Safeguarding Children and Adults Level 1

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Solent
Safeguarding Team

16 April 2020

Great care at the heart of our community

Session outcomes – you will to be able to

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- Understand concepts of Safeguarding and Child Protection and how they relate to your job
- Understand your responsibilities
- Be able to recognise and respond to concerns appropriately
- Know how to share information appropriately with other professionals

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What is safeguarding?

"…means protecting a person's right to live in safety, free from abuse and neglect."

Department of Health (2017)

"Safeguarding means protecting people's health, wellbeing and human rights, and enabling them to live free from harm, abuse and neglect. Its fundamental to high quality health and social care"

Care Quality Commission, online 2019

Safeguarding adults is a fundamental part of patient safety and wellbeing and the outcomes expected of the NHS. Safeguarding adults and Children is also integral to complying with legislation, regulations and delivering cost effective care.

Think Family / Family Approach

The ‘Think Family’ approach promotes co-ordinated thinking and delivery of services to safeguard children, young people, adults and their families/carers

Remember: Neither children, young people nor adults exist or live in isolation.

Even in these challenging times it is crucial that we consider not just our patient but also those that they come into contact/ live with. Where appropriate ask about family members , who lives at the home, are there children? Are there vulnerable adults are there people with care needs or learning differences.

Duties of health professionals and volunteers

- All those that work within the NHS have a duty of care to protect people at risk of harm from others.
- For safeguarding children, this is enshrined in the Children Act 2004, and Working Together 2018.
- For adults, it is the Care act 2014
- Both specify the need for local authorities, NHS and the police to work together to protect and safeguard children and adults at risk
- While it can be difficult to know what to do and how to respond, you are not alone. Asking for advice is important if you are unsure. Do not hesitate, as the consequences could be life threatening.

Definitions of Abuse on Children

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- Inflicting harm, or failing to act to prevent harm
- Children may be abused:

In a Family

By another child

In a institutional or community setting

More rarely, by a stranger

By an adult or adults

By those known to the child

Categories of Abuse of Children

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- **Neglect**

Neglect : failure to meet a child's basic needs likely to result in serious impairment . Consider things such as failing to adequately supervise children. Failing to provide appropriate medical care, failing to respond to child's basic emotional needs , inadequate food, clothing hygiene etc.

Think about any contacts that you have with children within your working day, do they look adequately cared for with appropriate supervision for their age. Does the home environment look suitably clean, do they have enough food, does their appearance cause you any concerns.

Categories of Abuse of Children

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- **Physical Abuse**

This could be shaking, throwing, poisoning, burning, drowning, hitting suffocating.

Within your working day please pay particular attention to those children you may see with bruising or injuries to the facial , neck , top of shoulders and ear area , especially when there is not a justifiable explanation, even then it is worth discussion with your safeguarding team.

Non mobile babies are particularly vulnerable to physical harm, therefore any bruise or injury seen on a baby that is non mobile i.e. not crawling , bottom shuffling etc. you should contact our team to discuss what you have seen or heard from the parent.

Categories of Abuse of Children

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- **Sexual Abuse**

Child sexual abuse is when a more powerful person (adult) uses a less powerful person (child) for sexual gratification.

A sexual act between two minors, where one exerts power over the other, is also considered sexual abuse.

This can take the form of :

Non-touching abuse: exposure to pornography, taking photos of children in a sexualised manner, communicating in a sexual way via phone or internet

Touching abuse: kissing, intercourse, fondling, oral sex and attempted intercourse.

During your working day consider things that you might hear or see that could be an indication of child sexual abuse. This could be children acting in sexually inappropriate ways for their age, inappropriate sexual language.

Categories of Abuse of Children

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- **Emotional Abuse**

Abuse that expresses to a child that they are worthless, flawed, unloved, unwanted or only of value when meeting another's needs.

In your working day consider those children that you come into contact with that appear depressed, have hostility or high levels of stress. Consider what you might hear or observe in relation to parents communication and language to the child.

Vulnerable Children

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Important to be particularly alert to the need for early help and support for a child who:

- Has disabilities including learning needs
- Unaccompanied asylum seeking children
- Young carer
- Living in families where drug, alcohol misuse, adult mental health issues and domestic abuse are present
- Is misusing drugs or alcohol themselves
- Going missing from home or leaving home for long periods (especially in this current climate) as this could be an indication of criminal or sexual exploitation or radicalisation.

Referrals to Children's Social Care:

- Anyone who has concerns about a child's welfare should make a referral to local authority children's social care and should do so immediately if there is a concern that the child is suffering significant harm or is likely to do so.
- The person who has made a referral should always follow up their concerns if they are not satisfied with the response.
- We should include any information known on the child's developmental needs, **the capacity of the child's parents or carers to meet those needs and any external factors that may be undermining their capacity to parent**.
- Any known factors in relation to **COVID-19** should be shared.
- If appropriate and the child is not at immediate risk then seek support from Solent Safeguarding Team or your line manager in relation to making a referral.

Working Together 2018

- If you believe that a child is at immediate risk of harm/ danger then call the Police.
- Especially consider this in relation to if you observe a child being physically or sexually harmed, or you witness/ hear domestic verbal or physical abuse where a child is potentially present.
- Young children that appear to have been abandoned at home or adults who are not responding and young children are clearly in the home.

Making a referral to Children's Social care:

- Telephone **MASH** for the relevant local authority
- State clearly that you wish to make a referral
- Follow up your referral in writing, within 48 hours, using the inter-agency referral form (statutory requirement)
- Follow up your referral after 3 working days, if you have not heard back from Children's Social Care
- If you believe that appropriate action is not taken by Children's Social Care – then discuss with your line manager or Safeguarding Team who will have knowledge of how to escalation this.

Safeguarding Adults

The Care Act 2014 1/2

Under Section 42 of the Care Act - the LA has duty of care to make enquires where the adult:

✓Has needs for Care and Support (whether or not the LA is meeting any of those needs)

AND

✓Is experiencing or at risk of abuse or neglect

AND

✓As a result of those care and support needs is unable to protect themselves from either risk of, or the experience, of abuse and neglect.

Care Act 2014

Care & Support Needs 2/2

Person unable to achieve 2 or more outcomes, so having significant impact to wellbeing such as:

- Managing nutrition, personal hygiene and toilet needs
- Being appropriately clothed
- Maintaining habitable, safe home environment
- Maintain family and personal relationships
- Accessing work, training, volunteering, education
- Access of facilities in local community, incl. transport, recreation
- Carrying out care responsibilities adult has for a child

(Section 9 Care Act 2014)

TYPES OF ABUSE

Hate Crime

Honour Based Violence

Protected Characteristics

Forced Marriage

Inappropriate Restraint

Misuse of medication

Female Genital Mutilation

Institutional

'Gaslighting'

Hoarding

Cyber abuse

Sexual Exploitation

Human Trafficking

Abuse of trust by professionals

Mate Crime

Groups Promoting Violence

Cuckooing

Radicalisation

The Care Act: six key principles of Safeguarding Adults

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	What this means for you and Solent NHS Staff:
Empowerment	Presumption of person-led decision-making and allowing the individual to give informed consent. People are encouraged and supported in making their own decisions.
Prevention	It is better to take action before harm occurs, therefore a proactive approach not a reactive process.
Proportionality	The response should be the least intrusive approach, and one that is appropriate to the presenting risks.
Protection	Provide support and representation to those in greatest need
Partnerships	Look to local solutions including services working within the individual's community (Safeguarding is also a community responsibility)
Accountability	Being accountable and transparent in following and delivering the safeguarding process

Department of Health 2017

What it means from a patient perspective:

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Empowerment

"I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens."

Prevention

"I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help."

Proportionality

"I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed."

Protection

"I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want."

Partnerships

"I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together and with me to get the best result for me."

Accountability

"I understand the role of everyone involved in my life and so do they."

Making Safeguarding Personal
- Practical Ways of Involving the adult

- Being asked their choices and preferences
- Empowering adults through access to advocacy
- Use of communication aids where appropriate
- Participation in decision making

- Setting shared goals – working together
- Pre-meeting visit to venues
- Pre-meeting discussions (what to expect? Areas of concern?)
- Pre-meeting introductions with other agencies/professionals
- Post-meeting debrief – how was it for them?

Immediate action to be taken following a concern or disclosure of abuse

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- Ensure the safety of yourself & the individual and if in immediate danger, contact the relevant emergency services such as police, ambulance.
- Gain consent from patient if able.
- Report the incident / concern to your manager on duty or supervisor.
- Do not go into investigative mode (focus on accurate, detailed record keeping).
- Make a referral to the appropriate Adult Social Services. Follow the **Referrals to Social Care** flowchart – see Intranet)
- Remember to consider the **6 principles** - i.e. Make Safeguarding Personal

Consent exceptions

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Others are at risk	Legal Restriction	Lack of capacity
• others within the community • others within a care service	• Legal restriction • Over riding public interest	• For the relevant decision

A patient's right to make choices about their own safeguarding does not extend to making decisions that impact upon others or violate their right to be safe.

Department of Health 2017

Domestic Abuse

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"Any incident, or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse, between those aged 16 years 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: Physical, sexual, emotional or financial. This includes forced marriage and so called honour based violence (HBV), and female genital mutilation (FGM)."

(Home Office, 2015)

Statistics

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- On average a victim endures 35 separate acts of violence before calling the police.
- It is estimated that an incidence of domestic abuse takes place every 2.5 seconds.
- Between two and three women are killed by their partner or ex-partner every week in the United Kingdom.
- 44% of all crimes reported by women to the police are domestic abuse.
- At least 750,000 children will witness DA every year*
- 75% of children subject to Child Protection Plans live in households where DA occurs.
- More than 34,000 children in England and Wales are housed in refuges annually

Remember

Use your professional judgement

Be human and use everyday language - people may not see themselves as victims of domestic abuse. It's hard to talk about, so acknowledge that and thank them for being honest with you

Consider if consent is required to take action

Consent can be overridden if children are at risk of or are suffering harm

Act on it - it took a lot of courage for the victim to tell you. Don't keep what you know to yourself. The victim and family needs you to help them get help.

Seek advice

Self Neglect –
manifests in different ways

It may be that a person:

- Is unwell and unable to care for themselves
- Is mentally unwell and unable to meet their own care needs
- Has suffered trauma or loss resulting in the Person neglecting themselves
- Does not recognise the level of neglect
- Seek support from your manager and/or Safeguarding Team

Professional Challenge and Escalation

"At times we may disagree about the decisions or actions taken…"

Possible areas of disagreement could include:

- Whether the we agree with social care response to a safeguarding concern
- Concerns about safeguarding case management
- lack of action by an agency

- Seek advice from your manager or your linked Safeguarding Team 0300 123 3917

Information Sharing

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Seven Golden Rules

1. Remember that the Data Protection Act and GDPR is not a barrier to sharing information but acts as a guidance about how this should be done.
2. Be open and honest.
3. Seek advice – Line Managers and Safeguarding Team
4. Share with consent where appropriate.
5. Consider safety and wellbeing.
6. Information shared should be - necessary, proportionate, relevant, accurate, timely and secure.
7. Keep a record.

Be clear regarding the nature of the problem and purpose of sharing information, base it on fact, not assumption. Restrict it to sharing with those with a legitimate need to know.

Information should be relevant to specific incidents and limit your information to what is needed to support that specific situation at that time.

http://intranet.solent.nhs.uk/TeamCentre/QualityAndProfessionalStandards/Safeguarding/SafeguardingAdults/_layouts/15/WopiFrame2.aspx?sour
Search...
intranet.solent.nhs.uk
Social care referral flowchar...
Safeguarding Adults ▸ Social care referral flowchart - Version 1.7 FINAL.pdf
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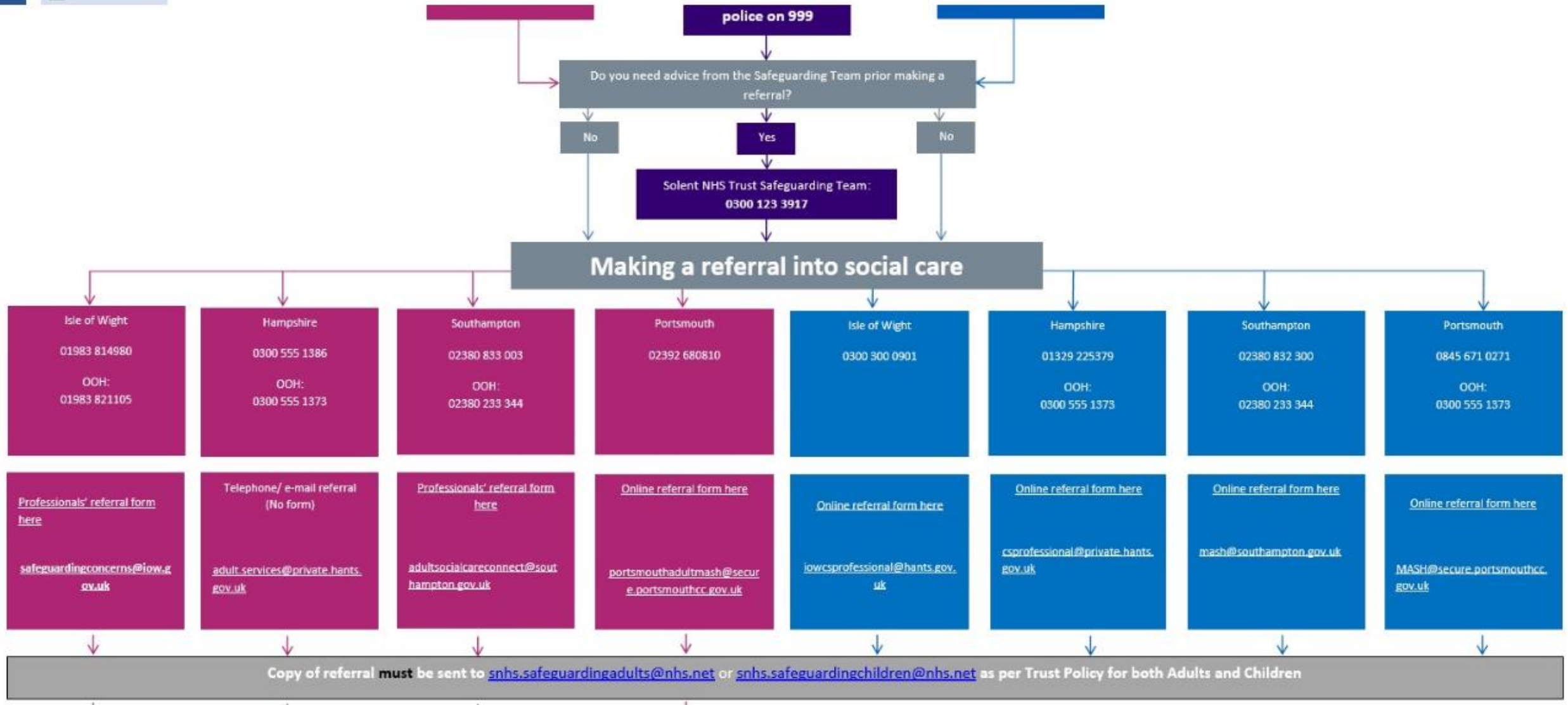

Please be aware that the Solent referral pathway on previous slide is usually a live document on Solent staff intranet that as volunteers you are unlikely to have access to.

The slide however provides the children and adult social care contact phone numbers for making referrals as required, along with email address.

To access the referral forms to make a referral you can telephone social care who will send you the link to the form or you can directly access the council websites

Southampton:
https://www.southampton.gov.uk/health-social-care/children/child-social-care/child-protection

Portsmouth
https://www.portsmouthscp.org.uk/worried-about-a-child-suffering-from-harm/

Hampshire
https://www.hants.gov.uk/socialcareandhealth/childrenandfamilies/safeguardingchildren/socialcareteams

Remember