOT be kept separate or isolated from the child's written or computer records.**

Tragedies have resulted from Case Conference Records not being passed on to the child's current GP. (Pass on welfare concerns even if the child is not subject to a protection plan.) Therefore:

- All reports will be scanned onto the relevant child's records.
- These reports will be vetted to remove any 3rd party information especially if external agencies request these medical records.
- All reports/correspondence will be seen and summarised by a GP.
- All contacts with any parties regarding any safeguarding children issues should be recorded on the patient's medical records and any necessary action taken immediately.

Reporting Children and Young People

Warwickshire MASH – 01926 414144

Children's social care (out of hours) – 01926 886922

Safeguarding Adults

Recognising Abuse or Neglect - Definitions

Adults with care & support needs-

This describes adults aged 18 or over who need extra help to manage their lives and be independent. This may include:

- people with a learning disability or physical disability;
- people with mental health needs;
- people with sensory needs;
- people with cognitive needs, e.g. acquired brain injury;
- people who are experiencing short or long term illness.

However, it is important to note that inclusion in one of the above groups does not necessarily mean that a person is implicitly unable to protect themselves from abuse or neglect.

The Care Act guidance 2014 describes “care & support” as;

“The mixture of practical, financial and emotional support for adults, who need extra help to manage their lives and be independent – including older people, people with a disability or long-term illness, people with mental health problems, and carers.

Care and support includes assessment of people’s needs, provision of services and the allocation of funds to enable a person to purchase their own care and support. It could include care home, home care, personal assistants, day services, or the provision of aids and adaptations.”

Abuse or neglect

Defining abuse or neglect is complex and rests on many factors. The term “abuse” can be subject to wide interpretation. It may be physical, verbal or psychological, it may be an act of neglect, or occur where a vulnerable person is persuaded to enter into a financial or sexual transaction to which they have not, or cannot consent.

Abuse or neglect may be the result of deliberate intent, negligence or ignorance. Exploitation can be a common theme in the experience of abuse or neglect. Whilst it is acknowledged that abuse or neglect can take different forms, the Care Act guidance identifies the following types of abuse or neglect:

- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult's financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, and forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion.
- **Organisational abuse** – including neglect and poor care South Warwickshire GP Federation within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one's own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional South Warwickshire GP Federation as a result of the structure, policies, processes and South Warwickshire GP Federations within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one's personal hygiene, health or surroundings and includes behaviour such as hoarding.

This list is not exhaustive.

Responding to abuse or neglect – What to do

Address any immediate safety and protection needs.

- Make an immediate evaluation of the risk and take steps to ensure that the adult is in no immediate danger. Where appropriate, call 999 for emergency services if there is a medical emergency, other danger to life or risk of imminent injury, or if a crime is in progress.
- Summon urgent medical assistance from the GP or other primary healthcare service if there is a concern about the adult's need for medical assistance or advice. You can call the NHS 111 service for urgent medical help or advice when it's not a life-threatening situation.
- Consider if there are other adults with care & support needs who are at risk of harm, and take appropriate steps to safeguard them.

- Consider supporting and encouraging the adult to contact the Police if a crime has been or may have been committed.
- Take steps to preserve any physical evidence if a crime may have been committed, and preserve evidence through recording.

Dealing with disclosures

The possibility of abuse can come to light in various ways, for example:

- an active disclosure of abuse by the adult;
- a passive disclosure of abuse where someone's attention is drawn to the symptoms of the abuse;
- a growing awareness that "something is not right";
- an allegation of abuse by a third party,
- a complaint or concern raised by an adult or a third party who doesn't perceive that it is abuse.

Good Practice Responding to Disclosure

Accept what the person is saying, do not question the person or get them to justify what they are saying, reassure the person that you take what they say seriously.

- Don't 'interview' the person; just listen calmly to what they are saying. If the person wants to give you lots of information, let them. Try to remember what the person is saying in their own words so that you can record it later.
- You can ask questions to establish the basic facts, but try to avoid asking the same questions more than once or asking the person to repeat what they have said- this can make them feel they are not being believed.
- Don't promise the person that you'll keep what they tell you confidential or "secret". Explain that you will need to tell another person but you'll only tell people who need to know so that they can help.

Speak to the adult who is experiencing, or is at risk of, abuse or neglect

From the very first stages of concerns being identified, the views of the adult should be gained. This will enable the person to give their perspectives about the potential abuse or neglect concerns that have been raised, and what outcomes they would like to achieve. These views should directly inform what happens next.

There will be occasions where speaking to the adult could put them at further or increased risk of harm. This could be, for example, due to retaliation, or a risk of fleeing or removal of the adult from the local area, or an increase in threatening or controlling behaviour if the person causing the risk of harm were to know that the adult had told someone about the abuse or neglect, or that someone else was aware of it.

The safety of the adult and the potential for increasing the risk should always be considered when planning to speak to the person. Any such situations where there is the potential for endangering safety or increasing risk should be assessed carefully and advice taken from your management or from an external agency as appropriate.

When speaking to the adult

- Speak to the adult in a private and safe place and inform them of the concerns. The person alleged to be the source of the risk should not be present in all but the most exceptional of circumstances.
- Get the adult's views on the concern and what they want done about it,
- Give the adult information about the adult safeguarding process and how that could help to make them safer.
- Explain confidentiality issues, how they will be kept informed and how they will be supported,
- Identify communication needs, personal care arrangements and access requests,
- Discuss what could be done to make them feel safer.

Responding to Adult Safeguarding Concerns – a summary of what to do.

There are some key responsibilities and actions for *anyone* who identifies the possibility of abuse or neglect.

These responsibilities must be addressed on the same day as the Alert is raised.

Immediate protection

Take any immediate actions to safeguard anyone at immediate risk of harm, including summoning medical assistance.

Speak to the adult wherever it is safe to do so

Get the views of the adult on the concern or incident, and see what they would like to happen next. Listen to what they have to say, and ensure they are given the support they need.

Detection & Prevention of crime

Where there is evidence a criminal offence has taken place, or a crime may be about to be committed, contact the Police immediately.

Record & Preserve evidence

Preserve evidence through recording, and take steps to preserve any physical evidence.

Report & Inform

Report to adult social care as soon as possible, and in all circumstances on the same day as the concern is raised.

- If your service is registered with the Care Quality Commission, and the incident constitutes a notifiable event, complete and send a notification to CQC.
- Consider and take required actions under employment vetting schemes- e.g. the DBS scheme.
- Make a RIDDOR report if the incident falls under the criteria for a reportable accident, dangerous occurrence or case of disease under the RIDDOR Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (See www.riddor.gov.uk).

Good Practice Guide Recording

As soon as possible on the same day, make a written record of what you have seen, been told or have concerns about. Try to make sure anyone else who saw or heard anything relating to the concern of abuse also makes a written report.

The report will need to include:

- when the disclosure was made, or when you were told about/witnessed this incident/s,
- who was involved, any other witnesses including service-users and other staff,
- exactly what happened or what you were told, person's own words, keeping it factual and not interpreting what you saw or were told,
- any other relevant information, e.g. previous incidents that have caused you concern.

Remember to:

- include as much detail as possible,
- make sure the written report is legible and of a good quality to be able to photo copy
- make sure you have printed your name on the report and that it is signed and dated,
- keep the report/s confidential, storing them in a safe and secure place until it will be needed.

Good Practice Guide for Preserving Physical Evidence

What to do?

In cases of physical or sexual abuse, contact the Police immediately. Ask their advice about what to do to preserve physical evidence.

As a guide:

- Where possible leave things as and where they are. If anything has to be handled, keep this to an absolute minimum;
- Do not clean up. Do not touch anything you do not have to. Do not throw anything away which could be evidence;
- Do not wash anything or in any way remove fibres, blood etc.
- Preserve the clothing and footwear of the victim;
- Preserve anything used to comfort or warm the victim, e.g. a blanket;
- Note in writing the state of the clothing of both the victim and alleged perpetrator. Note injuries in writing. As soon as possible, make full written notes on the conditions and attitudes of the people involved in the incident;
- Take steps to secure the room or area where the incident took place. Do not allow anyone to enter until the Police arrive.

In addition, in cases of sexual assault

- Preserve bedding and clothing where appropriate, do not wash;
- Try not to have any personal or physical contact with either the victim or the alleged perpetrator. Offer reassurance and comfort as needed, but be aware that anyone touching the victim or alleged perpetrator can cross contaminate evidence.

Reporting Adult Safeguarding Concerns

All abuse or neglect concerns relating to adults with care & support needs should be reported to Warwickshire County Council by telephone on the Adult Safeguarding single point of referral contact number

01926 41 20 80

If the abuse or neglect is very serious, or a criminal offence has occurred or may occur, contact the Police immediately

Warwickshire Police:

To report abuse or raise a concern about a crime, dial non-emergency

01926 415 000

If a crime is in progress or life is at risk, dial emergency
999

Then make the referral to Adult Social Care- as above.

Referrals outside office hours will be directed to the Warwickshire County Council Emergency Duty Service. The EDS can be contacted directly outside office hours on

01926 886922

The Emergency Duty Service will:

- Respond to Safeguarding Adults referrals out of hours and make a decision whether the referral requires an immediate response or whether they will transfer to the appropriate Adult Social Care the next working day,
- Respond to the immediate support and protection needs of adults referred out of hours,
- Report suspected criminal offences to the Police without delay.

Referrals relating to adults (aged 18-65) who have mental health needs will be signposted to the appropriate Integrated Adult Mental Health Service to respond to the concern.

SAFEGUARDING ADULT & CHILDREN SOUTH WARWICKSHIRE

CONCERNED ABOUT ABUSE?

