

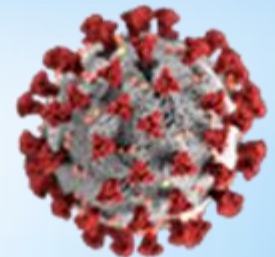
Safeguarding at a Distance

Janette Griffiths Named Nurse Safeguarding -
Primary Care

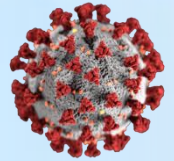
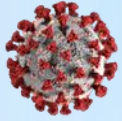
Nicky Hields Specialist Nurse Safeguarding -
Primary Care

Aims

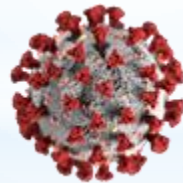
- * Review the changing landscape of safeguarding during lockdown
- * Identify themes within ‘safeguarding from a distance’
- * Look at what you can do as a GP to safeguard your patients
- * Consider safeguarding within video consulting
- * Identify sources of support and information



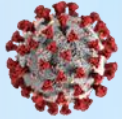
Question 1:



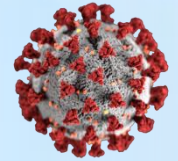
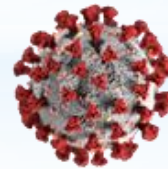
What safeguarding issues have you identified with your patients during Covid-19 lockdown?



Safeguarding and Covid-19



- * Domestic abuse
- * Pressure cooker homes
- * Care home safeguarding concerns
- * Financial exploitation
- * Hidden Harm adults and children
- * Carer stress/young carers
- * Online child abuse
- * MCA and Covid testing



Question 2

Do you think there has been an increase in referrals to children's social care during lockdown?

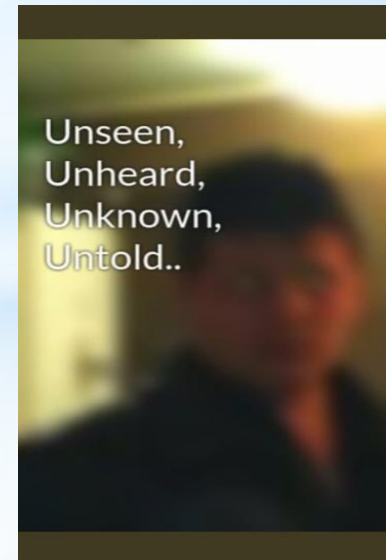
Yes

No



The Changing Landscape

- * 49% rise in calls to a national domestic abuse helpline by three weeks after lockdown commenced
- * Domestic abuse killings doubled over a 21-day period in the lockdown
- * 35% rise in calls to Men's Advice Line in the first week of lockdown
- * Citizens advice found that 1 in 3 people had been contacted by a scammer since the corona virus outbreak
- * Decrease people accessing GP appointments and emergency department appointments
- * Europol have reported an increase in online activity by those seeking child abuse material












Young people and mental health



Kooth Data: <https://www.community360.org.uk/wp-content/uploads/2020/05/Week-10-infographics-of-covid-19-impact.pdf>

Map Key

-  **Abuse**
Highest in East of England
-  **Sadness**
Highest in East of England
-  **Eating Issues**
Highest in the South East
-  **Sleep Issues**
Highest in the North East
-  **Family Relationships**
Highest in the South East
-  **Loneliness**
Highest in London
-  **Autistic Spectrum Disorder**
Highest in East of England
-  **School / College Worries**
Highest in East of England
-  **Suicidal Thoughts**
Highest in the Midlands

Question 3

Why do you think that the risk of Domestic abuse has increased during Lockdown?



The key themes of NSPCC contacts regarding DA include:

- * reduced access to support networks
- * lockdown bringing domestic abuse into sharp focus
- * making it harder to speak out
- * making it more difficult to leave/reduced routes to safety
- * drinking during lockdown increasing
- * Perpetrators exploiting fears about the coronavirus
- * Young people worried about other family members
- * Increased issues regarding mental health
- * Financial pressures

Domestic Abuse

ASK

RECORD



RESPOND

REFER/
SIGNPOST

RISK ASSESS

WWW.IBISL.ORG
APRIL 2020

IBISL
I.B. 2020

GUIDANCE FOR GENERAL PRACTICE TEAMS

Responding to domestic abuse during telephone and video consultations

We know that COVID-19 will have a detrimental impact on the safety and lives of patients affected by domestic violence and abuse (DVA) and their children. Home may not be a safe place for those affected by DVA. Weeks or months of self-isolation may be a dangerous and deeply difficult time for many, as their routes to support and safety will be shut down or limited. GPs and other general practice clinicians play a vital role in addressing DVA in the current COVID-19 pandemic and national lockdown. Usual routes of enquiring about and supporting patients experiencing domestic abuse are no longer an option. Phone and video consultations are currently being used by most practices in the UK in place of face-to-face consultations. This guidance aims to inform safe telephone and video consultations with patients who are known to be at risk of DVA, when you suspect DVA, and in response to self-disclosures of DVA. As patients will speak with reception or triage staff before they speak to a clinician, it is important that all staff in telephone or video contact with patients have an understanding of the effect of domestic abuse on their patient population and the current risks during the COVID-19 pandemic. Clinicians should check whether a patient's medical record includes a Safeguarding DVA code before conducting a telephone or video consultation.

ASK

- Prior to conducting any conversation around domestic abuse, ask the patient if it is safe to talk, saying a simple 'yes' or 'no' will do... if it isn't then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic.
- Ask if the patient is alone to ensure that the perpetrator isn't in the same room... be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator comes into the room.
- Ask if the patient feels safe and if there is any immediate danger, always advise calling 999 if there is any immediate danger, if the patient is unable to do this, offer to do it instead.
- Consider use of closed questions when asking about safety – questions with 'yes/no' answers may help your patient state that they are being harmed, even if they cannot talk freely.

RESPOND

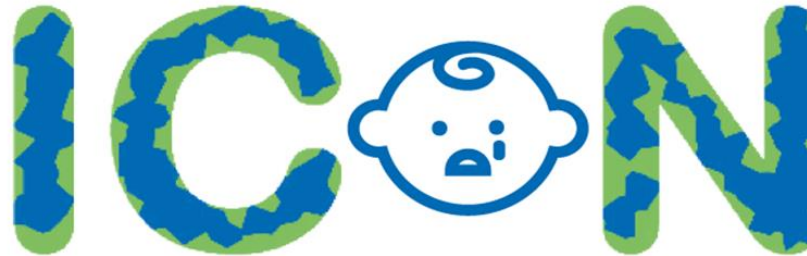
- Validate the patient's experience with phrases like 'I believe you' or 'this is not your fault'. A patient will be in an extremely vulnerable situation if disclosing with the perpetrator.
- Ask about what support the patient has and what support they might need.

RISK ASSESS

- Ask the patient if the abuse is getting worse.
- Ask if the patient feels unsafe to stay in the home/is in immediate danger.
- If the patient says yes, they feel unsafe to stay in the home/are in immediate danger, call the police on 999.
- If there are also children in the home, make an immediate safeguarding referral.

ICON

*Version 5 updated 10/02/2018



Babies Cry, You Can Cope!



Infant crying is normal and it will stop!
Babies start to cry more frequently from around 2 weeks of age. The crying may get more frequent and last longer.
After about 8 weeks of age babies start to cry less each week.



Comfort methods can sometimes soothe the baby and the crying will stop.
Think about are they:

- hungry
- tired
- in need of a nappy change

Try simple calming techniques such as singing to the baby or going for a walk.



It's k to walk away if you have checked the baby is safe and the crying is getting to you.
After a few minutes when you are feeling calm, go back and check on the baby.



Never, ever shake or hurt a baby.
It can cause lasting brain damage or death.
If you are worried that your baby is unwell contact your GP or call NHS 111.

Speak to someone if you need support such as your family, friends, Midwife, Health Visitor or GP.

Question 4



Do you give ICON and safe sleep advice at the 6/8 week postnatal check?

YES

NO



Questions to ask: Safeguarding

- * The individual and their safety
- * About a child under their care
- * About an adult under their care
- * Relationships within the home and wider family network
- * The abuse/ safeguarding concern
- * Their health (Physical and mental)
- * Domestic abuse

Asking the question can open up the opportunity for a victim to disclose



What can you do?

- * Essential safeguarding work continues, this includes sharing information when requested by your local MASH; strategy discussions; case conferences and Section 42 enquiries.
- * Use your current vulnerable child and adult risk registers, consider contacting them to ensure they are aware of the practice's continued support and offer them some resources or possible extra contact.
- * Consider ensuring End of Life plans are set up for all those in Care Homes and on your Palliative Care register. Remember to involve patient and their next of kin where possible and consider current capacity issues too.
- * Remain professionally curious, don't be afraid to ask lots of questions and get context to the requests or discussions had.
- * Access support from your local safeguarding team
- * Correct coding for safeguarding
- * Follow up all missed immunisation appointments
- * Look after yourself



Question 5:

What are your main concerns about using video consultations?

(Most concerning 1- least concerning 5)

- * Confidentiality
- * Privacy for the patient
- * Examination (including intimate examination)
- * Consent (adults and children)
- * Documentation/recording



RCGP Principles of safe video/telephone consulting in general practice during COVID-19: Safeguarding

- * Remain professionally curious and vigilant.
- * Consider safeguarding issues and whether you can explore these fully via a remote consultation.
- * Have a very low threshold for converting a remote consultation to a face-to-face assessment if you have concerns.
- * Update your safeguarding policy to cover remote consultations
- * Use colleagues for support, for example, to discuss clinical issues and peer-review decision making
- * Signpost patients to patient information to support self-management and safety netting



Video/Telephone Consultations

- * Be aware that patients or their relatives may record the video consultation
- * Safeguard patients' personal/confidential information in the same way you would with any other consultation
- * Consent (Capacity and children)
- * Consider communication needs (interpreters/hearing impairment)
- * Documentation
- * Intimate examination - approach with caution
- * the practitioner should have all the relevant patient/client health information to hand during the consultation, this includes historic safeguarding concerns/risks (if available at the time) which may be ongoing or re-emerge as an issue.

Guidance Documents

Safeguarding at a distance

Safeguarding remains a key priority for healthcare staff during the Covid19 pandemic. This guidance has been produced to support primary care practitioners in identifying safeguarding children and adult issues during 'virtual' consultations.

Knowing your patients and families

There is often a significant amount of information about individual patients and families available in the practice patient record which could help to identify those with safeguarding children or adult issues. Reviewing the records of other members of the household is often helpful in gaining a holistic view of the family and circumstances. For example:

- Families whose children are or have previously been subject to Child Protection Plans;
- Substance misuse – in parents or children;
- Domestic abuse – including coercive control;
- Children and young people who are in care;
- Children where there is a history of them not being brought to medical appointments;
- Families where there are carers or young carers – are these families able to access support with shopping and prescription collection?
- Increase or decrease in presentation to primary care compared to pre-Covid levels;
- Emotional or mental health problems in parents or children – particularly if you are aware that these are being exacerbated by lockdown and limited access to support;
- Young, unsupported parents especially with very small children;

- Families where there are family members/children with learning difficulties;
- Family members with dementia or other issues which could impact on mental capacity;
- Situations where there are other safeguarding concerns such as exploitation or modern day slavery.
- Patients who are homeless
- Patients whose usual support is not available.
- Patients who live alone and are isolated or who are recently bereaved
- Individuals and families who may be facing food and internet poverty
- Patients living in care and residential homes

Being able to identify patient and families who may be struggling or at risk of abuse/neglect/exploitation, will enable you to offer proactive, holistic support and care.

Using a phone consultation

Picking up possible indicators of safeguarding concerns can be challenging over a phone call. However, there are a few things that could be useful (for specific advice regarding domestic abuse see the IRIS guide in the resource section):

- Try as much as possible to speak to the patient themselves, including children and young people
- Ask if it is ok to talk now
- Take the opportunity to check how they are coping at present, is there anything they need help with
- Does the patient sound guarded or can you hear that their conversation is being directed by another person;
- Can you hear sounds of possible altercations or vehement disagreements;
- Background sounds of persistent infant crying and/or a parent

expressing anxiety about how to cope with this;

- What emotions are you hearing and what message is this giving?
- Use your professional curiosity to explore and understand what is happening in the patient's life and in their home
- Consultations where a family member is providing the 'translation' for a non-English speaking patient – particularly concerning if any of above risk factors are also present.
- Think parent, think child, think family
- When talking to staff in care or residential homes, check in with them as well – COVID-19 has been particularly traumatic for many staff in these settings – what support can you offer them?

Using a video consultation

Video consultations can be really effective and are a real opportunity to pick up possible indicators that things are not well.

- Do you know who else is present in the room? Are they someone you recognise from the family? Check if the patient is happy to proceed with the consultation if other people are around.
- How does the room look? Is there any obvious evidence of alcohol or drug use? Are there any obvious environmental risks, particularly if there are young children in the home?
- How does the parent or patient present? Is this very different to usual? Do they appear guarded or watchful? Are they upset or on edge?
- If the consultation is about a child, is the child seen in the consultation or is the parent unwilling for them to be seen? If the child is seen, how do they look? Are they clothed appropriately for the season? How are the interactions with their parent? Did there appear to be any toys for them to play with? Is their presentation different to usual?
- Are there signs of neglect in the home?

Trust your instincts

If something doesn't feel right...it probably isn't right! You could:

- Check it out with any other professional involved with the family (Health Visitor, Social Worker, etc.) – do they have any other information about how things are going?
- Go back to the family – follow up your instincts and check in again with a call or text.
- Check what support the patient/family would like. Can you facilitate this? E.g. signposting to carers support, contacting a child's school to see what additional support they could provide
- Are there other ways the patient can contact you if they feel unable to call e.g. by e-consult or by email?
- Offer a face-to-face consultation – have a low threshold for seeing a patient face-to-face if you have safeguarding concerns
- Check it out with the safeguarding lead within your organisation or the Safeguarding Team in the CCG.
- Continue to make safeguarding and early help referrals as you would normally.
- Remember your colleagues as well – some may be suffering abuse themselves, some may be struggling with their mental health, some may be finding everything just overwhelming. Look after each other. We need to safeguard ourselves and each other in order to safeguard our patients.

Useful links

Remote consultations in primary care:
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0044-Specialty-Guide-Virtual-Working-and-Coronavirus-27-March-20.pdf>



RCPCH
 Royal College of
 Paediatrics and Child Health
 Leading the way in Children's Health

Faculty of Forensic & Legal Medicine

Guidance for best practice for the management of intimate images which may become evidence in court

Jun 2020 Review date Jun 2023 – check www.fflm.ac.uk for latest update

The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

Acting on concerns-

Remain professionally curious.
If something doesn't seem right, check it out



- * If you have concerns; safeguarding or otherwise following the health assessment you need to act on these concerns.
- * This may mean following your own agency escalation and reporting to a senior clinician or safeguarding lead or making a safeguarding referral directly following your usual procedures.

Question 6



What has worked well and what do you want to take forward from your experiences as a GP during the Covid pandemic?



#buildbackbetter

Support Services



- * National Domestic Violence Helpline: 0808 2000 247
<https://www.nationaldahelpline.org.uk/>
- * NSPCC helpline: 0808 800 5000 If you're worried about a child, even if you're unsure, contact NSPCC professional counsellors for help, advice and support.
- * Childline 0800 1111: Offers free, confidential advice and support for any child 18 years or under, whatever the worry.
- * MIND: Mental Health Support with specific advice on 'Coronavirus and your wellbeing'.
www.mind.org.uk
- * YoungMinds: Supporting children and young people and their parents/carers with their mental health and wellbeing. Specific advice on managing self-isolation and anxiety about coronavirus. <https://youngminds.org.uk>
- * ICON: Babies cry: You can cope. <http://iconcope.org/>
- * SafeLives: Specific resources for domestic abuse and COVID.
<http://safelives.org.uk/news-views/domesticabuse-and-covid-19>
- * IRISi interventions: irisi.org/iris/find-your-local-iris-site/

Information sources

- * [RCGP: Covid-19 safeguarding document](#)
- * [NNNGP Covid-19:10 Top Tips for GP Practice Safeguarding Leads](#)
- * [RCGP: top 10 tips for successful GP video consultations](#)
- * [RCGP Toolkit Safeguarding in primary care- children](#)
- * [RCGP Toolkit Safeguarding in primary care-adults](#)
- * [IRISi Guidance for GP teams- responding to DA during telephone and video consultations](#)
- * [Safe Lives: Staying safe during COVID-19 A guide for victims and survivors of domestic abuse](#)
- * [Respect phone line for perpetrators of Domestic abuse seeking support : 0808 8024040](#)
- * [OPG: Urgent request procedure regarding attorney/deputy or people who lack capacity and are affected by Covid-19](#)
- * [Co-ordinated by Prevent and with a focus on its “Let’s Talk About It”](#)

Any Questions?



We're still here

Children and young people can access free, online mental health and wellbeing support 365 days a year

keoth

Chat with a professional counsellor

Read self-help articles

Join peer-to-peer forums

Respect
Phoneline

0808 8024040
www.respectphoneline.org.uk

" You know since lockdown things have gotten worse, I don't want to be a shouty man "

Call or text the Respect Phoneline

See, Hear, Respond - Our Service

Reaching out to support children and families in crisis in England

Could it be a scam?

Be #ScamAware

citizens advice

cts National Trading Standards Scams Team

Department for Business, Energy & Industrial Strategy

THANK YOU! 😊

LET'S TALK ABOUT IT

KNOW WHERE TO FIND HELP

LTAL.INFO

LAUNCHING NEW LIVE CHAT SESSIONS #COVID19UK

Concerned about domestic abuse during the pandemic?

Live Chat for professionals
10 am - 12 noon Monday to Friday

www.idas.org.uk

IDAS

Live Chat for Professionals 10 - 12 noon
idas.org.uk

BUZZ US is a text messaging service run by **Compass BUZZ** for young people aged 11-18 who live in North Yorkshire

Text a wellbeing worker on 07520 631168 if you are experiencing any of the following:

- Bullying
- Anxiety
- Self Esteem
- Eating Problems
- Low Mood
- Stress
- Self Harm
- Emotions

mind | York
for better mental health