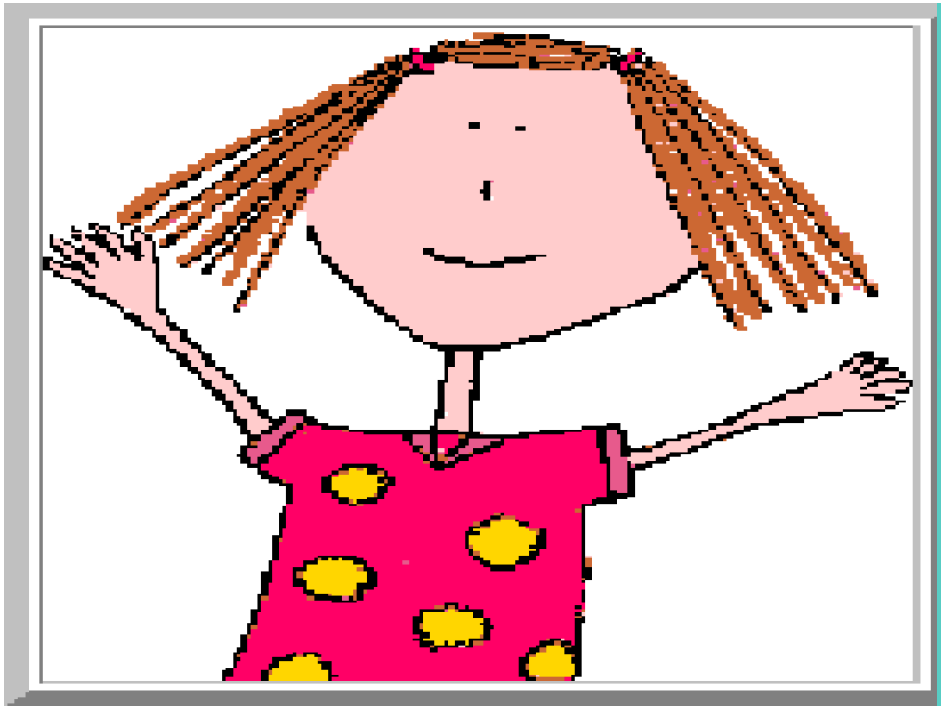
LEVEL 3 SAFEGUARDING CHILDREN 2017



Safeguarding Children

Aims and Objectives

- Draws on child & family focused clinical & professional knowledge and expertise of what constitutes child abuse
- Able to work with other professionals and agencies, with children, young people and their families where there are safeguarding concerns
- Documents and reports concerns, history taking & physical examination in a manner that is appropriate for safeguarding/child protection & legal procedures
- Know how to share information appropriately taking into account confidentiality and data protection issues
- Applies lessons learnt from serious case reviews to improve practice

MEET OUR TEAM

Designated Doctor
Jan Reiser

Named Doctor
Olive Hayes

Acting Named Nurse /Child Protection Specialist/Liaison Health visitor
Bev Morrison

Named Midwife Teresa Drakes
Safeguarding midwife Emma Bell

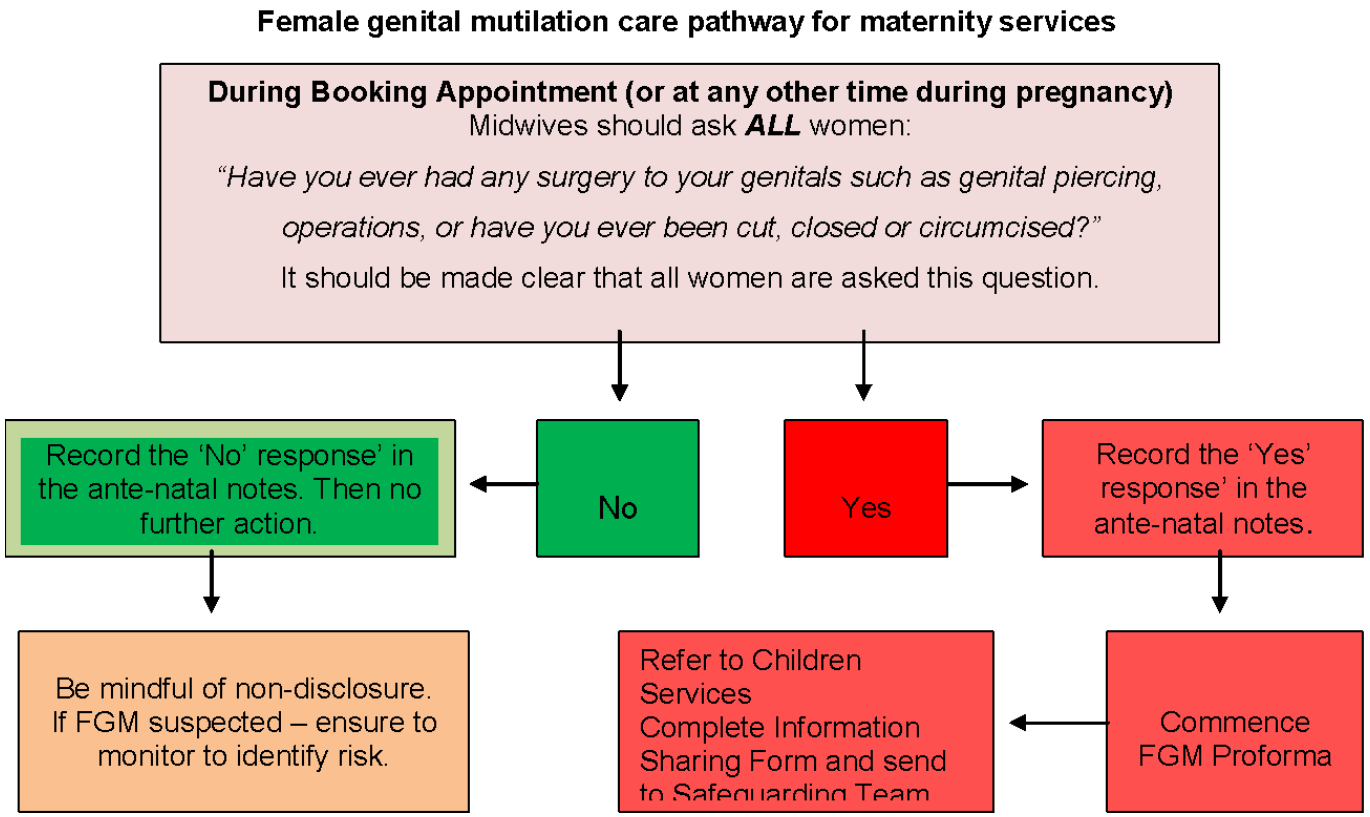
Child Protection Nurse/Lead Trainer
Kim Rundell

Safeguarding Children 2017

Female Genital Mutilation

There are an estimated 137,000 women and girls with FGM in England and Wales (NSPCC 2016)

Female Genital Mutilation



Child Sexual Exploitation

- CSE is a growing national concern
- Would you recognise if a child or young person was being sexually exploited?
- Children's Services **0300 123 4043**
- Operation HALO on **101**
- For further guidance on sexual exploitation visit:

  www.hertssafeguarding.org.uk

Child Sexual Exploitation

CHILD SEXUAL EXPLOITATION PROMPT CARD

To be used with the CSE Checklist

S - ***Sexual Health and Behaviour*** = Evidence of STI's, pregnancy and/or termination; inappropriate sexualised behaviour.

A - ***Absent from school*** or repeatedly running away from home or care.

F - ***Familial abuse*** and/or problems at home. Evidence of/known other abuse types inc. forced marriage, HBV, DV, Substance misuse, parental mental health, criminality, homelessness/living in care.

E - ***Emotional and Physical*** = Self-harming, low self-esteem, learning difficulties, poor mental health, changes in physical appearance.

G - ***Gangs and involvement in crime*** and other individuals who are sexually exploited, lacking friends within own peer group.

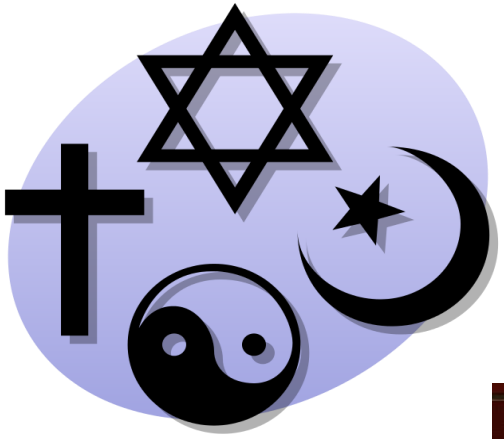
U - ***Use of technology and sexual bullying***. Evidence of 'sexting' and inappropriate photos.

A - ***Alcohol and drug misuse***.

R - ***Receipt of unexplained gifts*** or money, new phones and clothes.

D - ***Distrust of authority figures***, resistance to communicating with parents/carers, teachers, health.

Grooming/Bullying/Radicalisation



Back to basics

Who is living with the children?

What should we consider when adults are accessing our care?

familiesfirstportal@hertfordshire.gov.uk

Families First

Early help, brighter futures

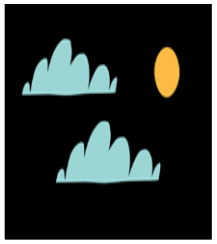
Think Family

Looked after Children

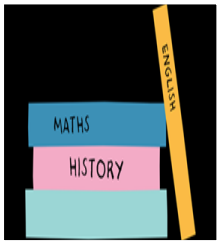
Currently 93,000 children in care system

More than half are taken into care because of abuse and/or neglect

A small proportion of children in care experience further abuse and neglect whilst in care



Children in care are 4 times more likely to have a mental health problem



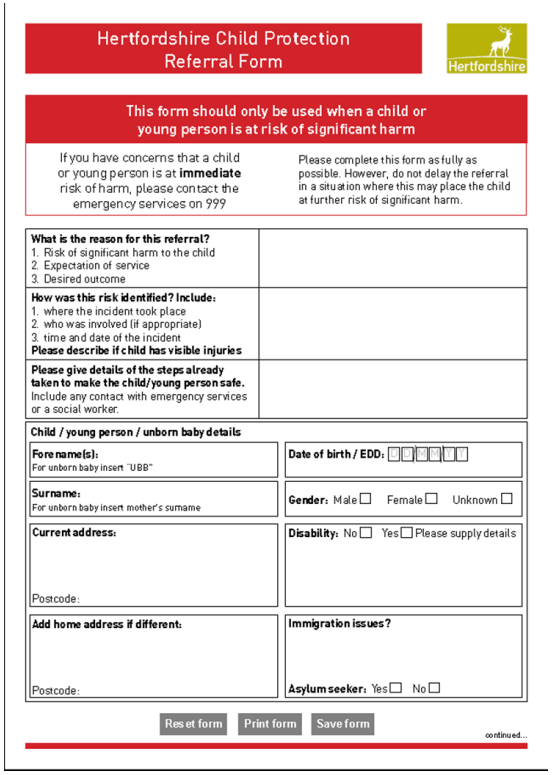
Children in care are less likely than their peers to do well at school

Its estimated 20 to 35% of sexually exploited children are in care

Serious Case Review Hertfordshire

- Feb 2015 – 17yrs. – MH issues – suicide
- May 2016 – 4yrs. – killed by her father
- Nov 2016 – 8yrs. – disabled child - physical abuse

Referrals and Sharing Information



Hertfordshire Child Protection Referral Form

Hertfordshire

This form should only be used when a child or young person is at risk of significant harm

If you have concerns that a child or young person is at **immediate** risk of harm, please contact the emergency services on 999

Please complete this form as fully as possible. However, do not delay the referral in a situation where this may place the child at further risk of significant harm.

What is the reason for this referral? 1. Risk of significant harm to the child 2. Expectation of service 3. Desired outcome	
How was this risk identified? Include: 1. where the incident took place 2. who was involved (if appropriate) 3. time and date of the incident **Please describe if child has visible injuries**	
Please give details of the steps already taken to make the child/young person safe. Include any contact with emergency services or a social worker.	

Child / young person / unborn baby details

Forename(s): For unborn baby insert "UBB"	**Date of birth / EDD:** D D M M Y Y
Surname: For unborn baby insert mother's surname	**Gender:** Male ☐ Female ☐ Unknown ☐
Current address: Postcode:	**Disability:** No ☐ Yes ☐ Please supply details
Add home address if different: Postcode:	**Immigration issues?** **Asylum seeker:** Yes ☐ No ☐

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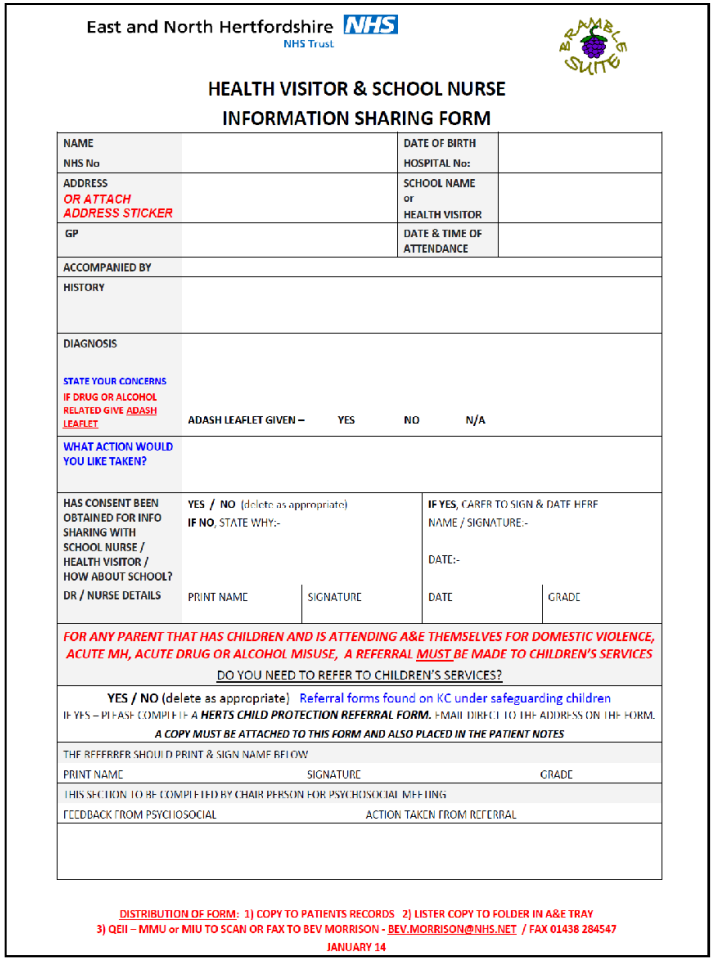
East and North Hertfordshire NHS

HEALTH VISITOR & SCHOOL NURSE
INFORMATION SHARING FORM

East and North Hertfordshire NHS

MATERNITY SAFEGUARDING CHILDREN
INFORMATION SHARING FORM

Information Sharing



East and North Hertfordshire NHS
NHS Trust

HEALTH VISITOR & SCHOOL NURSE
INFORMATION SHARING FORM

NAME NHS No		DATE OF BIRTH HOSPITAL No:	
ADDRESS *OR ATTACH ADDRESS STICKER*		SCHOOL NAME or HEALTH VISITOR	
GP		DATE & TIME OF ATTENDANCE	
ACCOMPANIED BY			
HISTORY			
DIAGNOSIS STATE YOUR CONCERNS IF DRUG OR ALCOHOL RELATED GIVE ADASH LEAFLET	ADASH LEAFLET GIVEN – YES NO N/A		
WHAT ACTION WOULD YOU LIKE TAKEN?			
HAS CONSENT BEEN OBTAINED FOR INFO SHARING WITH SCHOOL NURSE / HEALTH VISITOR / HOW ABOUT SCHOOL?	YES / NO (delete as appropriate) IF NO, STATE WHY:-	IF YES, CARER TO SIGN & DATE HERE NAME / SIGNATURE:- DATE:-	
DR / NURSE DETAILS	PRINT NAME / SIGNATURE	DATE / GRADE	

FOR ANY PARENT THAT HAS CHILDREN AND IS ATTENDING A&E THEMSELVES FOR DOMESTIC VIOLENCE, ACUTE MH, ACUTE DRUG OR ALCOHOL MISUSE, A REFERRAL MUST BE MADE TO CHILDREN'S SERVICES

DO YOU NEED TO REFER TO CHILDREN'S SERVICES?

YES / NO (delete as appropriate) Referral forms found on KC under safeguarding children

IF YES – PLEASE COMPLETE A ***HERTS CHILD PROTECTION REFERRAL FORM.*** EMAIL DIRECT TO THE ADDRESS ON THE FORM.

A COPY MUST BE ATTACHED TO THIS FORM AND ALSO PLACED IN THE PATIENT NOTES

THE REFERRER SHOULD PRINT & SIGN NAME BELOW

PRINT NAME SIGNATURE GRADE

THIS SECTION TO BE COMPLETED BY CHAIR PERSON FOR PSYCHOSOCIAL MEETING

FEEDBACK FROM PSYCHOSOCIAL ACTION TAKEN FROM REFERRAL

DISTRIBUTION OF FORM: 1) COPY TO PATIENTS RECORDS 2) LISTER COPY TO FOLDER IN A&E TRAY
3) QEII – MMU or MIU TO SCAN OR FAX TO BEV MORRISON - BEV.MORRISON@NHS.NET / FAX 01438 284547
JANUARY 14

- Original copy in patients records/scanned onto EPR
- Photocopy in sharing info folder in Children's ED/bluebell ward for Liaison HV
- Wednesday Psycho-social meeting

Maternity Information Sharing

East and North Hertfordshire NHS
NHS Trust

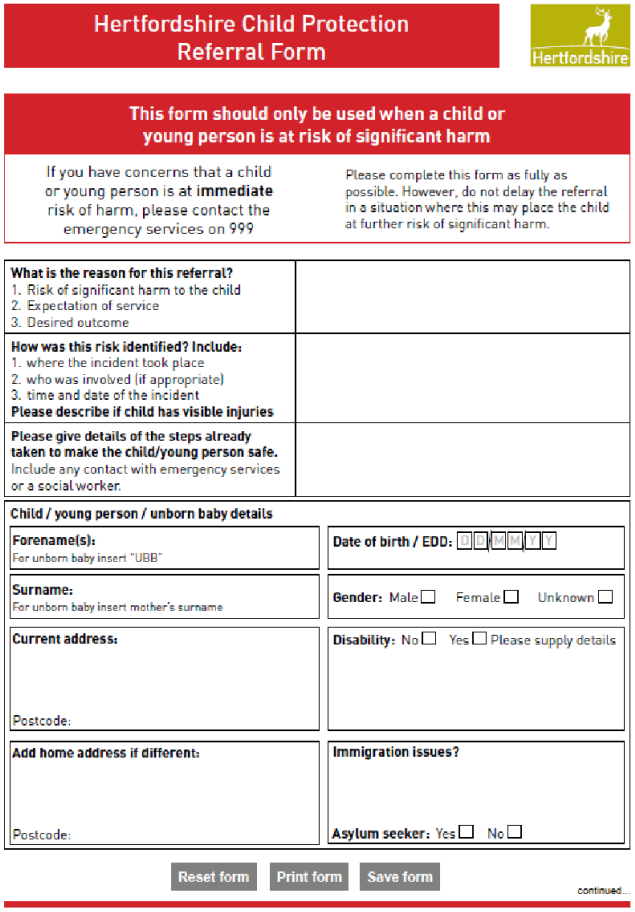
MATERNITY SAFEGUARDING CHILDREN
INFORMATION SHARING FORM

- Completed on line
- E-mail to

maternitysafeguarding.enh-tr@nhs.net

- Safeguarding midwife to triage and upload to V drive
- Discussed at twice monthly info sharing meetings

Referrals to Children's Social Care



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Current address: Postcode:	**Disability:** No ☐ Yes ☐ Please supply details
Add home address if different: Postcode:	**Immigration issues?** **Asylum seeker:** Yes ☐ No ☐

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- Refer to the county where child resides
- State your concern for the child clearly
- If you make a referral by telephone, then follow up in writing within 24 hours
- Original in patients records/scanned to EPR, copy to safeguarding team

Referrals Exercise

Referrals and Sharing Information

- What is the reason for referral?
- Has the risk to the child/UBB been identified?
- What is the expectation of the service?
- What is the desired outcome?
- Is the child/young person currently in a safe place?
- Has CS already been made aware of this family?

Referral/Info sharing

- 27 year old lady brought to ED following intentional overdose of Paracetamol, codeine and wine. This is not her first suicide attempt and has been known to Mental Health services since the age of 16. She has two children aged 8 and 3 years.

Referral/Info Sharing

- A 10 year old child presents to ED with fracture to left elbow after falling off a swivel chair 8 days ago. He also has a bruise under his left eye and bruise to his right shin.

Referral/Info sharing

- 16 year old boy brought to ED by police following an alleged assault by his dad. He left the house to stay at a friend's and has expressed a desire not to go home.

Referral/Info sharing

- 27 year old lady attends booking clinic at 10 weeks pregnant. She has a history of alcohol dependence and drug use. She is currently staying in a homeless hostel and her 3 year old son is being cared for by grandparents.

Referral/Info sharing

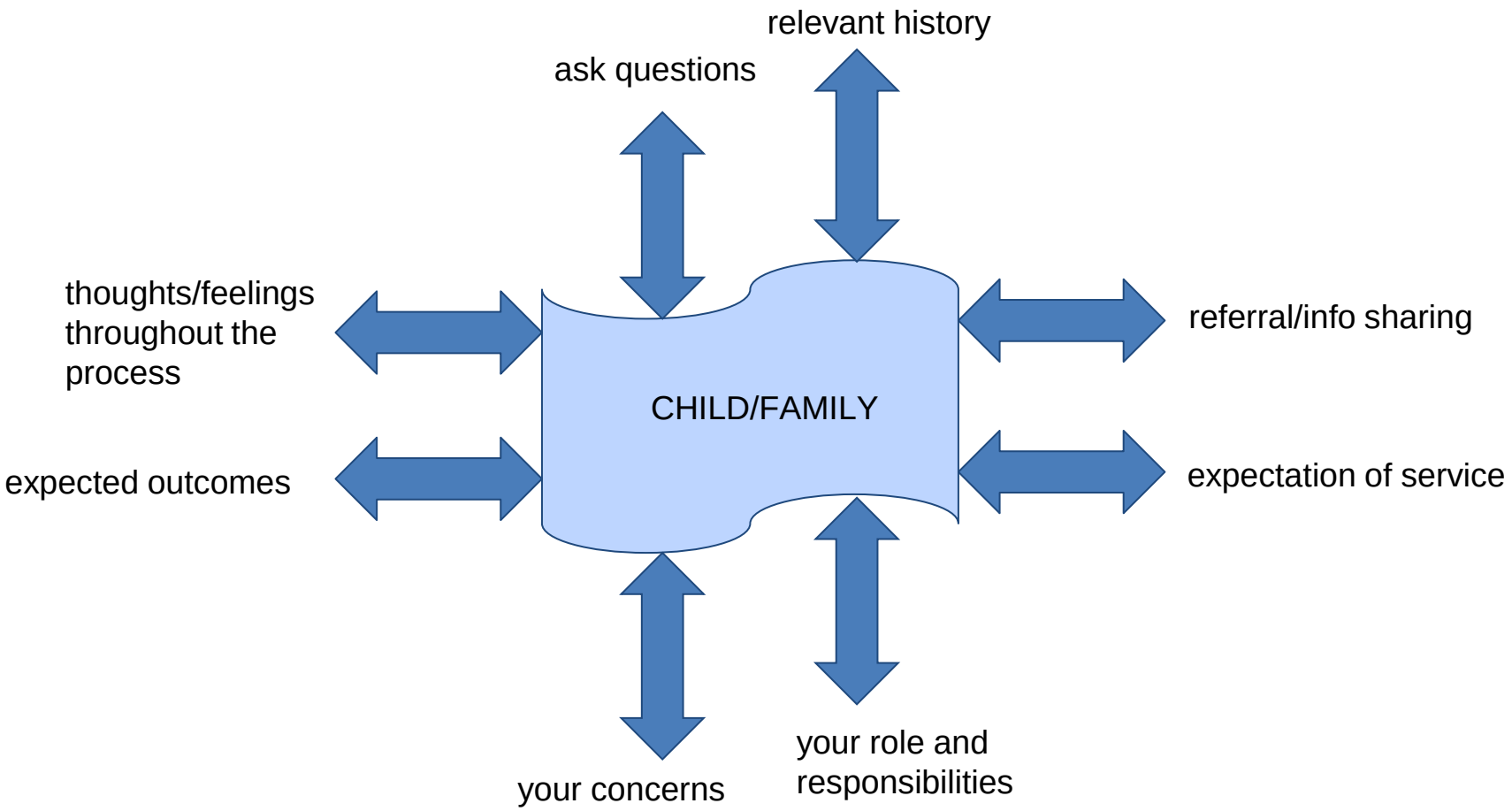
- 5 week old baby presents to ED with history of dad tripping over 4 hours previously whilst holding the baby and falling with him. On examination, the baby is found to be irritable and not handling well. There is also significant bruising to his forehead, upper lip, eyebrow and left nipple.

Sharing Information

- Effective sharing of information
- Early sharing of information
- Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children.

15 minute break

CASE STUDIES



Baby B

- Female infant born May 2016 to Anne and John
- Both parents have learning difficulties
- This is Anne’s fifth pregnancy
- Anne has a history of depression
- John has a history of volatile & aggressive behaviour
- Both parents have had children who have been removed and adopted

Baby B

- Referral to CS (what should the referral say?)
- Pre and post birth plan in place (what would you like to see in place prior to delivery?)
- What is your role whilst caring for Anne and the baby on the post-natal ward?
- What concerns do you have about the parents ability to care for their baby?
- What is your input during the discharge planning meeting?

Calum, head injury, age 5 months

- Jo (19yrs.) concealed her pregnancy until 33/40
- Jo initially lived with Calum and Steve (Steve is not Calum's dad) in the family home with her parents
- Bruising seen to Calum's cheek by childminder
- Attendance at ED for minor head injury
- Further attendances at 2 different GP surgeries
- Admission to hospital for dehydration
- CT scan shows subdural bleed

Calum, head injury, age 6 months

- Are you concerned that Jo booked late into her pregnancy/what would be your next step?
- Do you want any other information about the family?
- What support systems would you like to have seen put in place to help this family?
- What is the childminder's role/responsibility?
- Do you think enough information was shared amongst professionals involved?

Katie, self harm, age 15 years

- Late Nov – Katie discloses bulimia to teachers
- Paracetamol overdose, no medical help sought
- Early Dec – Referral to CAMHS (not seen)
- Mid Dec – Self harming episode by cutting herself
- Suicide letters found/intention to commit suicide
- Re-referral to CAMHS (furthers delays)
- Jan 3rd – Seen by CAMHS
- Jan 4th – Katie took her own life

Katie, self harm, age 15 years

- What was the teacher's role/responsibility following Katie's disclosure?
- What are your views on the decision not to seek medical help following the overdose?
- What measures should have been put in place to safeguard Katie?
- Are young people with mental health issues consistently failed?

My documentation is requested by courts and I need to provide a statement…….

Documentation

- Used for SCR's/SI's etc.
- May be used by courts
- Be factual/clear/precise
- Write verbatim what the child says
- Document your plan
- Sign/date/print/role

Safeguarding Children

Assume nothing
Believe nothing
Check everything
Document everything

Thank you……..


why
when
who
where
what
why
QUESTIONS
who
how
where
who
what
how
why
when

CASE STUDIES

Do you want to ask any other questions?
What is the relevant history of the child/family?
Think about referral and/or information sharing
What do you think the outcome should be?
(There may be more than one possible outcome)
What is your role/responsibility/expectation?
What are your feelings/responses to the case?

Fabricated or Induced illness (FII)