

4.8 Safeguarding

Position responsible: Medical Director
Approved by: CGC

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Related Documents Policy for Safeguarding Children and Adults at Risk

Further information None

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1.0 Introduction

1.1 All team members will be trained to recognise and report abuse and neglect and adults in children.

2.0 Recognise

2.1 To supplement safeguarding training, these simple tools can be used to identify potential safeguarding concerns.

- NHS Safeguarding Screening Tool: Children and Young People
 - Parents with a history of substance abuse?
 - Children living in household with domestic violence?
 - Parents; where their mental health or learning disability is a concern?
 - Poor general presentation; dirty, persistent head lice, dental caries (probably under 3 years), underweight/failure to thrive, missed developmental milestones?
 - Poor parent/child interaction/relationship?
 - Does the child/family have a social worker? Is the child subject to a Child Protection Plan/legal order?
 - If there is an injury, are the symptoms consistent with the given history?
 - Was there a delay between time of injury and seeking medical advice?
 - Has the child had frequent contact with medical services (2 or more per month)?

If the answer is 'yes' to any of these questions, consider a safeguarding concern. Report or seek advice from the Safeguarding Lead.

- Indicators of abuse or neglect in adults

Safeguarding duties apply to any adult (over 18) who has needs for care and support (whether or not the local authority is meeting any of those needs), 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 the risk of, or experience of, abuse and neglect.

 - Inconsistencies in history or explanation
 - Damaged skin integrity
 - Poor hydration
 - Poor personal presentation
 - Delays or evidence of obstacles in seeking or receiving treatment

- Evidence of frequent attendances to health services or repeated failure to attend
- Environmental signs of neglect, concerning reactions and responses of other people with the patient
- Are there others at risk eg children or vulnerable adults?

Consider: does the person have capacity to make a decision regarding safeguarding referral? Are there valid reasons to act even without the patient's consent (eg where others are at risk or there is a need to address a service failure that may affect others). Seek permission for a safeguarding referral where possible. Contact the Safeguarding Lead for further advice.

3.0 Report

3.1 Team members should report safeguarding concerns using the following procedure:

