NHS
Tower Hamle
Clinical Commissioning Gro

Level 3 Safeguarding 2018

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Named GPs for Safeguarding Children

http://gp.towerhamletsccg.nhs.uk/

Safeguarding Training Requirements

Level I – Receptionist, Admin staff

Refresher training 2 hours minimum

- On line Level 1 +/- practice training -safeguarding lead GP

Level 2 – HCAs, Phlebotomists, Practice nurses, Pharmacists

Refresher training 3-4 hours minimum

- On line Level 2 +/- practice training eg multidisciplinary practice safeguarding meeting eg reviews current local safeguarding issues, recent learning from serious case reviews.
- Some staff may be appropriate to attend level 3 training

Safeguarding Training Requirements

Level 3 Core - Practice Nurses in urgent care centres / walk in centres and Nurse Practitioners.

First year - 8 hours minimum

Refresher training 6 hours minimum over 3 Years

Level 3 Specialist– GPs (includes additional competencies)

First year- 16 hours minimum

Refresher training 12-16 hours minimum over 3 Years

Tower Hamlets Level 3 Training

On line Level 2

Level 3 Training half day

Practice Clinical Safeguarding meetings <5 and >5 yrs

MDT Safeguarding practice meetings

- reflection on learning from local and national serious case reviews and multiagency audits
- case reviews and significant events relating to safeguarding children

PLT s and interagency training on related topics

What action would you take?

- A 28 year old woman attends the Practice for a review on her mental health. She has a regular prescription for anti-depressants. She reports that she is still experiencing low mood and symptoms of depression. On this occasion you notice that she has old and new bruising to her face and arms.
- When you ask about the bruising she reports that she got into an argument with her boyfriend and it got physical. She assures you this was a one off and usually her partner is not violent although he does get angry and shouts at her often.
- She tells you that she has a 15 year old daughter with her ex-partner, her daughter does not reside with her but lives locally and comes to visit at the weekends (Friday after school until Sunday night)

The Multi-agency Safeguarding Hub (MASH)

- Multi-agency: CSC, Health, Police, Housing, Education
- Triages all new referrals
- Require use of **interagency referral form**
- **Consent based model**
  - unless seeking consent may increase the risk of harm to a child,
  - or where delay might increase the risk of harm.

Possible Outcomes of Referral

Level 1 Needs currently being met by another agency - no further action

Level 2 Referred to Early Help Hub – for targeted early help services e.g. parenting, educational psychology, family support (The Local Offer)

Level 3 Child in Need – assessment by social worker, section 17

Level 4 Child Protection – section 47 enquiry

Should expect a response within 24 hours

MASH Inquiry if at threshold - return within 4 hours.

Responding to Requests for Information Consent and Confidentiality

1. Understand rationale for the inquiry
2. Check consent – for both section 17 and section 47 inquiries.
3. If written consent not included, obtain it yourself if appropriate.
4. Obtain consent from teenagers if appropriate.
5. Keep a record of your decisions to disclose, or not to disclose, information.
6. Use new form

SCR Jamila – acute neglect

5 month old baby Jamila – died in Oct 2013

Mother aged 18, 3rd child

Forced marriage aged 13 in Somaliland and hx of DV.

Returned to UK in 2012 and came to Tower Hamlets

Gateway midwifery, health visitors, family support worker

Impressed by mother's parenting but a number of DNAs.

Assigned enhanced HV service as vulnerable but "client-led access".

Dropped out of contact after early July 2013.

Preschool concerns Sept 2013

LAS called Oct 2013 – Jamila in cardiac arrest 2^0 to malnutrition.

Children in severe state of neglect

Recommendations for Health

1. **Safeguarding MDT meetings** (under 5s and over 5s) – record in the patient's record.
2. **Practice DNA policy**
   – record all DNAs
   – consider safeguarding concerns and record this
4. **Barts Health Gateway midwifery team** info sharing: acknowledgment of referral, birth plan, discharge summary.
5. **Barts Health Midwifery** – improved system for recording DNAs

DID NOT ATTEND

Responding to a Child Not Brought

- What would you look for in the records to assess the safeguarding risk?

- What indicators of neglect would you look for?

Discuss in pairs

Protocol for Children Not Brought to Appointments

Hospital DNA letter received Or Appt missed in Primary Care

Code as **Child Not Brought to Appointment** (9Nz1)

Are there any safeguarding issues?

- Read child and family's notes on EMIS.
- Have there been multiple DNAs in 1° & 2° care?
- Other indicators of neglect? DV, substance abuse, severe mental illness.

NO Document your reasoning in the notes.
YES Follow flow chart for child protection, support and advice
Who else needs to know? HV, CAMHS, school nurse.

Does the child need re-referral?

LSCB SCR Thomas 2016

16 yr boy who sexually assaulted a young girl

Childhood in Cumbria to age 10:

- Extreme neglect of physical and emotional needs
- ? Sexual abuse
- Educational needs learning behaviour and emotions
- Considering legal proceedings when family moved to Tower Hamlets

LSCB SCR Thomas 2016

2008 Tower Hamlets social care - child in need

2009 weekly boarder at East Sussex special school for behaviour, difficulty accessing CAMHS

2013 considering removal into care, not pursued as almost 16 years

2014 allocated to Sheffield 52 week residential school. Before this move, there was an alleged sexual assault on another boy but not proven.

Communication failures on risk with Sheffield and "shared lives provider"

LSCB SCR findings – relevant to GPs

2. Assessments did not adequately explore indicators of sexual abuse

- if have concerns then refer.

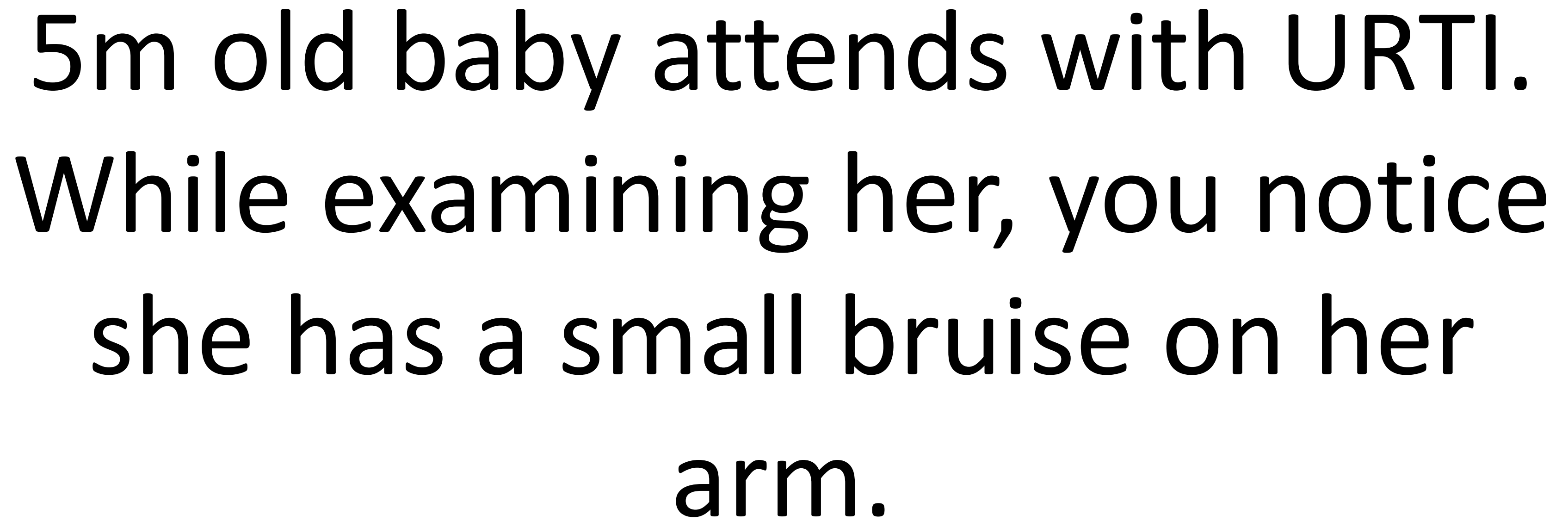
3. Mother’s aggressive behaviour deflected professionals from protecting the child

- discuss with others, use practice safeguarding MDT meetings.
- make sure you are hearing the child’s voice.

5. Residential school seen as protective did not protect when at home and no CAMHS provision.

6. Polarised professional viewpoints became entrenched

- escalate concerns if disagree with decision



What is the safeguarding concern?

Bruising in non-mobile children

Current SCR

Bruising is rare in infants and pre-cruisers

- Any bruise is highly significant
- Immediate referral to social care is obligatory

Bruising is common in cruisers and walkers

- Bruising in toddlers in atypical areas should raise concerns of NAI (trunk hands or buttocks)

If you suspect non-accidental injury

Examine fully and document findings

Refer immediately to CSC by phoning MASH

The duty Social Worker will decide if they will attend the surgery or meet the family at the hospital

KEEP THE CHILD AT THE SURGERY UNTIL SW HAS DECIDED

It is the responsibility of the SW to arrange a **safeguarding medical examination** by an Acute Paediatrician (includes Retinal exam, CT brain scan and skeletal survey)
Older non-mobile children (eg severely disabled) will be seen by Community Paeds

Difficult conversations

What would you say to the parent of a baby if you noticed a bruise?

Discuss in pairs.

4 times more likely to have MH needs

4 times more likely to commit suicide

4-5 times more likely to self harm

9 times more likely to have SEN

5 times less likely to achieve 5 good GCSE's

1:5 homeless people

1% of population but 7% of premature deaths

8 x more likely you be excluded from school

Less likely to go to university (3-6%) compared to 36% of general population

24% of male prison population 31% of female

70% of sex workers

Legal framework and definitions

'Looked After' Children - where local authority has obligations to provide for, or share, the care of a child under 16 years of age where parent(s) or guardian(s) are prevented from providing them with a suitable accommodation or care

- **Subject of a care order**: LA has parental responsibility
  - Section 31 (Care order)
  - Section 44 (Emergency protection order)
  - Supervision order, court bail, remand, secure accommodation order etc
- **Accommodated** (Section 20): LA does not have PR
- **Unaccompanied asylum seeking children**: LA has PR
- **Care leaver**: a person looked after for at least 13 weeks since the age of 14, and was in care on their 16th birthday

In practice

- Make sure that LAC are coded
- When making referrals to secondary care be explicit of their status and mark as urgent. Include details of PR.
- Be aware that parents can retain PR when children are in care (imms etc)
- Don’t assume that these children are now safe – be aware of ongoing safeguarding issues

Any concerns?

A 14 year old boy attends the surgery with a cousin. They are asking for him to be registered temporarily as he is staying with them for 6 weeks while his family is abroad.

Private fostering

A private fostering arrangement is when a child under the age of 16 (under 18 if disabled) is cared for 28 days or more by someone who is not their parent or a close relative

- "Private arrangement" = made without involvement of a local authority.
- "Close relative" = an aunt, uncle, step-parent, grandparent or sibling (whether of full blood, half blood or by marriage)
- Does **not** include a cousin, grand aunt/uncle or a family friend.

Which are Private fostering?

- 14 year old staying for the summer holidays (6 weeks) with a cousin aged 35.
- 17 year old with Cerebral Palsy staying with an aunt for 5 weeks.
- 16 year old child staying with a close friend of the family for 2 months.
- 12 year old child staying with grandparents for the last year as mother unwell.
- 17 year old with developmental disability staying a close family friend for 6 weeks whilst his parents are abroad.

What you must do:

- Duty to notify CSC of any intention or existing private fostering arrangement. (Children Act section 44)
- Notify CSC within 6 weeks of the arrangement starting.
- It is an offence if the parent/carer does not notify the council. Legal proceedings can occur.
- Refer to MASH
- Do you routinely ask who is with the child when you are consulting?