

## NHS England and NHS Improvement (London Region)

Monthly Covid-19 Safeguarding Bulletin - April 2020



Welcome to the NHS England & NHS Improvement (London Regional) Monthly Covid-19 Safeguarding Bulletin for April 2020).

The NHS England & NHS Improvement want to ensure that you are kept up to date with emerging safeguarding risks and issues relating to the Covid-19 epidemic, and its potential, experienced or evidenced impact on vulnerable adults and children during the current national lockdown.

It is more important than ever that we are all connected and keeping up to date with guidance, policy, research and peer review/support. We also want to ensure that you are aware of the current work being undertaken from NHS England & NHS Improvement perspective to mitigate against some of the extraordinary pressures that Covid-19 has created for us all.

The newsletter contains helpful advice and guidance and signposts you to further information via weblinks and attachments which you will hopefully find useful in your daily practice.

We will continue to publish these bulletins on a monthly basis to keep you informed about current pertinent risks and issues during this challenging time for the NHS.

The NHS England & NHS Improvement safeguarding team are also keen that this newsletter captures the needs of all of our stakeholders, and we would therefore welcome any feedback or suggestions on what should be included in future editions.

Please feel free to circulate this newsletter to all relevant staff within your organisation.

PLEASE NOTE: - We have created [hyperlinks](#) for this newsletter which allow the reader to click to the news items listed in **Table of Contents**

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## 1. London Region Safeguarding Capacity

The NHS England and NHS Improvement London (NHSEI) Region Safeguarding team have set up a London Safeguarding email address [england.londonsafeguarding1@nhs.net](mailto:england.londonsafeguarding1@nhs.net) in light of different ways of working and operational arrangements and potential associated risks during the Covid-19 pandemic. The inbox is part of the Safeguarding Sub Cell, which is a forum to share London's C19 safeguarding themes/ findings (relating to both adult and children), share good practice and raise issues of concern. During the Covid 19 incident, the safeguarding sub cell will be chaired by NHSEI London Regional Safeguarding lead Gwen Kennedy and will schedule weekly meetings with members. The cell will feed information between the CAG, Safeguarding cell and national safeguarding team. Core membership of the forum are the London Safeguarding Team, STP Safeguarding Leads, Specialised Commissioning, Chairs of Safeguarding Networks, Public Health England, London Ambulance Service, London Nightingale Hospital, Police and LAS.

All members will escalate urgent matters via the London safeguarding email: [england.londonsafeguarding1@nhs.net](mailto:england.londonsafeguarding1@nhs.net)

This inbox will be managed by the NHSEI London Safeguarding team and will include onward notification to the most appropriate person as well as capturing risks/themes and sharing lessons learned. It is important to note that the inbox will not replace local safeguarding

pathways and is not for advice on specific cases etc., it is mainly a way for professionals to flag trends with us so that we can escalate these trends internally via our governance processes.

The Safeguarding Sub Cell will be responsible for overseeing quality and safety of Safeguarding and SEND across the region in all settings that provide NHS funded care. Local safeguarding statutory duties and lines of enquiry should still be followed and complied with.

## 2. Highlights from Generic Inbox: Trends

Intelligence is emerging that safeguarding leads in both NHS CCGs and NHS Trusts are being asked to cover Covid-19 operationally. Therefore, this is creating an even larger gap in the safeguarding infrastructure locally and regionally.

In response to staff redeployment, Public Health England and some STPs are currently mapping the posts that are being left vacant. We would encourage each STP to do this to ensure there are robust safeguarding structures and pathways still in place. The team will be in contact with STP leads to understand these gaps shortly.



Letter to  
Accountable office

## 3. Regional Covid-19 Update: Quality

### Background

Many of the Nursing Directorate at NHS England and NHS Improvement have been redeployed into clinical and

managerial roles out in services to assist in the Covid-19 response. There are some quality functions that will have to continue though. Therefore, regional, multi-agency quality oversight functions will need to continue but be proportionate to the current circumstances.

### National

On 28 March 2020, Amanda Pritchard, Chief Operating Officer for NHSE&I issued the guidance, reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic, link here:

### Reducing-burden-and-releasing-capacity.

In terms of oversight it states that meetings be held virtually and only focus on critical issues.

On 1 April 2020, the Executive Quality Group issued a paper, Changes to quality and patient safety functions during Covid-19.

The paper sets out the following arrangements:

- The National Joint Strategic Oversight Group (JSOG) will continue to share information and concerns about the most challenged systems and providers with the purpose of understanding how support can be most effectively directed.
- Executive Quality Group (EQG) will continue but work in a different way as regions focus on the response to Covid-19. Regional cells may, for example, ask for support with responsive policy work relating to Covid-19 or 'normal' activity (e.g. cancer).
- It will be the responsibility of Regional Medical Directors and Chief Nurses to escalate issues to the EQG, whilst also observing regional EPRR escalation processes.

Extraordinary meetings will be run as and when required and will be based on insights

from:

- Regional escalations
- Reporting to JSOG
- Intelligence from patient safety reporting
- Any instructions from EPRR

Publication of the new Quality Surveillance Group guidance and Shared Commitment to Quality will be deferred until later in the year.

Guidance to the NHS on patient safety activities during COVID-19 is awaited and will be shared widely as soon as available.

### London Region

The London Regional Joint Strategic Oversight Group (RJSOG) will continue to convene to cover the whole system (primary, secondary care, social care etc.) so that regulators and local system members can share information/concerns and agree actions. These will run as brief calls every 6 weeks, focussing on the most challenged systems and providers.

This group is accountable to the National JSOG (in turn, accountable to the Executive Quality Group) and will escalate issues to it as appropriate.

The RJSOG will include:

- NHSE/I, London - Regional Chief Nurse (Chair) or deputy
- NHSE/I, London - Regional Medical Director or deputy
- CQC - Deputy Chief Inspector, London or deputy
- HEE – Postgraduate Dean or deputy
- GMC – Head of GMC London
- NCL STP/Commissioning Alliance – Director of Nursing/Quality or deputy
- NEL STP/Commissioning Alliance - Director of Nursing/Quality or deputy

- NWL STP/Commissioning Alliance - Director of Nursing/Quality or deputy
- SEL STP/Commissioning Alliance - Director of Nursing/Quality or deputy
- SWL STP/Commissioning Alliance - Director of Nursing/Quality or deputy

In addition to the scheduled 6-weekly calls, there will be calls between NHSE&I, CQC, HEE, GMC and STPs as required to discuss emerging issues.

Local Quality Surveillance Groups (LQSG) will be suspended. The LQSGs will make decisions about convening ad hoc meetings, such as, information sharing meetings, single-item QSGs or risk summits. However, given the overwhelming challenge facing the NHS during this period the threshold for triggering action will be higher than normal. Plans to establish local QSGs in ICSs/STPs are currently on hold.

**4. Child Sexual Abuse:**

The National Crime Agency (NCA) has warned there could be a rise in online child sexual abuse offences during the Covid-19 pandemic as it reveals its most recent intelligence shows there are at least 300,000 people in the UK who pose a sexual threat to children either through physical contact abuse or online.

Children and young people can become victims of abuse or grooming on the internet through online games, social networking sites and apps such as Facebook, Instagram and Snapchat, which they can access through devices including tablets, mobile phones and games consoles.

Please see useful websites which provide practical advice on safeguarding children and young people online:

- [Think you know](#) – CEOP – Activities for all age groups to build resilience and awareness online.
- [Parent guide to online safety – BT](#) – Useful tips to understand the issues and set controls at home.
- [Online safety – NSPCC](#) – Details the key issues facing young people online.

**Operation Makesafe**

Operation Makesafe is centred around raising awareness with staff within Hotels, Children’s Homes, Taxi’s and late-night venues / Licenced premises around CSE, and encouraging staff to recognise indicators or CSE and to call Police.

By quoting “Operation Makesafe” this enables the call handler to ask specific questions and for Police to give an appropriate response to safeguard and to prevent / deal with perpetrators.

This comes after Police have been made aware of certain hotels around the UK being used / will be used to temporarily house the vulnerable, which includes those fleeing domestic violence situations, sex workers, trafficked victims and the homeless.

**5. Looked After Children:**

Please find attached: a PowerPoint on the role of the LAC team during Covid-19; a pathway for emergency foster care during Covid-19, and; LAC triage criteria used in Lambeth. The link is to a Lambeth LAC team video on The [Health of Looked after Children during Covid-19:](#)



Covid-19\_CSC COVID19 Advice for flowchart for emergparents poster 6.0 (1



LAC Health During Lambeth IHA.RHA COVID-19\_Foster caiTriage Criteria.docx

## [6. Supporting good child and Adolescent mental health during Covid-19:](#)

The RCPCH has just released a range of helpful information for professionals and for parents covering both mental and physical health. View the parent/carer guidance [here](#).

There is [specific guidance](#) for Parents on using A&E for medical needs other than Covid-19. This comes after NHS numbers reveal that A&E attendances were down by [around 30%](#) from the same period last year. This is of great concern to safeguarding, as the opportunities to identify those children, young people and adults at risk is reduced.

The following links also support family wellbeing and child support:

- **Young Minds** - Talking to your child about Coronavirus and 10 tips from their Parents Helpline to support family wellbeing: <https://youngminds.org.uk/blog/talking-to-your-child-about-coronavirus/>
- **Covibook** – an interactive resource designed to support and reassure children aged 7 and under, designed to help children explain and draw the emotions that they might be experiencing (different languages) <https://www.mindheart.co/descargables>
- **Carers UK - Guidance for carers:** <https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19>

The following link is a '**Coronavirus storybook for children**' from UNHCR to help children aged 6-11 cope with coronavirus. The book is available online and as an audiobook and is currently available in six languages, with over 30 more planned. Click through this press release to multiple language

versions. [Children's storybook released to help children and young people cope with COVID-19](#)

## [7. CP-IS Update:](#)

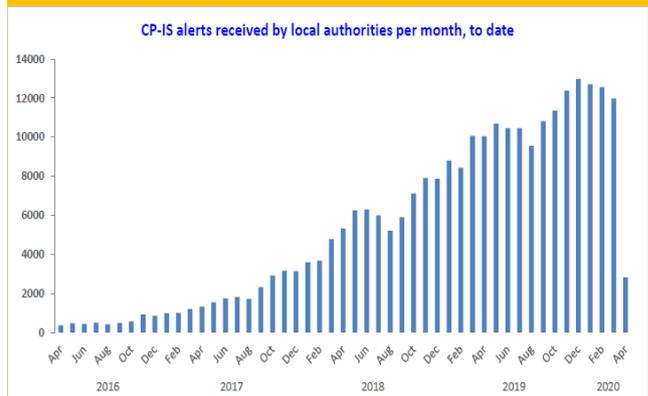
There are 189158 children currently on the CP-IS system.

108499 children have presented 266067 times to unscheduled healthcare settings since April 2015. This has alerted 148 local authorities.

This graph (below) is concerning. It shows a steady increase over time as we would expect as more LAs and Unscheduled Healthcare Settings go live, and more healthcare staff and social workers are trained to use the system. However, it is clear that April saw a sharp decrease in the number of alerts being received by LAs.

*There is widespread concern that children are not attending A&E due to Covid 19, a possible reason why CP-IS numbers are low in April.* (see table below)

Usage: Alerts received by Social Workers



## [8. FGM Update](#)

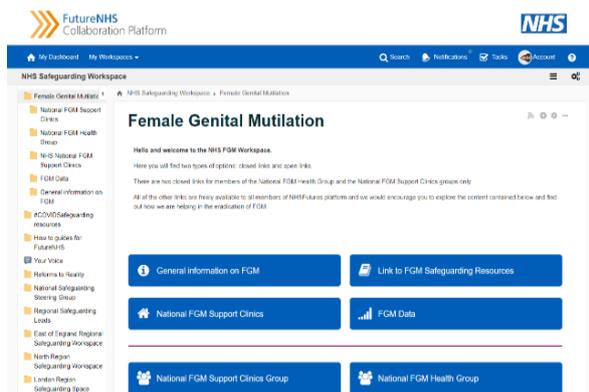
**New FGM Virtual Workspace on NHS Futures Platform**

A brand new FGM workspace has been just been launched on the NHSFutures

platform. This workspace can be located in the *Safeguarding Workspace* and contains both open and closed groups. The two closed groups will be for members of the National

FGM Health Group only, and the NHS National FGM Support Clinics teams only. All of the other content is freely available to registered users of NHSFutures. If you have not yet registered and would like to do so, please follow the link: <https://future.nhs.uk>.

The NHSEI FGM team will be building this space over time, so look out for new resources and materials over the coming months. It is more important than ever that we are all connected and keeping up to date with guidance, policy, research and peer review/support. Therefore, special areas within the workspace have been developed for updated government guidance, the latest FGM research, national and international FGM news, and blogging. We hope you enjoy the workspace.



## Clinics

The new FGM Support Clinics are still open for virtual support. This will include emotional and advocacy support. Please see a list of clinics here:

<https://www.nhs.uk/conditions/female-genital-mutilation-fgm/national-fgm-support-clinics/>

## 9. Prevent Update

Chief Supt Nik Adams, the national police coordinator for Prevent, has raised concerns regarding the decline in the number of Prevent referrals during the current Covid-19 crisis.

Counter-terrorism police are concerned about a potential rise in terrorist recruits after a reduction in referrals to Prevent during the lockdown, as extremists continue to radicalise individuals online.

Chief Supt. Adams explained: ***“What concerns me greatly is that the decline in the number of referrals doesn’t mean that there are fewer people that need our help, but that fewer people are able to access the support they need.”***

*“Schools, mental health workers and other public services provide vital support and protection to young and vulnerable people, and the combination of those services being impacted by Covid-19 and the fact people are spending more time online means a small number of vulnerable people are at greater risk of being drawn towards terrorist activity.”*

Britain’s most senior counter-terrorism officer, assistant commissioner Neil Basu, has said *“ Prevent is the most important strand of the UK’s counter-terrorism strategy to thwart mass casualty attacks by those radicalised by both jihadists and the extreme right wing-both ideologies have been trying to exploit the crisis in recent weeks”.*

**If you have a concern that one of your staff members patients or service users may be vulnerable to radicalisation please speak with your organisational safeguarding lead.**

### Covid-19 and online Extremist threats

Far Right Extremists and Islamist inspired groups use a variety of methods exploiting the growth in global technology including the opportunities afforded by social media. They will use societal or political grievances during times of instability to pull young people into extremism and violent ideologies by influencing, grooming and ultimately radicalising them to support or carry out acts of terrorism.

Ofsted is concerned about the possibility of extremists attempting to radicalise children through online contact or through elective home education. For example, Isis propaganda channels have called for followers in the UK to stage attacks because, they say, the west is weak and diverted by the pandemic. It has said that the crisis could allow ISIS supporters to “overwhelm” the West.

The extreme right wing is trying to exploit the crisis by whipping up false claims Muslims are breaking the lockdown more than other groups and spreading the disease. In fake social media postings, they have used old photos of worshippers going to mosques and falsely claiming they date from after the lockdown.

In reality, every mosque in the UK is closed with Muslims suffering a high death toll from the virus.

Far-right groups have tried to exploit false claims about a link between 5G technology and coronavirus, to draw people into its chat groups where they can then be groomed. [\(See BBC News item here\)](#)

Chief Supt. Nik Adams from Counter Terrorism Policing said: *“Isolation may exacerbate grievances that make people more vulnerable to radicalisation – such as financial insecurity or social alienation.*

*“The extremists and radicalisers know this and, as ever, will look to exploit any opportunity to lead those people into harm, often using topical issues as hooks to lure them in.”*

[\(See link to National Counter Terrorism Policing website\)](#)

### Disinformation

The government has issued a warning over the spread of disinformation on Covid-19 as conspiracy theorists, extremists and fraudsters exploit the pandemic. Fake medical advice and dangerous “cures” are being shared widely on social networks, alongside fake videos being used to target racial and religious minorities. The digital secretary, Oliver Dowden, said the government was “monitoring the extent and impact of misinformation” *“We must remain absolutely vigilant to inaccurate stories about coronavirus being spread online,” he added.*

[Let’s Talk About It](#) an initiative designed to provide practical help and guidance to the public in order to stop people becoming terrorists or supporting terrorism and included helpful information regarding online safety.

You can also report extremist or harmful information, pictures or videos you’ve found on the internet anonymously via a single Gov.UK portal using this [link](#).

### [10. DV&A Update](#)

#### Victims Voice Forum

There is a newly formed Fortnightly **Victims Voice Forum**. This forum is attended by a range of professionals from various government and on-government sectors. The DV&A Commissioner Nicole Jacobs is also a member of this group. There is currently work underway via this group to: understand the prevalence of

DV&A during Covid-19; align key messaging / campaigns; crisis accommodation response; and more.

### Home Office

The Home Office has worked with a number of key partners and charities to launch a new national campaign to raise awareness that there is still support available for victims of domestic abuse. Find the **#YouAreNotAlone** partner pack here:



Domestic Abuse  
Partner Pack.pdf

### DV&A perinatal mental health guidance

Kings College London has launched the new guidance for perinatal mental health which can be accessed [here](#). Please fill out the form which will take you to the PDF guidance.

### Solace launches COVID-19 and DV&A webinar series

We know that for survivors, the advice to 'stay home' is difficult, and for professionals working with survivors, there would be new challenges in contacting and engaging with survivors and supporting them to stay safe. That's why we've developed our "Domestic Abuse in the Context of COVID-19" webinar series, to help professionals across the UK develop their understanding of domestic abuse and the skills to respond.

Our series of four webinars covered what domestic abuse looks like during COVID-19, how to assess risks and develop safety plans whilst the survivor is in lockdown, and options for survivors to flee and/or access specialist support during this time. These webinars have been hugely popular, and fully subscribed, but don't worry if you missed them - you can

view our webinars and find out more on our website.

The dates are as follows (click on links):

- [Understanding domestic abuse and coercive control, 13 May, 10am - 12pm](#)
- [Supporting survivors of domestic abuse, 20th May, 10am - 2.45pm](#)
- [Trauma informed practice, 27th May, 10am - 2.45pm](#)
- [Supporting survivors of sexual abuse, 3rd June, 10am - 2.45pm](#)

### Women's Aid

Women's Aid have a **Live Chat and Email service for victims**: Women's Aid have a **Live Chat and Email service for victims**:

- [Women's Aid Live Chat](#) is currently available Monday to Friday 10- 12pm. This could be a safer way to access some support; particularly if an abuser might also be in the property so it would be unsafe to make a telephone call.
- Women's Aid [Email Service](#) is still operating and can also provide support.

They also have information about the **"Silent Solution System"** by 999: **press "55"**

- When somebody calls 999, an operator will ask which emergency service is required. If the caller is unable to audibly signal to the operator, the call will be forwarded to an operating system. If **55** is pressed by the caller, the system will detect this. The operator will then transfer the call to the relevant police force as an emergency. [Click here to find out more.](#)

Other helpful resources

- Guidance for general practice produced by IRISi can be found [here](#).
- Guidance for acute health professionals produced by Standing Together can be found [here](#).
- WHO guidance on VAWG and what the Health sector can do during Covid-19 [here](#).
- Guidance for mental health professionals regarding abuse during COVID-19: gas bene produced by AVA (Action Against Violence and Abuse) [here](#).



COVID-19 and violence against women

25 March 2020

- Violence against women (VAW) tends to increase during every type of emergency, including epidemics. Women who are displaced, refugees, and living in conflict-affected areas are particularly vulnerable. The health impacts of violence on women and their children are significant.
- While data are scarce, reports from China, UK, and the USA suggest an increase in intimate partner violence cases since the COVID-19 outbreak.<sup>1,2</sup>
- As social distancing measures are put in place, and people are encouraged to stay at home, the risk of intimate partner violence (IPV) is likely to increase. For example:
  - The likelihood that women in abusive relationships and their children will be exposed to violence is dramatically increased, as family members spend more time in close contact and families cope with potential economic or job losses.
  - Women bear the brunt of increased family care work during this pandemic. School closures further exacerbate this burden and place increased stress on them.
  - The disruption of engagement in economic activities, including for women (many of whom are informal wage workers), will decrease access to basic needs and services, increasing stress on families, with the potential to exacerbate conflicts and violence.
  - Perpetrators of abuse may use restrictions due to COVID-19 to exercise power and control over their partners to further reduce access to services, help and psychosocial support.
- As health systems become stretched in order to respond to COVID-19, access to vital sexual and reproductive health services including for women subjected to violence will likely become more limited. Other services, such as hotlines, crisis centers, shelters, legal aid, and protection services may also be scaled back, further reducing access to the few sources of help that women in abusive relationships might have.

What can be done to address VAW during the COVID-19 response

While recognizing that COVID-19 has placed an immense burden on health systems including frontline health workers, there are things that can help mitigate the impacts of violence on women & children during this pandemic.

- **Governments and policy makers** must include essential services to address VAW in preparedness and response plans for COVID-19, resource them, and identify ways to make them accessible in context of physical distancing measures.
- **Health facilities** should identify information about services available locally (e.g. hotlines, shelters, rape crisis centers, counselling) for survivors, including opening hours, contact details and whether these can be offered remotely, and establish referral linkages.
- **Health providers** need to be aware of the risks and health consequences of VAW. They can help women who disclose violence by offering first-line support, and relevant medical treatment. First line support includes: listening empathetically and without judgment, inquiring about needs and concerns, validating survivors' experiences and feelings, enhancing safety, and connecting survivors to social support.
- **Humanitarian response organizations** need to include services for women subjected to violence and their children in their COVID-19 response plans, and gather data on reported cases of VAW.
- **Community members** should be made aware of the increased risk of domestic/partner violence during this pandemic, and the need to keep in touch and provide support, safely to women subjected to violence. It is important to have information about where help for survivors is available.
- **Women who are experiencing violence** may find it helpful to reach out to supportive family and friends, seek support from a hotline, or seek out local services for survivors.

<sup>1</sup>Melissa Godin, "As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out," Time, March 18, 2020, <https://time.com/5803887/coronavirus-domestic-violence-victims/>  
<sup>2</sup>Women's Aid UK, "The Impact of COVID-19 on Women and Children Experiencing Domestic Abuse, and the Life-Saving Services that Support Them," March 17, 2020, <https://www.womensaid.org.uk/the-impact-of-covid-19-on-women-and-children-experiencing-domestic-abuse-and-the-life-saving-services-that-support-them/>



GUIDANCE FOR GENERAL PRACTICE TEAMS

Responding to domestic abuse during telephone and video consultations

We know that COVID-19 will have a detrimental impact on the safety and lives of patients affected by domestic violence and abuse (DVA) and their children. Home may not be a safe place for those affected by DVA. Weeks or months of self-isolation may be a dangerous and deeply difficult time for many, as their routes to support and safety will be shut down or limited. GPs and other general practice clinicians play a vital role in addressing DVA in the current COVID-19 pandemic and national lockdown. Usual routes of enquiring about and supporting patients experiencing domestic abuse are no longer an option. Phone and video consultations are currently being used by most practices in the UK in place of face-to-face consultations. This guidance aims to inform safe telephone and video consultations with patients who are known to be at risk of DVA, when you suspect DVA and in response to self-disclosures of DVA. As patients will speak with reception or triage staff before they speak to a clinician, it is important that all staff in telephone or video contact with patients have an understanding of the effect of domestic abuse on their patient population and the current risks during the COVID-19 pandemic. Clinicians should check whether a patient's medical record includes a Safeguarding/DVA code before conducting a telephone or video consultation.



**ASK**

- Prior to conducting any conversation around domestic abuse, ask the patient if it is safe to talk, saying a simple "yes" or "no" will do. If it isn't then ask for a suggested safe time to call back. Be aware that situations change quickly and that risk is dynamic.
- Ask if the patient is alone to ensure that the perpetrator isn't in the same room. Be aware that the perpetrator may be in the house or enter the house and ask the patient to terminate the call if the perpetrator comes into the room.
- Ask if the patient feels safe and if there is any immediate danger. Always advise calling 999 if there is any immediate danger. If the patient is unable to do this, offer to do this instead.
- Consider use of 'closed' questions when asking about safety – questions with 'yes/no' answers may help your patient share that they are being harmed, even if they cannot talk freely.

**RESPOND**

- Validate the patient's experience with phrases like 'I believe you' or 'This is not your fault.' A patient will be in an extremely vulnerable situation if self-isolating with the perpetrator.
- Ask about what support the patient has and what support they might need.

**RISK ASSESS**

- Ask the patient if the abuse is getting worse.
- Ask if the patient feels unsafe to stay in the home/s in immediate danger.
- If the patient says yes, they feel unsafe to stay in the home/are in immediate danger, call the police on 999.
- If there are also children in the home, make an immediate safeguarding referral.



COVID-19: Guidance on how to respond to domestic abuse during lockdown for healthcare professionals

April 2020

Guidance to support healthcare professionals in acute health settings respond effectively to patients subjected to domestic abuse. The guidance is relevant to all health professionals and includes a condensed version of key information which can be disseminated to frontline staff in Appendix 1. This guidance has been produced by Standing Together Against Domestic Violence<sup>1</sup>.

STADV are the lead partner on the Pathfinder project which has aimed to establish best practice responses to domestic abuse in health settings. Partners include Against Violence & Abuse (AVA), SafeLives, IRISi and Imkaan. We will be publishing a comprehensive Toolkit for local authorities, CCGs, commissioners and strategic leads in NHS Trusts looking to improve their local response to domestic abuse later this year. If you are interested in receiving the Pathfinder Toolkit on publication [contact us](#).

<sup>1</sup> With input from DVIP, Chelsea & Westminster Hospital NHS Foundation Trust, Victim Support and Advance Charity.

### 11. Serious Violent Crime: Continuing risks during the Covid-19 crisis:

County lines involves gangs in cities such as London, Birmingham and Liverpool using children as young as 11 to deal mostly heroin and crack cocaine over a network of dedicated mobile phones in smaller towns and rural areas across the country.

Children and vulnerable adults are still being forced by gangs to travel from cities to towns and villages as part of “county lines” drug trafficking, during the Covid-19 lockdown, according to the head of a police taskforce set up to tackle the problem.

Det Supt Gareth Williams, head of intelligence and covert policing at British Transport Police (BTP), told the Guardian newspaper that restrictions on public transport during the coronavirus lockdown had not resulted in a reduction in the number of mostly juvenile drug runners identified across the country.

The Covid-19 lockdown was expected to hit county lines gangs’ chosen method of distributing drugs across the country – that of forcing young people to carry them by public transport. But despite coaches no longer running and some hire car companies providing vehicles only for essential journeys, BTP is still identifying runners and victims of exploitation on the rail network.

Despite the drug runners being heavily dependent on the rail network, BTP county lines taskforce has recently made 10 county lines arrests and seized two consignments of drugs, three lots of weapons and £8,000 in cash.

The taskforce was established in December 2019 after receiving a £1m government grant to tackle county lines drug trafficking. Williams set up a

dedicated team of 35 staff across London and south-east England, Birmingham and the north-west.

Det Supt Williams, said he expected restrictions on international travel to lead to a slowdown in the supply of illicit drugs, which will have a knock-on effect on prices and in turn could raise the risk of violence.

A spokesperson from the St Giles Trust, which works with young people affected by gang violence and exploitation, said: *“We know that seven hours a day of education is keeping some of our young clients safe.*

*“Whilst some will fall into the category of vulnerability, not all of them will and this could have a knock-on effect.*

*“Closures could increase the vulnerabilities of young people’s risk to county lines exploitation, especially those who are on the periphery.*

*“Unsupervised free time combined with lack of direction and guidance has proven to be a major factor increasing young people’s susceptibility.*

*“Some of the young people we support are coming from households where domestic violence, mental health illness, drug misuse is prevalent and they see school as a safe haven where adequate support is given and basic needs are met.”*

The Children’s Society produced a report into County Lines in July 2019 entitled ‘Counting Lives: responding to children who are criminally exploited’. [See link](#)

**London Resilience Plan for Hospital-based Violence Reduction Models**

NHS London’s Violence Reduction programme has developed an

emergency resilience plan to ensure hospital-based violence reduction models operating within London's Acute Trusts continue to support persons at risk of harm but doing so in a safe manner that follows social distancing guidance.

- It is recommended with immediate effect that hospital-based violence reduction services are withdrawn from the clinical environment.
- Violence reduction workers should be equipped with adequate resource to work from home, this means granting remote access for the workers to the hospital IT system, through VPN or similar.
- The hospital cannot be considered a place of safety for these patients, alternative accommodation must be sourced as early as possible.
- Hospitals should identify professionals, or teams, who are clinically involved with the patient's care and will be able to make an initial assessment of need, offer additional support, and record consent for patients.
- Each hospital should designate a key professional who has experience of the hospital-based violence reduction programme to act as central point of contact for the hospital site and be able to maintain close contact with the violence reduction workers.
- Workers should adhere to principles of social distancing. They should avoid staying in indoor spaces with clients or other professionals, wait at least 7 days after discharge to meet a young person, and should ensure prior to any meeting that the young person does not have a cough or fever. Teams should continue to offer support remotely as much as feasible, utilising novel means of communication.
- Hospital staff wherever possible should ensure victims of violence are referred to appropriate violence

reduction services. Appreciating the demanding workload in the current environment, a documented verbal consent from the patient and notification to violence reduction workers of a patient's attendance is enough.

### MOPAC London Community Response Fund

Two funding programmes have been launched by MOPAC.

Wave 1 Small Grants: the first wave of funding from the collaboration of funders was for grants of up to £5,000 for urgent needs with a focus on food and essentials. Over 700 applications were received within 8 days. *Wave 1 is now closed to applications*

Wave 2 has two funding programmes that are taking applications:

- Crisis response – grants of up to £10,000 to enable you to meet the immediate needs of communities, from food and essentials, to equipment and additional short-term staff costs;
- Delivering differently – grants of between £10,000 and £50,000 to enable you to change the way you deliver your work to ensure it continues to meet the needs of your communities, from switching to digital channels to redeploying staff to boost your capacity at a time of increased demand. In some circumstances we may consider grants above £50,000 but there must be a strong rationale in your application for this.

These will be especially helpful for small-medium scale specialist safeguarding organisations covering areas across London. MOPAC is encouraging organisations to apply here: <https://www.londoncommunityresponsefund.org.uk/funding/>

## **12. Safeguarding the vulnerable from scams:**

Criminals and radicalisers and those who present risk to vulnerable children and adults are using the Covid-19 outbreak to target people and their families who are self-isolating and staying indoors to work from computers and laptops at home, according to the National Crime Agency (see Prevent article).

There is also more opportunity for criminals to try and trick people into parting with their money at a time when they are anxious and uncertain about the future. This is especially relevant as older, more vulnerable people self-isolate and may be targeted

[Get Safe Online](#) (See link): - Provides practical advice on how people can protect their computers and mobile devices against fraud, identity theft, viruses, scamming, and also safeguard children online particularly during the Covid-19 pandemic.

According to Action Fraud the UK's national reporting centre for fraud and cybercrime Coronavirus (C-19) scams cost victims in the UK over £800,000 in a single month and they often target the elderly most vulnerable.

People should be wary of approaches from supposed travel agents, tour operators, airlines, cruise companies, insurance companies or compensation firms promising to arrange travel, accommodation or event entry refunds: they may well be fraudulent. If in doubt, customers should call the company they

have been dealing with, on the phone number you know to be correct. These approaches can take the form of emails, texts, social media posts, direct messages, online advertisements and phone calls.

They should also be very wary of ads for products such as facemasks, hand sanitiser, vaccines, cures and hard-to-get goods, as they could be for non-existent products. Never pay by bank transfer, and where possible pay by credit card as doing so provides additional protection.

Never click on unknown links in emails, texts or posts, or email attachments. They could link to websites that capture personal passwords and other confidential details or cause a malware infection, both of which can result in financial or identity fraud. They could also link to adult, hate, extremist or other content.

**Please see attached some further useful advice and guidance, including links to helpful websites which provide further information on how to guard against fraud during the Covid-19 outbreak.**



Covid-19 scams..pdf

## **Modern Slavery**

Modern slavery and human trafficking is a hidden crime, and its victims may be especially isolated during the Covid-19 outbreak. It is not the health professional's job to decide if someone is a victim, but if you do have concerns, raise them with your safeguarding lead or contact one of the organisations listed in the attached NHS Grab Guide



COVID-19 Modern Slavery and Human Tr

