

Sharing learning from West Yorkshire safeguarding (serious incidents)



The following recommendations were made for General Practice following reviews on safeguarding (children and adult serious incidents and domestic homicides) during November 2014 to February 2015:

- Interventions and referrals to reduce alcohol intake should be made (subject to patient consent/best interest decision)
- GP practices should offer guidance and support and signpost patients to local services when domestic abuse is disclosed
- GP practices should be aware of local bereavement support services to signpost patients to
- GP practices should flag up in case notes where domestic abuse is a risk
- A recurring theme from domestic homicide reviews is that clinicians should routinely assess and note in their records: the risk to self, risk to others, perceived risk from others, alcohol use and drug use.

DOMESTIC VIOLENCE

How GPs can help in ending violence against women

See link below for a list of resources:-
<https://www.gov.uk/government/news/how-gps-can-help-in-ending-violence-against-women>

Domestic Violence – It's Never OK

Kirklees Safeguarding Adults Board has developed the following domestic violence video clips as part of their intervention and prevention strategy.

These aim to encourage young people to think about the impact of domestic violence and understand how issues can escalate.

- [Film clip 1: Domestic violence](#)
- [Film clip 2: Emotional threats](#)
- [Film clip 3: Controlling behaviour](#)
- [Film clip 4: Forced marriage](#)

TRAINING

E-learning training courses

The below e-learning courses take around 20 minutes to complete.

- Free online **Protecting Children from Child Sexual Exploitation (CSE)** training:
<https://keepthemsafe.safeguardingchildren.co.uk/>
- Additional CSE resources can be accessed through the following link: http://www.bradford-scb.org.uk/cse_resources.htm
- Free online **Female Genital Mutilation: Recognising and prevention** training:
<http://fgmelearning.co.uk/>
- Additional resources are available here:
<http://hee.nhs.uk/2015/02/10/launch-of-fgm-e-learning-resource/>
- http://www.local.gov.uk/publications/-/journal_content/56/10180/3973717/PUBLICATI ON
- **Free Channel (radicalisation) General Awareness**
e-learning can be accessed via the link below:
http://course.ncalt.com/Channel_General_Awareness/01/index.html

PREVENT

The Prevent strategy and Prevent duty have a requirement to "prevent people from being drawn into terrorism". The Workshop to Raise Awareness of Prevent [WRAP3] provides GPs with an opportunity to have a greater understanding of the safeguarding concerns that may arise and how to deal with them appropriately. Here's an example of the positive impact that sharing concerns can have on individual - and family – lives:
A GP was struggling to have a referral, which he felt was necessary, accepted by the community

mental health team. He had concerns for the patient (a 20-year-old male) and felt that he was becoming radicalised and that his mental health was deteriorating. He had made a referral to the community mental health team for an assessment but the referral was not seen to reach their threshold for re-assessment, he had been assessed previously by the mental health team. It seemed the patient had to reach crisis point before the team would become involved.

The GP raised his concerns with a psychologist colleague, who happened to have recently attended a WRAP. He told the GP about the training and advised him who would be appropriate to contact to discuss his concerns.

The Prevent/Channel officer was contacted, who then spoke with them both and told the GP about the next steps in making a referral. The Regional Prevent Coordinator for Health was also contacted at this time, informing of the GP's concerns. Initially the GP was worried about sharing information with other agencies, he contacted his professional body and was advised to share information appropriately in line with legislation. Consent was also sought from his patient.

The Channel case officer undertook a risk assessment gaining a better understanding of the current situation for the young man, this included speaking with him his mother, and other professionals involved. This allowed a better understanding of what support and help would be appropriate. The case was seen to reach the threshold for acceptance into the Channel process, which is a multiagency safeguarding programme.

It was decided that there were multiple issues affecting the young man, including isolation, this was thought to be exacerbated by his rural location and difficult behaviours, mental health problems requiring medication, he had also expressed a plan to commit a violent act against others.

Following initial assessment of the concerns raised it was felt that the young man may benefit from some support from a specialist intervention provider. A number of meetings between the young man and the intervention provider have resulted in a reported improvement in his wellbeing and a de-escalation of the initial

concerns. His mother reports that it has improved things considerably. There is a multi-agency approach to supporting this young man now in place. This has been seen as a positive outcome for the individual concerned where support and a co-ordinated approach to his care have resulted in the prevention of a possible criminal act.

WRAP3 sessions are being provided across the region for you to access. Further information can be obtained from your Prevent Lead or designated lead for safeguarding. To gain a better understanding of the Channel process you may find it helpful to access the e learning package below:-

http://course.ncalt.com/Channel_General_Awareness/01/index.html

Should you require any further help or guidance please feel free to contact the Regional Prevent Co-ordinator – Chris Stoddart email:

chris.stoddart@nhs.net Tel: 07909 097769



West Yorkshire GP Safeguarding Standards 2014-15

Following the completion of a self-assessment audit, undertaken by the majority of West Yorkshire GP practices, the 3 key standards that were not yet met, or practices are working towards were:

- The practice needs to have a GP lead for Prevent who is aware how to escalate concerns about radicalisation
- The practice should have a protocol for escalating repeated non-attendance of vulnerable adults
- The practice should have regular meetings with their health visitor, as required, to discuss vulnerable children and adults and any actions should be recorded.