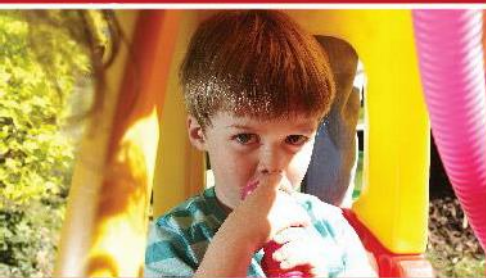




Bury Clinical Commissioning Group

Adult and Children's Safeguarding Contact and Information Pack June 2018



Important Contact Information

Bury CCG

Head of Safeguarding and Designated Nurse for Child Protection and Looked after Children -
Maxine Lomax **0161 762 1593** maxine.lomax@nhs.net

Designated Nurse (Manager) Adult Safeguarding - Clare Holder **0161 762 1593**
clare.holder@nhs.net

Administrator –Sobia Amin **0161 762 1593** sobia.amin@nhs.net

Designated Doctor Bury – Children’s Safeguard – Dr Rob Rifkin rob.rifkin@nhs.net

Executive Safeguarding Lead/Named GP Bury CCG – Dr Cathy Fines cathy.fines@nhs.net

LA Safeguarding Service Manager (Children) **0161 253 6057**

LA Strategic Safeguarding Manager (Adults) **0161 253 5644**

Named Nurse for Safeguarding (PCFT – Community Services Bury) - Sarah Davidson **0161 253 5955**
/ **0161 762 7351** sarah.davidson7@nhs.net

Specialist Nurse for Looked after Children – Elizabeth Spencer **0161 912 2788** lizspencer@nhs.net

PPIU – Greater Manchester Police **0161 856 8064**

Bury Local Authority

Adults Care Services – **0161 253 5151**

Children’s Social Care – **0161 253 5454**

Children’s Multi Agency Safeguarding Hub (MASH) – **0161 253 5678**

OUT OF HOURS EMERGENCY DUTY SOCIAL WORK TEAM

0161 253 6606

Useful Links

[Link to Safeguarding folder/website page](#)

[The Mental Capacity Act 2005](#)

[The Care Act 2014](#)

[Prevent Duty Guidance](#)

[IMCA/MIND](#)

[NSPCC](#)

[No Secrets Guidance](#)

[Safeguarding Adults at Risk](#)

[Working Together](#)

[NICE Guidance on Child Protection](#)

[Bury Safeguarding Alert Form](#)

[Bury Adult Safeguarding Threshold Documentation](#)

Abbreviations

MARAC – Multi Agency Risk Assessment Conference

MAPPA – Multi Agency Public Protection Arrangements

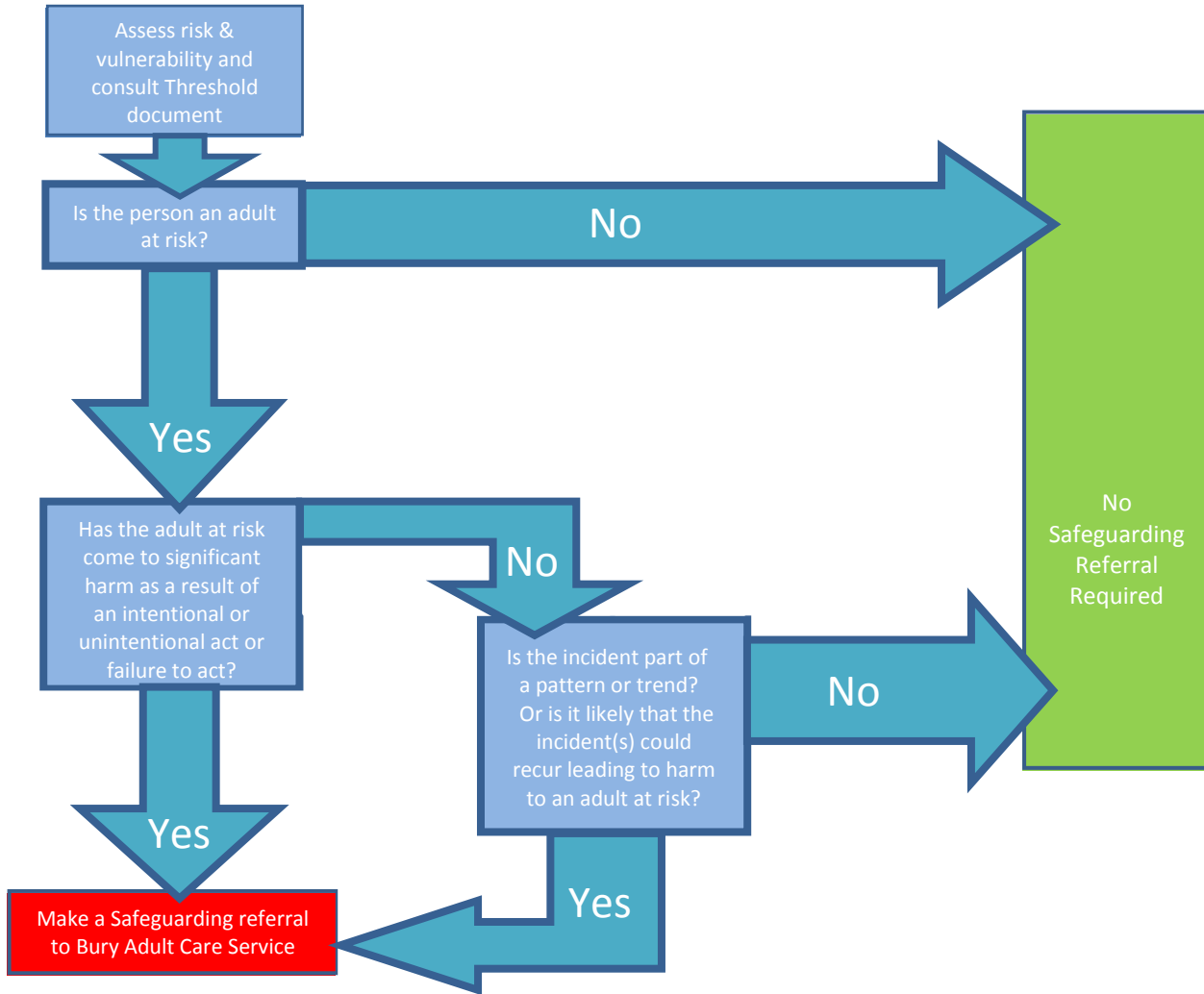
IDVA – Independent Domestic Violence Advocate

MASH – Multi Agency Safeguarding Hub

IMCA – Independent Mental Capacity Advocate

TAC – Team Around the Child

Adult Safeguarding Referral Flowchart



Child Safeguarding Referral Flowchart (Refer to Appendix 1)

What to do if you are worried a child is being abused

Abuse may take the form of physical abuse, sexual abuse, emotional abuse or neglect

Any member of staff who believes or suspects that a child may be suffering, or is likely to suffer significant harm should always refer their concerns to Children's Social Care. (There should always be an opportunity to discuss concerns with a manager, named professional or qualified social worker, but never delay emergency action to protect a child)

Are you concerned a child is suffering or likely to suffer harm, for example:

- You may observe an injury or signs of neglect
- You are given information or observe emotional abuse
- A child discloses abuse
- You are concerned for the safety of a child or unborn baby

Step 1

Inform parents/carers that you will refer to Children's Social Care

UNLESS

The child may be put at increased risk of further harm (e.g suspected sexual abuse, suspected fabricated or induced illness, female genital mutilation, increased risk to child, forced marriage) or there is a risk to your own personal safety

Step 2

- Make a telephone referral to Children's Social Care (tel: 0161 253 5678)
- Follow up referral in writing within 48 hours
 - Document all discussions held, actions taken, decisions made including who was spoken to (for physical injuries document injuries observed)
 - Where a CAF has been completed, forward this with written referral

Step 3

Children's Social Care acknowledged receipt of referral and decide on next course of action. If the referrer has not received an acknowledgement within 2 working days contact Children's Social Care again.

Step 4

You may be requested to provide further reports/information or attend multi-agency meetings.

Who to contact in Children's Social Care

Duty Social Worker (mon to Fri 8.45am to 5pm)
0161 253 5678

Emergency Duty Team (out of hours) 0161 253 6606

Who to contact in the Police Public Protection Unit

Tel: 101 Request to speak to the PPU for the area in which the child resides
In an emergency contact the police on 999

Who to contact for local NHS advice

Designated Nurse Safeguarding Children
0161 762 3214

Lead GP Safeguarding/Named Doctor 0161
762 3214

Designated Doctor Safeguarding Children
0161 762 3214

Staff should update their knowledge by accessing regular training and be familiar with local safeguarding policies including those of Bury Safeguarding Children's Board.

Possible signs and indicators of abuse and neglect can be found overleaf

Domestic Violence

Domestic violence refers to physical, sexual or emotional violence from an adult perpetrator directed towards an adult victim in the context of a close relationship.

The impact which domestic violence has will vary from person to person, but there is growing evidence to confirm that it does have serious and long lasting consequences on the health and wellbeing of the individual.

Risks

While living in households obviously carries significant risks for children leaving a relationship does not always guarantee children's safety. Research shows that abusers frequently use contact visits to abuse their victims and their children. Research in 1999 for example, found that 76% of 148 children ordered by the courts to have contact with a violent parent were said to have been abused in the following ways during contact visits:

<http://www.domesticviolencelondon.nhs.uk/1-what-is-domestic-violence-/8-impact-upon-children.html>

Refer if you are concerned about a child **0161 253 5678**

Consider capacity if only an adult involved **0161 253 5151**, but also consider public interest and referring onto the police.

Prevent

Prevent is part of the UK's Counter Terrorism Strategy known as CONTEST. Prevent works to stop individuals from getting involved or supporting terrorism or extremist activity. Radicalisation is a psychological process where vulnerable and/or susceptible individuals are groomed to engage into critical, terrorism activity. The Prevent Programme is designed to safeguard people in a similar way to safeguarding processes to protect people from gang activity, drug abuse, and physical and sexual abuse. With a staff population for 1.3 million, the NHS is a value based organisation which aims to empower staff to understand and recognise all forms of harm and abuse, this includes radicalisation.

Tailored support for any individual identified as being vulnerable to being drawn into terrorism is offered through the voluntary Channel programme. This is a Local Authority led multi-agency panel, which decides on what the most appropriate support package for that person will be. On this panel, like many others, the health sector plays a pivotal role in providing appropriate health services for an individual's needs, whether that is through Primary Care, Mental Health services or wider support services.

In April 2015, the Prevent Statutory Duty under Section 26 of the Counter – Terrorism and Security Act 2015 was made a statutory responsibility for the health sector. The Duty stated that the health sector needed to demonstrate “due regard to the need to prevent people from being drawn into terrorism”.

Free training resources

<http://www.e-lfh.org.uk/programmes/statutory-and-mandatory-training/>

- The Prevent Mental Health e-Learning package
- [Preventing Radicalisation Level 1 and 2](#)
- [E-learning \(e-learning for healthcare\) Preventing Radicalisation Level 3](#)
- [Police Channel General Awareness Training](#)
- [Home Office Prevent E-learning](#)

If a member of staff has concerns that vulnerable person is being drawn into terrorism or terrorist related activity, for both adults and children they should:

Discuss their concern with the practice Safeguarding Lead/Prevent Lead

Contact NHS Bury Prevent Lead – **Clare Holder 0161 762 1593** clare.holder@nhs.net

Contact Greater Manchester Police on **0161 856 6345/6632**

Or if the concern is urgent contact **Anti – Terrorism Hotline on 0800 789 321**



Responding to domestic abuse:

Guidance for general practices



IRIS
Identification & Referral
to Improve Safety



This document provides guidance to general practices to help them respond effectively to patients experiencing domestic abuse,¹ a Department of Health strategic priority:

www.dh.gov.uk/en/PublicHealth/ViolenceagainstWomenandChildren/index.htm

This guidance includes key principles to help you develop your domestic abuse policy.²

1. The role of management

A senior person within the practice should be identified to clarify the practice's response to domestic abuse by:

- Finding out what **existing domestic violence services** are available (a list of national organisations is on page 4).
- **Engaging** with local domestic abuse services – and the Domestic Violence Co-ordinator – to develop an effective working partnership.
- Commissioning **training** for the practice team.
- Establishing a **simple care pathway** for patients disclosing domestic abuse by identifying a local **designated person** who will be responsible for the initial assessment of victims.
- Ensuring that the practice's response to disclosure always adheres to its **information sharing** protocols.

Identifying the designated person

The practice's designated person can either be:

- An external specialist domestic abuse service practitioner who undertakes the initial assessment on behalf of the practice and liaises with the GP. Specific evidence based training and support programmes for general practice are available: www.irisdomesticviolence.org.uk
- An internal practice nurse or other health professional who is trained to carry out this work.

2. Establishing a domestic abuse care pathway

The primary healthcare team's role

- Recognise patients whose symptoms mean they might be more likely to be experiencing domestic abuse.
- Enquire sensitively and provide a safe and empathetic first response.
- Understand the practice's process for responding to disclosure, and know what to do when there is immediate risk of harm to patients and their children.
- Know who the designated person is for their practice.
- Understand the process for arranging the patient's initial assessment with the designated person.
- Document domestic abuse within patient records safely and keep records for evidence purposes.
- Share information appropriately. Information will be shared **only with the consent** of the patient, subject to practice policy on child protection and adult safeguarding. In exceptional circumstances information may be shared without the patient's consent. Some cases considered at MARAC³ meetings are likely to constitute exceptional circumstances because MARACs discuss the most serious cases of alleged or suspected domestic abuse.

1. For the Home Office's definition of domestic abuse visit: www.homeoffice.gov.uk/crime/violence-against-women-girls/domestic-violence/

2. For more information about the guidance contact iris@nextlinkhousing.co.uk or info@caada.org.uk

3. Multi-Agency Risk Assessment Conference – where information is shared and a coordinated safety plan implemented to protect the highest risk victims of domestic abuse: www.caada.org.uk/aboutus/faqs.html For guidance about the application of Caldicott Guardian Principles to domestic abuse and MARACs visit: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_133589

The designated person's role

When undertaking an initial assessment of the patient, the designated person will:

- Conduct a risk assessment. http://www.caada.org.uk/marac/RIC_with_guidance.pdf
- Advise the patient about the services available according to the risk level. This may result in:
 - The patient becoming part of the designated person's own case load, if they are a specialist domestic abuse practitioner themselves.
 - Referral to an appropriate local specialist domestic abuse service, if the patient consents.
 - Signposting to domestic abuse resources and provision of a basic safety plan if the patient is unwilling to engage with services at this time.
- Ensure that child protection and adult safeguarding procedures are initiated where required, especially where there is immediate risk of harm to patients and their children.

3. Training requirements for the practice team

The whole GP practice team – clinical and non-clinical – should be trained in how to recognise the signs of domestic abuse, how to enquire sensitively and safely, the importance of confidentiality and the practice's process for responding to disclosure. Initial education about domestic abuse can be accessed through the RCGP e-learning module: <http://elearning.rcgp.org.uk/course/view.php?id=88> This should be complemented by practice-based training delivered by a local specialist domestic abuse service.

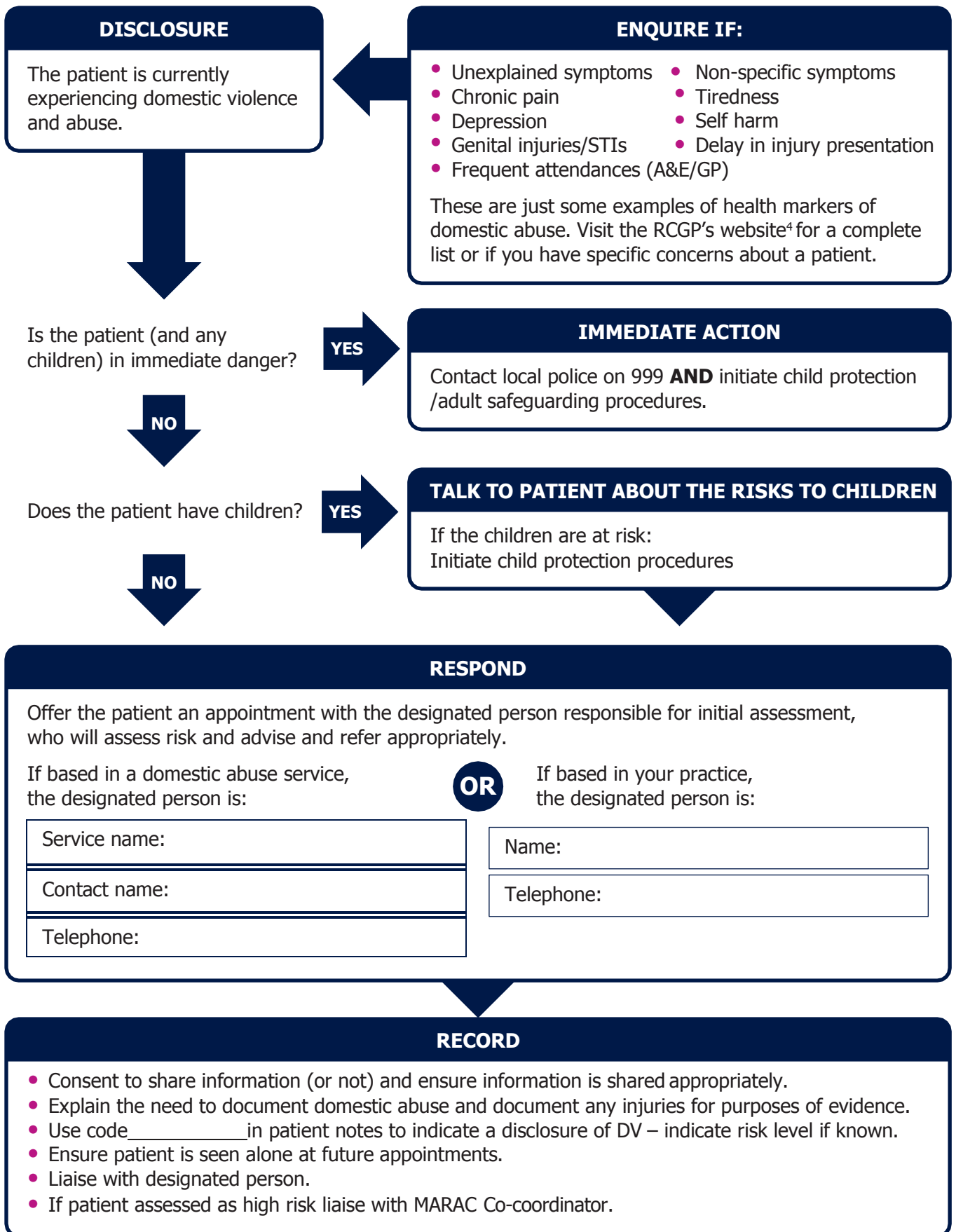
Training should cover:

- The **health markers** of domestic abuse. For example, when patients present with depression, anxiety, tiredness, chronic pain or non-specific symptoms.
www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/consider_the_possibility.aspx
- How to '**ask the question**' sensitively and safely.
www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/ask_the_question.aspx
- The implications of domestic abuse for both **child protection and adult safeguarding**.
www.rcgp.org.uk/default.aspx?page=2260
www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010
- How to respond in cases of **immediate and significant risk** (i.e. where it may not be safe to go home).
- How to document domestic abuse and manage **patient notes** safely.
www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/document.aspx
- The protocols of **information sharing, consent and confidentiality**.
- Local domestic abuse **response pathways** for all levels of **risk**.
- The practice's process for responding to disclosure of domestic abuse. A one page flow chart can be useful – an example is on page 3.
- What to do when a **perpetrator** discloses or is also registered with the GP.

4. Implementation at a clinical commissioning level

These issues also need to be addressed by the strategic lead for the clinical commissioning group who coordinates commissioning of services for domestic abuse victims across the local health economy. This could include, for example, A&E, mental health, drug and alcohol and maternity services, as well as general practice. This may well be the same person with strategic responsibility for child protection and/or adult safeguarding.

Resource: Process for responding to domestic abuse



4. www.rcgp.org.uk/policy/position_statements/domestic_violence-the_gps_role/consider_the_possibility.aspx

Resource: Domestic abuse services directory

Service	Description	Name	Contact
DIRECT SUPPORT FOR VICTIMS AND PERPETRATORS			
National service			
24-hour National Domestic Violence Helpline Freephone	A service for women experiencing domestic violence, their family, friends, colleagues and others calling on their behalf. It is run in partnership between Women's Aid and Refuge. Callers may first of all hear an answerphone message before speaking to a person.	n/a	0808 2000 247 www.nationaldomesticviolencehelpline.org.uk
Men's Advice Line Freephone	A confidential helpline for all men experiencing domestic violence by a current or ex-partner. This includes all men – in heterosexual or same-sex relationships. Offers emotional support, practical advice and information on a wide range of services for further help and support.	n/a	0808 801 0327 Days and times of phone support vary. www.mensadvice.org.uk/mens_advice.php
Respect Phoneline Freephone	A confidential helpline for people who are abusive and/or violent towards their partners. Offers information and advice to support perpetrators to stop their violence and change their abusive behaviours. The main focus is to increase the safety of those experiencing domestic violence.	n/a	0808 802 4040 Days and times of phone support vary. www.respectphoneline.org.uk
Local services			
MARAC Co-ordinator	Your MARAC Co-ordinator may contact you for information about cases being seen at MARAC.	Please complete	Please complete
Domestic Violence Co-ordinator	Professional who co-ordinates the local response to domestic abuse.	Please complete	Please complete
Please complete	May include provision of independent support to victims and children experiencing domestic abuse in the community and in refuge.	Please complete	Please complete
Please complete	May provide support to perpetrators of domestic abuse and their partners.	Please complete	Please complete
SUPPORT FOR PROFESSIONALS			
National commissioning model			
IRIS	A commissionable model providing specific domestic abuse training, support, referral and recording for general practice. The whole practice team receives in-house training and ongoing support from a specialist domestic abuse advocate and a clinical lead. The domestic abuse advocate provides a direct referral route for patient referrals and care pathways are provided for female survivors, male survivors and perpetrators.	Annie Howell E: ahowell@niaendingviolence.org.uk Medina Johnson E: medina.johnson@nextlinkhousing.co.uk	www.irisdomesticviolence.org
National training provider			
Co-ordinated Action Against Domestic Abuse (CAADA)	A national charity supporting a strong multi-agency response to domestic abuse. CAADA provides practical help to support professionals and organisations working with domestic abuse victims. General training on domestic abuse, risk and multi-agency work is available.	training@caada.org.uk	0117 317 8750 www.caada.org.uk



FGM Safeguarding Pathway

Presentation prompts clinician to suspect/consider FGM e.g. repeated UTI, vaginal infections, urinary incontinence, dyspareunia, dysmenorrhoea etc. Also consider difficulty getting pregnant, presenting for travel health advice or patient disclosure (e.g., young girl from community known to practice FGM discloses she will soon undergo 'coming of age' ceremony).

INTRODUCTORY QUESTIONS: Do you, your partner or your parents come from a community where cutting or circumcision is practised? (It may be appropriate to use other terms or phrases)

No – no further action required

Yes

Do you believe patient has been cut?

No – but family history

Yes

Patient is **under 18** or vulnerable adult

Patient is **under 18**

Patient is **over 18**

If you suspect she may be at risk of FGM:

Use the [safeguarding risk assessment guidance](#) to help decide what action to take:

- If child is at imminent risk of harm, initiate urgent safeguarding response.
- Consider if a child social care referral is needed, following your local processes.

Ring 101 to report basic details of the case to police under **Mandatory Reporting Duty**.

Police will initiate a multi-agency safeguarding response.

Does she have any female children or siblings at risk of FGM? And/or do you consider her to be a vulnerable adult? Complete [safeguarding risk assessment](#) and use guidance to decide whether a social care referral is required.

FOR ALL PATIENTS who have HAD FGM

1. [Read code FGM status](#)
2. Complete FGM [Enhanced dataset](#) noting all relevant codes.
3. Consider need to refer patient to FGM service to confirm FGM is present, FGM type and/or for deinfibulation.
 - a) If long term pain, consider referral to uro-gynae specialist clinic.
 - b) If mental health problems, consider referral to counselling/other.
 - c) If under 18 refer all for a paediatric appointment and physical examination, following your local processes.

Can you identify other female siblings or relatives at risk of FGM?

- Complete risk assessment if possible **OR**
- Share information with multi-agency partners to initiate safeguarding response.

Contact details

Local safeguarding lead:

Local FGM lead/clinic:

NSPCC FGM Helpline: 0800 028 3550

Detailed FGM risk and safeguarding guidance for professionals from the Department of Health is available [online](#)

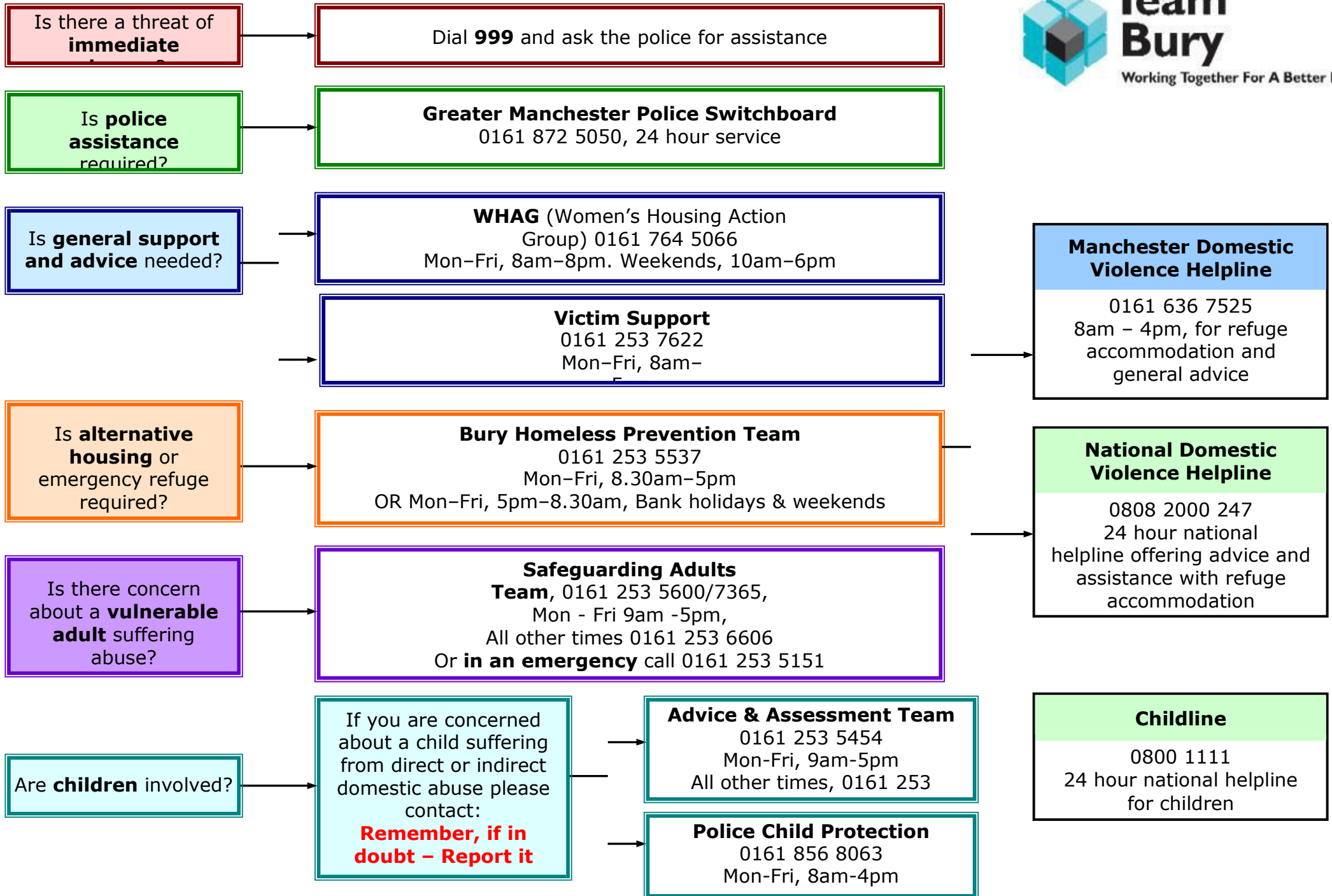
FOR ALL PATIENTS:

1. Clearly document all discussion and actions with patient/family in patient's medical record.
2. Explain FGM is illegal in the UK.
3. Discuss the adverse health consequences of FGM.
4. Share safeguarding information with Health Visitor, School Nurse, Practice Nurse.

If a girl appears to have been recently cut or you believe she is at imminent risk, act immediately – this may include phoning 999.

REMEMBER: Mandatory reporting is only one part of safeguarding against FGM and other abuse. *Always ask your local safeguarding lead if in doubt.*

How to help a person reporting Domestic Violence and Abuse



Is there a threat of **immediate**

Dial **999** and ask the police for assistance

Is **police assistance** required?

Greater Manchester Police Switchboard
0161 872 5050, 24 hour service

Is **general support and advice** needed?

WHAG (Women's Housing Action Group) 0161 764 5066
Mon-Fri, 8am-8pm. Weekends, 10am-6pm

Victim Support
0161 253 7622
Mon-Fri, 8am-

Manchester Domestic Violence Helpline
0161 636 7525
8am - 4pm, for refuge accommodation and general advice

Is **alternative housing** or emergency refuge required?

Bury Homeless Prevention Team
0161 253 5537
Mon-Fri, 8.30am-5pm
OR Mon-Fri, 5pm-8.30am, Bank holidays & weekends

National Domestic Violence Helpline
0808 2000 247
24 hour national helpline offering advice and assistance with refuge accommodation

Is there concern about a **vulnerable adult** suffering abuse?

Safeguarding Adults Team, 0161 253 5600/7365,
Mon - Fri 9am - 5pm,
All other times 0161 253 6606
Or **in an emergency** call 0161 253 5151

Are **children** involved?

If you are concerned about a child suffering from direct or indirect domestic abuse please contact:
Remember, if in doubt - Report it

Advice & Assessment Team
0161 253 5454
Mon-Fri, 9am-5pm
All other times, 0161 253

Police Child Protection
0161 856 8063
Mon-Fri, 8am-4pm

Childline
0800 1111
24 hour national helpline for children