SAFEGUARDING AND C-19

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Situations of concern - C&YP

- Safeguarding referrals fell dramatically at the beginning of lockdown – hidden harm
- Huge numbers of isolated children – less accessing health services.
- Vulnerable children spending more time in abusive environments, witnessing DA.
- Food poverty (no free school meals) IT poverty (no access to education)
- Restrictive practice, few professionals seeing children F2F – what was missed?
- LD and disabled C&YP kept inside, escalation in challenging behaviour, lack of support.
- Impact of neglect magnified
- Less support for parents – 'pressure cooker households' increase in non accidental injuries in Suffolk
- Increase in mental health concerns – anxiety, self harm, lack of friend network - who is safe to talk to?
- Increased risk of online abuse
- Increased risk of sexual abuse within the home – when will these disclosures be made?
- No child left behind report 2020 Understanding and quantifying vulnerability – ACEs etc…https://publichealthmatters.blog.gov.uk/2020/09/02/no-child-left-behind-a-public-health-informed-approach-to-improving-outcomes-for-vulnerable-children/

Mental health issues C&YP and Adults

Isolation

Lack of support network, friends / family / school / work

Lack of support from mental health services

Increase in anxiety – change of routine, financial worries, scaremongering from the media.

Increase in self harm and suicide attempts

Worried about accessing health care services

Kooth – impact of covid-19 in the east of england

Kooth is a free online mental wellbeing community, results of their recent study compare national and local changes below…….

Child Abuse: up 69% nationally. Up 248% East of England

Sadness: up 1535 nationally. Up 230% East of England

Eating issues: up 56% nationally. Up 76% East of England

School / college worries: Up 166% nationally. Up 161% East of England

Sleep issues: up 141% nationally. Up 86% East of England

Family relationships: Up 5% nationally. Up 151% East of England

Loneliness: Up 43% nationally. Up 33% East of England.

Autistic Spectrum Disorder: Up 133% nationally. Up 467% East of England

Suicidal thoughts: Up 18% nationally. Up 12% East of England

Lockdown saw an increase in domestic abuse incidents across the world – witnessed by more, leading to more vulnerable children, young people and adults.
How you receive the Police notifications when a child is involved is changing.

ASK

RESPOND

RISK ASSESS

REFER / SIGNPOST

RECORD

IRISi – guidance for primary care on responding to domestic abuse during telephone and video consultations.
https://irisi.org/wp-content/uploads/2020/06/IRISi-COVID-19-Doc-and-info-sheets-10.pdf
National Domestic Abuse helpline (24 hr) 0808 2000 247
Men's advice line 0808 801 0327
RESPECT (for perpetrators) 0808 802 4040
www.womensaid.org.uk
www.safelives.org.uk

Poverty and Neglect

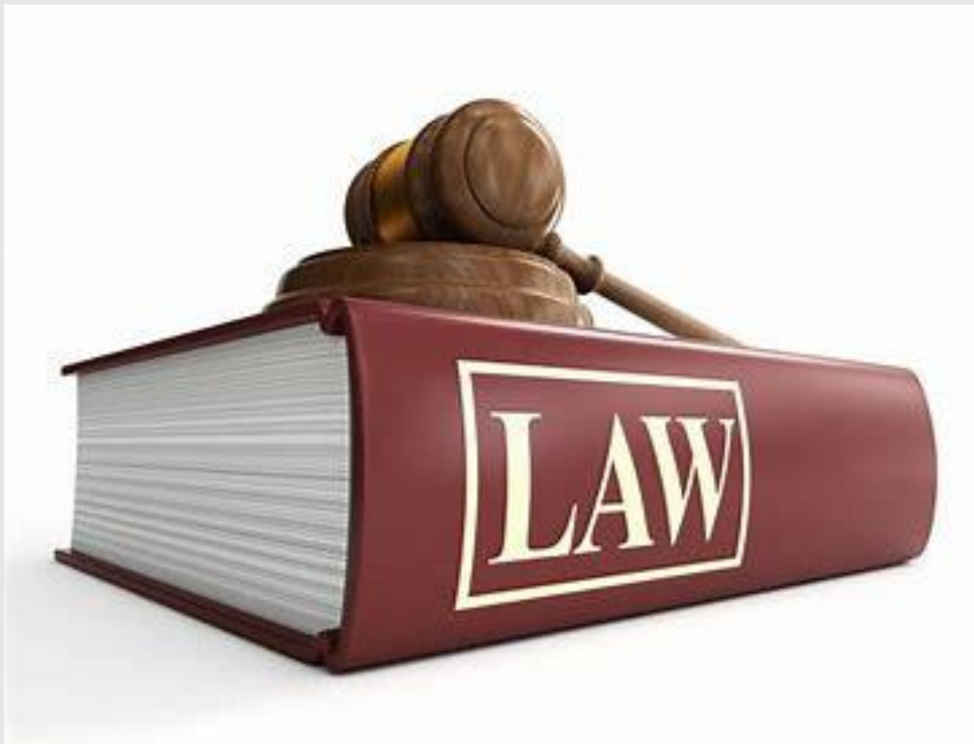
- 60% of CP plans in Suffolk currently are due to Neglect.
- We need to understand the story of neglect for the child,

  family or adult – what is life like? "Step into their shoes"
- Determine level of risk to the patient, do you need more information to build a picture?
- Consider the risks of hoarding and self neglect https://suffolksp.org.uk/assets/Safeguarding-Topics/Self-Neglect-Hoarding/2019-11-01-Self-Neglect-Hoarding-Multi-Agency-Policy-Practice-Guidance.pdf
- Relationship based practice – building trust – patients will be more attentive and responsive if they feel you understand. "straight talking warmth"
- Working with avoidant families / patients – Do we give up on patients who 'fail to engage' without considering other factors? Lack of understanding? Cumulative factors that could cause avoidance or disengagement? Practical reasons? Focus on practical support first. COVID has been a good opportunity for this, food parcels, community support / voluntary groups etc..

Situations of concerns - Adults

- Visiting – dying, distressed, mental health, ?PPE – blanket bans
- Being kept inside/in a room – dementia not moving out of care home
- Hospital discharges – no test, no MCA, no DoLs
- DNACPR
- Restrictive 'rules' without authorisation – blanket policies
- Testing – those who lack capacity
- Those most 'at risk' of the above for individuals with LD, mental health problems, cognitive decline or a combination of all.
- British Geriatrics Society Guidance: managing COVID-19 in care homes
- Office of the Public Guardian new rapid response procedure to identify those who may lack mental capacity and need support during the coronavirus crisis

Legal changes



- Brand new – The Health Protection (Coronavirus restrictions) regulations – England and Wales specific regulations
- The Coronavirus Act – Schedule 21:L Public health officer powers
- Changes – NHS CHC assessment duties
- The Care Act 'easements' – where they apply
- Social Services and Wellbeing (Wales) Act 'easements' – where they apply
- SCIE MCA resources
- 39 Essex Street MCA newsletters
- The MCA code of Practice

C-19 Act

- The Coronavirus Act 2020 has temporarily amended the other pieces of legislation such as the MHA 1983 and the Care Act 2014. In addition there where changes to The Children and family Act 2014 (SEND).

- It has not, however, done so for the MCA 2005 therefore the principles of the MCA and safeguards provided by the DoLS still apply. Moreover, there have been no changes to the Children's Act 1989 and 2004.

- Moreover the Equality Act 2010, the Human Rights Act 1998 and other key human rights legislation are very still much in force and unchanged by the Coronavirus Act 2020.

Top tips – MCA and remote consultations

- Make decisions case by case – no blanket ones e.g. care homes and flu jabs.
- Record the circumstances that influenced the choice (defensible clinical decision making) that details the 'what, when and why' and ensure review date are set for as soon as possible
- When writing up remote assessments, ensure that the restrictions on visiting the person are noted **and**
- Make sure the assessments details how the information was obtained and by what means the assessments were completed. Who was involved in the consultation?
- **And** lastly and most, importantly, such restrictions to keep people

  safe must not become the new normal once the crisis is over –

  review date
- http://www.gcs.co.uk/coronavirus-and-human-rights-version-2/

Virtual consultations – what could you miss?

- Bruises / marks / injuries to babies, children and adults
- Disclosures of domestic abuse
- Body language and parent / child interactions, adult / carer
- Perpetrator of abuse may be in the same room – confidentiality issues and patient less likely to disclose concerns
- Offering reassurance and support over the phone or video is a challenge

If there is a safeguarding history with the patient / family or you are aware of child / parental / adult vulnerability always prioritise a face to face contact.

Non Accidental Injury – what to consider…..

HISTORY:
Delay in presentation
Inconsistencies in history
Lack of overt trauma
Child less than 3 years old
Child / adult with additional needs
Lack of a medical condition which predisposes bone fragility.

EXAMINATION:
Does the child / adult look well cared for?
Is the child / adult behaving appropriately?
Are the carers behaving appropriately?
Bruising and burns – atypical places, different ages, different shapes
Injuries to – face, mouth, genitals, perineum, eyes.
Signs of underlying pathology

RADIOLOGICAL FINDINGS:
Multiple fractures.
Fractures of different stages of healing
Femoral fractures – midshaft especially in a non mobile child / adult.
Humeral fractures – midshaft especially if child is less than 3 years old
Skull fractures
Rib fractures
Corner fractures
Subdural haemorrhage

Public health and C-19 – balancing public health and human rights…..

- GMC guidance April 2020 – remote consultations
- **You must ensure that you assess the persons capacity**
- 2 potential conflicting priorities – **CONSENT IS CENTRAL TO BOTH**
- The balance is easier to achieve when :-

the public protection mandate is overwhelmingly evident e.g. known C_19 pt, overtly symptomatic and in contact with vulnerable people there's mental capacity for decision making

?Best Interest Decision making

When someone won't self-isolate http://www.norfolksafeguardingadultsboard.info/assets/COVID-19/COVID-19-NSAB-MATERIAL/COVID19

Key messages 1. Human rights and capacity

- ……. There have been issues of human rights being curtailed for *everyone* not just those without capacity

These are often necessary and proportionate but must be recorded clearly and robust

BID can only be made by choosing from among available options

The principles of good care remain, so apply with common sense, look to the least worst options, be pragmatic and above all be kind.

- The Challenging Behaviour Foundation – http://www.challengingbehaviour.org
- http://www.england.nhs.uk/coronavirus/community-social-care-ambulance/ community services COVID19 guidance – all in one place

Key messages 2 – Information sharing and recording

- Information sharing has been more important this year than ever before!
- **Remember the 7 golden rules of information sharing –**
- **1. GDPR is NOT a barrier to sharing information.**
- **2. Be open and honest.**
- **3. Seek advice if unsure**
- **4. Share with consent where appropriate**
- **5. Consider safety and wellbeing – for patient and those affected by their actions.**
- **6.Necessary, proportionate, relevant, accurate, timely and secure.**
- **7. Keep a record.**
- Communicate closely with other agencies, prioritise section 47's and section 42's - more regular, virtual meetings have been more successful during COVID than less frequent long MDT meetings
- Code records accurately and keep up to date when communication received from other services

Key messages 3 – Be professionally curious and think the unthinkable….

- Trauma informed care. We need a culture and context of service provision which takes into account the impact of psychological trauma. A routine blood test will have different thoughts, feelings and behaviours for all.
- ACE's – consider mental and physical health, environmental factors, domestic abuse etc…
- Gain the voice of the patient – "the silence is deafening"
- Observations during the appointment –

  what does it tell you about their life?

  Who needs to know? Be honest about your concerns…
- Remember your codes of practice

Future developments:

- Virtual meetings / training - attendance has improved – this will continue! More opportunities to join social care meetings and external training sessions (SSP webinars)
- Some surgeries already have a safeguarding lead admin in place, we are looking to encourage all surgeries to do the same and plan to set up a SG admin network for learning and peer support. This will ensure consistent recording and support for clinical staff eg; SG notifications from EEAST, DA notifications, request for reports for social care etc…
- Outcome from recent survey – meeting planned with social care managers and MASH to raise concerns and explore possible solutions around the referral portal and communication from social care (with GP representation)
- Closer working with MASH – 'Meet the MASH' sessions now virtual. The MASH health team are happy for you to ring them about current referrals 01473 263636
- SG leads meetings now bi monthly – updates, peer support, sharing of

  learning from case reviews, sharing of Arden's templates / new ideas etc….
- Joint C&YP and adult SG training monthly being held virtually

  for your mandatory level 3 sessions.

Any Questions?