**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?* * *People who are unpaid carers –may have taken on additional caring responsibilities due to Covid and may have less support and less service provision to care for the person* * *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.* * *People who are at risk of self-neglect* * *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 IRISi 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>  Safeguarding in primary care:  <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/child-safeguarding-toolkit.aspx>  <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/adult-safeguarding-toolkit.aspx>  Covid19 and safeguarding:  <https://elearning.rcgp.org.uk/mod/page/view.php?id=10552>  IRISi Guidance for General Practice Teams – responding to domestic abuse during telephone and video consultations  <https://irisi.org/all-resources/covid-19-guidance-and-advice/>  Routine domestic abuse enquiry in virtual settings:  <https://future.nhs.uk/connect.ti/safeguarding/view?objectId=71190725>  The RCGP/NHSE Principles of Safe Video consulting guidance:  <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0479-principles-of-safe-video-consulting-in-general-practice-updated-29-may.pdf> |

If you have safeguarding issues in Calderdale that you would like to discuss please phone:

Children’s safeguarding – Gill Poyser-Young tel 07904653331

Adult safeguarding – Luke Turnbull tel 07775 903676