

Safeguarding Forum

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Lincolnshire ICB Safeguarding Team

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The team is made up of the Named and Designated Professionals in Safeguarding and Safeguarding Specialists for children and adults

AIMS & OBJECTIVES

1. General updates
2. RCGP Safeguarding Standards
3. Questions and/or cases

NHS SAFEGUARDING GUIDE

- [Safeguarding - NHS Safeguarding](https://safeguarding-guide.nhs.uk)
- Add as an app..... Or bookmark the page

The screenshot shows the NHS Safeguarding Guide website in a browser. The URL bar displays <https://safeguarding-guide.nhs.uk>. The page content includes the NHS logo, a search bar, and several navigation cards: 'Raising concerns', 'Types of abuse, exploitation and neglect', 'Safeguarding commissioning assurance in the NHS', 'The context of NHS safeguarding', 'Multiagency safeguarding arrangements', and 'Contacts'. The browser's menu is open, showing options like 'New tab', 'New window', 'Zoom', 'Favourites', 'Collections', 'History', 'Shopping', 'Downloads', 'Apps', 'Extensions', 'Browser essentials', 'Print', 'Split screen', 'Screenshot', 'Find on page', 'More tools', 'Settings', 'Help and feedback', and 'Close Microsoft Edge'. The 'Apps' option is highlighted, and a sub-menu is visible with the option 'Open in Safeguarding - NHS Safeguarding...' circled in red. A red arrow points to the three-dot menu icon in the browser's address bar, and another red arrow points to the 'Open in Safeguarding - NHS Safeguarding...' option. A red arrow also points to the text 'Install this site as an app' on the right side of the image.

PARENTAL RESPONSIBILITY

Who has Parental Responsibility (PR)?

06 Jan 2025
Rev. due Jan 2026

If in doubt or parental responsibility (PR) is unclear: ask to see copies of any legal consent documents / court orders, and take advice from your legal or other advisory service
This is not a comprehensive list of all forms of legal order but covers the main scenarios.

Child or Young Person (CYP) has been assessed and is NOT believed competent to give their own consent at this time (e.g. per GMC publication 0-18 years: guidance for all doctors, principles of Gillick competence; for 16 & 17 year olds follow MCA (2005))

Foster Carers may have delegated authority for routine health reviews, emergency healthcare, and to follow parental choice for routine immunisations but NOT give consent for Blood Borne Infection screening / genetic tests / safeguarding examination (non-accidental injury, sexual assault) / surgery / anaesthesia etc.

Separated Migrant Children
(may include UASC/refugee/trafficked & modern slavery) usually **Child in Care Section 20**, but social care can act in best interests as 'corporate parent'. More rarely section 20 is not used so seek advice if required.

Under 16 (<18 if relevant disability) living >28 days with non-direct relative: see **Private Fostering**

No legal orders in place irrespective of where CYP is currently / regularly residing

Special Guardianship Order (SGO) or Child Arrangement Order (previously called 'Residence Order')

Child in Care / Looked After Child (e.g. foster care, placed with relative, residential unit, detained, note: can be 'in care' but still living with birth/usual family)

Birth father*

Birth mother

Same-sex partners

*Father holds PR if: married to birth mother at time of birth, named on birth certificate, or parental responsibility agreement / order

If civil partners at time of treatment (e.g. fertility), jointly register birth, or parental responsibility agreement / order

PR shared with birth parents, but an SGO holder can override birth parents

Section 20 (Voluntary Placement)

PR remains fully with birth family (or SG if was on SGO, adoptive parents if post-adoption etc.)

Birth mother

Birth father*

Interim Care Order (ICO) or Full Care Order (FCO)

SHARED between birth family* and Social Care, but Social Care can potentially limit parental PR or override parents if in CYP's welfare
*or SG if was on SGO, adoptive parents if post-adoption etc.

Social Care, ideally Senior Manager e.g. Service Manager (not foster carer, residential home worker etc.)

Birth mother

Birth father*

Placement Order

SHARED Birth parents, Social Care, and prospective adopters once in placement, but Social Care can limit / override if in CYP's welfare

Post Adoption Order (no longer looked after)

Adoptive Parent(s) only



Emergency Medical Situations (including out of hours) & Deprivations of Liberty for 16- and 17-year-olds

Overriding duty remains to give life-saving emergency treatment in the CYP's best interests

- **Police Powers of Protection:** <72hr and no change to who holds PR
- **Emergency Protection Order:** 8d (max 15d) PR SHARED between birth family and Social Care but is limited to what is directly necessary to safeguard the CYP. Court can grant Social Care ability to limit/override parental PR for CYP's welfare.
- Emergency situations where the decision of a person with PR means the CYP is at risk of significant harm (e.g., refusal of essential treatment) take urgent advice from your organisation's **Legal Services / MDU / MPS** and contact **Social Care** – an emergency Court Order may be required.
- **Deprivation of Liberty Safeguards for 16- and 17-year-olds who lack capacity to consent to the care arrangements** - For authorisation make an application to the Court of Protection as per Re D (A Child) ([2019] UKSC 42) except for those detained under the **MHA 1983**. For details see [Deprivation of Liberty and 16-17 year olds](#)
- If the young person has capacity to consent to the confinement and gives their consent, there will be no DOL but if they do not consent to the confinement the young person will be deprived of their liberty and issues/concerns can be taken to the High Court for adjudication under Inherent Jurisdiction.

Dr Nadya James (nadya.james@nhs.net): Cons. Community Paediatrician, Designated Doctor MA for Adoption, Nottingham Children's Hospital. If planning to adopt this for your organisation, please contact me to ensure the latest version. Responsibility remains with the individual to ensure that they access any appropriate and up to date legal advice and take into account any relevant local legislation or details of legal orders specific to an individual case.

Other Situations

The main diagram cannot cover all eventualities and situations can include stepparents, same-sex male couples, and surrogacy. Details can vary in England, Wales, Scotland and Northern Ireland and if there is any doubt ask to see any relevant documentation - but in essence:

The **birth mother holds PR** irrespective of who's sperm and egg are used, including surrogacy, **unless** legal orders/agreements alter this prior to or following delivery. If the child is born overseas then the laws of the UK country (e.g. England and Wales) that the child and adult(s) come to reside in usually apply - but this is an area where seeing any legal documentation and taking expert advice is strongly recommended.

If not already holding PR by a mechanism listed in the main flow diagram, there are four main options to seek to obtain it: parental responsibility agreement (PRA), court order, parental order or adoption depending on the scenario. For Scotland and NI there are differences, and it is advised that local guidance is accessed. See [Parental Rights and Responsibilities](#) for more information.

There are different categories of [PARENTAL RESPONSIBILITY AGREEMENT \(PRA\)](#):

PRA1 - agreement that the biological father should be granted PR (not needed if already on birth certificate or other criteria as per flowchart diagram)

PRA2 - agreement between a child's parents and a step-parent (who is the spouse or civil partner of a parent) that the step-parent should have parental responsibility for the child.

PRA3 - acquisition of parental responsibility by second female parent (not needed if PR already in place via civil partnership at time of treatment etc)

[COURT ORDER](#) can be applied for if no agreement can be reached for PRA.

However, if SURROGACY is used then there is a separate process and a [PARENTAL ORDER](#) is applicable and still requires the applicant or at least one of the applicants (if a joint application) to be biologically related to the child (sperm/egg donor) plus other criteria such as having the child living with you in the UK and the application to be made within 6m of birth. It is a complex area and see the hyperlink for more guidance: [surrogacy-guidance-for-intended-parents](#)

If neither the adult (nor their partner if a joint application) is related to the child, [ADOPTION](#) is the only way to become the child's legal parent.

This is simplified guidance to summarise and please do always check any legal documentation and local legalities (esp. Scotland/NI) and take expert advice on any cases that require it. Also please remember that I am neither a lawyer, solicitor, judge or have formal legal qualifications and so cannot take responsibility for any actions/decisions of others based on my summary of currently available guidance.

RCGP Safeguarding Standards

- New safeguarding professional standards for UK general practice, covering GPs and anyone working in **any** general practice setting in the UK
- Launched in October 2024
- A move away from the Intercollegiate documents for adults and children
- Provides a comprehensive set of safeguarding resources for practices

CHANGE!

- Previous Intercollegiate guidance:

Safeguarding Children
and Young People:
Roles and Competencies
for Healthcare Staff

Fourth edition: January 2019

INTERCOLLEGIATE DOCUMENT

**Adult Safeguarding:
Roles and Competencies
for Health Care Staff**

Second Edition

CLINICAL PROFESSIONAL RESOURCE

- New RCGP guidance:

**RCGP safeguarding
standards for general
practice**



Royal College of
General Practitioners

Aims

Safeguarding
to be seen as
part of holistic
care

Take into account the impact of
safeguarding on those already
working under significant
pressure in general practice

Acknowledge the
distinct expertise and
experience that GPs and
general practice staff
have

Empower and enable our
general practice
workforce to be
competent and confident
in safeguarding children
and adults

What has changed?

- Children and adult safeguarding brought together – ‘A whole life course document’, including Children in Care/Children Looked After
- Training requirements
 - No longer based on hours of learning at each level
 - Focus is now on adult learning principles of competence and capability
- Learning events should include **reflection** to demonstrate impact on practice
- Adult and child safeguarding knowledge and capabilities equally needed, **even if the staff member only works with adults.**

RCGP Safeguarding Standards

[RCGP safeguarding hub](#) contains materials and resources to help adopt the Standards and develop practice:

- Safeguarding toolkit
- 3 e-learning modules – ‘core safeguarding in general practice (Level 3)’
 - Free for members*
- Knowledge and capabilities
- Key questions in safeguarding
- Levels of training
- RCGP structured templates for reflection

**RCGP safeguarding standards
for general practice** ^

Joint statement from the RCGP, RCN, and
RCPCH

Introduction to the standards

GMC standards

Aim of the RCGP safeguarding standards

The role of GPs and general practice in
safeguarding

Impact of safeguarding on the wellbeing of
GPs and staff

A note for employers

Level 4 and 5 safeguarding training

Safeguarding training for roles outside of
general practice

Summary of safeguarding
knowledge and capabilities v

Q Search this area

RCGP safeguarding standards for general practice

Publication date: 01 October 2024

GPs, and all who work in general practice, play a crucial role in the safeguarding of our patients as part of our day-to-day work. Being there to support our patients, their families and carers, is both a great responsibility and a privilege. We can be powerful advocates for our most vulnerable patients, and the safeguarding of those patients should be a routine part of our ongoing holistic care.

We have created these safeguarding standards for GPs and anyone working in any general practice

Renew



SAFEGUARDING TOOLKIT

Identifies five key areas of **capabilities and responsibilities**:

Part 1: Professional safeguarding responsibilities

Part 2: Identification of abuse and neglect

Part 3: Responding to abuse and neglect

Part 4: Documenting safeguarding concerns and information

Part 5: Information sharing and multi-agency working

PART 4: DOCUMENTING SAFEGUARDING CONCERNS AND INFORMATION

- Part 4 of the toolkit
- Focuses on coding and recording in the medical record
- Link with online access guidance
- Specific guidance on recording of domestic abuse information including that of perpetrators
- Includes a list of 'essential' safeguarding codes to use in practice – consistent use will provide a common safeguarding language and understanding across general practice

NEW TRAINING REQUIREMENTS

- Below are the links to the specific guidance for each level/job responsibilities:
- [Level 1](#) at induction and annually
- [Level 2](#) at induction and annually
- [Level 3](#) at induction and annually
- Practice [safeguarding lead](#) (This is Level 3 NOT 4)
- [Practice manager](#) guidance, including safer recruitment and allegations of harm

WHAT DOES LEVEL 3 TRAINING LOOK LIKE?

Annually: Level 3 safeguarding update

Level 3 safeguarding updates should be aligned to the RCGP safeguarding standards for general practice and could include:

- topics across the breadth of the five key areas of the safeguarding standards
- child and adult safeguarding, including topics which apply to both e.g. transitional safeguarding and domestic abuse
- practical applications to general practice such as the use of case-based learning
- relevant learning from any local or national safeguarding reviews
- multi-agency and multi-disciplinary safeguarding learning
- relevant safeguarding updates
- role-specific safeguarding training and updates

Updates could be face-to-face or virtual. It could include watching a recorded update.

WHAT DOES LEVEL 3 TRAINING LOOK LIKE?

Annually: Engage in safeguarding learning and reflection

Safeguarding learning and reflection should, over time (for example over a revalidation cycle), be across the breadth of the five areas of knowledge and capabilities in the RCGP safeguarding standards.

- This could be demonstrated through the use of the RCGP Safeguarding Reflective Practice - Structured Template and the RCGP Safeguarding Case Review - Structured Template. These completed templates could also support appraisal and revalidation.
- Practitioners should cover both children and adult safeguarding in their learning and reflection, including practitioners who only work with adults.

EXAMPLES OF LEARNING AND REFLECTION

- Case based discussion
- Practice safeguarding meetings with reflection on learning and impact on practice
- Documenting concerns and how concerns are dealt with
- Examples of information sharing or multi-agency working with reflection
- Attendance at GP safeguarding forums, attending updates, online learning/reading or watching documentaries/videos with reflection
- Safeguarding quality improvement activities (like implementing the Standards)
- Participation in statutory safeguarding learning reviews and reflecting on these
- Attending training sessions face to face or via MS Teams

GP PRACTICE OR ORGANISATIONAL SAFEGUARDING LEADS

Annually: Safeguarding update

This can include:

- Relevant local safeguarding courses/updates provided by safeguarding boards/partnerships, primary care safeguarding teams such as Named GPs/Nurses, ICBs, health authorities/boards
- Relevant safeguarding updates/courses provided by national bodies

Annually: Safeguarding forums

- Demonstrate regular attendance at local practice safeguarding lead forums (if available in the locality)

Annually: Reflection and Learning

- Demonstrate examples of reflection/learning aligned with role specific knowledges and capabilities
- Can include caser review, SEA, supporting a colleague, advice/guidance to colleague, liaison with other SG professionals about a case, learning from SG forums

APPRAISAL

- No more certificates of hours spent, BUT
- **Reflection is key**
- Use templates on RCGP website for
 - case-based review and annual review
 - CQC evidence
 - GP appraisal
 - internal practice staff appraisals by practice managers

RCGP Safeguarding Reflective Practice - Structured Template

The RCGP Safeguarding Standards published in 2024, sets out the safeguarding knowledge and capabilities as well as safeguarding training requirements for anyone working in a general practice setting in the UK and/or working as a GP in any setting.

This safeguarding reflective practice structured template can be completed annually to demonstrate safeguarding reflection and learning across the breadth of all the areas of safeguarding knowledge and capabilities.

Name of professional
Date of completion
Describe how safeguarding works in your work environment
Describe your role in this (e.g. as lead, a general clinician etc.)
Have these changed in the last year? If so, how?
Describe your safeguarding CPD activities, quality improvement activities and significant events that you have undertaken or been involved with in the past year
DEMONSTRATION OF REFLECTION AND LEARNING ACROSS THE BREADTH OF AREAS OF SAFEGUARDING KNOWLEDGE AND CAPABILITIES
<ol style="list-style-type: none">1. Professional safeguarding responsibilities2. Identification of abuse and neglect3. Responding to abuse and neglect4. Documenting safeguarding concerns and information5. Information sharing and multiagency working
Looking at your last review's development themes/objectives in relation to safeguarding, to what extent did you get to fulfil these?
In relation to safeguarding, what do you consider you did well in the last year?
What difficulties/barriers have you come across with regards to safeguarding in the past year?
Personal development themes in relation to safeguarding



Microsoft Word
Document

RCGP Safeguarding Case Review - Structured Template

The RCGP Safeguarding Standards, published in 2024, sets out the safeguarding knowledge and capabilities as well as safeguarding training requirements for anyone working in a general practice setting in the UK and/or working as a GP in any setting.

This safeguarding case review structured template can be completed annually to demonstrate safeguarding reflection and learning across the breadth of all the areas of safeguarding knowledge and capabilities.

Name of professional
Date of completion
Date of case
Anonymised identifier for clinician (if appropriate/needed)
Summary of case
What went well?
What would you do differently next time?
Actions/learning that you have identified/undertaken as a result of this case



Microsoft Word
Document

WHAT ABOUT CQC?

- CQC was involved in the development of the RCGP Safeguarding Standards, **although their website and mythbusters have yet to be updated to reflect this: inspectors may still refer to the Intercollegiate Guidelines....**
- CQC covers England only and the RCGP covers the UK
- CQC regulates organisations, not individuals
- **Should no longer ask for certificates BUT you will need to evidence learning, reflection and quality improvement**

WHAT NEXT?

- Have a look at the RCGP Safeguarding Standards and toolkit
- Think about how you will:
 - Approach the guidance on annual training
 - Record learning and reflection to meet your practice training requirements
 - Demonstrate quality improvement in safeguarding for CQC
- The ICB Safeguarding Team will continue to offer Level 3 safeguarding training via MS TEAMS which covers all aspects of the RCGP Safeguarding Standards
- This can be done every 3 years, along with annual updates via Forums/webinars and reflective practice



Any Questions?



Lincolnshire
Integrated Care Board

Thank you

