

Safeguarding Forum Southwark

Wednesday 27th May 2020

Virtual meeting

- Mute microphone
- Recording
- Use chat function for questions- we'll come to at the end of each section
- Share challenges and success in terms of safeguarding at this time using chat function
- First virtual forum meeting, please bear with any hiccups



Agenda

- Local update
- Safeguarding Training
- Serious Case Review -Child C
- Domestic Homicide -RP
- Safeguarding in the time of Covid-19



Local Updates

- Children Social Care Contact and MASH
- Family Early Help
 - <https://www.1stplace.uk.com/the-hub>
 - <https://www.youtube.com/channel/UCOcbH18Gxw8uLNmKKIGiFFQ/videos>
- Impact of Covid-19 on our most vulnerable
 - Digital poverty
 - School attendance
- Single points of access
 - Health visitors **0203 049 8166** gst-tr.spahealthvisitingervicesouthwark@nhs.net
 - School Nurse **0203 049 4777** gst-tr.SchoolNurseSPE@nhs.net



Southwark Safeguarding Children Board

Multiagency threshold guide

Welcome to Southwark thresholds guide. This guide is produced to support and promote the identification of needs, and to assist practitioners in how best to help protect children, young people and families.

DEVELOPMENT OF THE BABY, CHILD OR YOUNG PERSON

This includes the child's health, family and social relationships, including primary attachment, and emotional and behavioural development. Some of the indicators will depend on the child's age. These are guidelines to support practitioners in their decision-making. This is not intended to be a 'tick box' exercise and practitioners should use their professional judgement.

| Tier 1 Children with no additional needs whose health and developmental needs can be met by universal services. | Tier 2 Children with additional needs. Universal services and/or support from Family Early Help. | Tier 3 Children with complex multiple needs. Statutory and specialist services. | Tier 4 Children in acute need |
|--|---|---|--|
| Developmental milestones met. | Some developmental milestones are not being met which will be supported by universal services. | Some developmental milestones are not being met which will require support of targeted/ specialist services. | Developmental milestones are significantly delayed or impaired. |
| The child is healthy and does not have a physical or mental health condition or disability. | The child has a mild physical or mental health condition or disability which affects their everyday functioning but can be managed in mainstream school. Child may be on school action or action plus/SEN statement. Child in hospital. | The child has a physical or mental health condition or disability which significantly affects their everyday functioning and access to education. Child may have SEN statement. | The child has a complex physical or mental health condition or disability which is having an adverse impact on their physical, emotional or mental health and access to education. |
| The child is healthy, and has access to and makes use of appropriate health and health advice services. | The child rarely accesses appropriate health and health advice services, missing immunisations. | There is no evidence that the child has accessed health and health advice services and suffers chronic and recurrent health problems as a result. | The child has complex health problems which are attributable to the lack of access to health services. |
| The child undertakes regular physical activities and has a healthy diet. | The child undertakes no physical activity, and/ or has an unhealthy diet which is impacting on their health. | The child undertakes no physical activity and has a diet which seriously impacts on their health despite intensive support from targeted services. | Despite support, the child undertakes no physical activity and has a diet which is adversely affecting their health and causing significant harm. |

Safeguarding Training

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

Fourth edition: January 2019

INTERCOLLEGIATE DOCUMENT



Published by the Royal College of Nursing on behalf of the contributing organisations:

| | |
|---|---|
| College of Paramedics | British Society of Paediatric Dentistry |
| Institute of Health Visiting | Royal College of Nursing |
| School and Public Health Nursing Association | Royal College of Midwives |
| Royal College of Physicians & Surgeons of Glasgow | Community Practitioners and Health Visitors Association/UNITE |
| Society and College of Radiographers | Vision UK |
| Royal College of General Practitioners | Royal College of Anaesthetists |
| Royal College of Speech & Language Therapists | Faculty of Forensic and Legal Medicine |
| Royal College of Psychiatrists | Royal College of Paediatrics and Child Health |
| National Safeguarding Team - Public Health Wales | British Association of Paediatric Surgeons |
| National Pharmacy Association | College of Optometrists |
| British Dental Association | Royal Pharmaceutical Society |

Adult Safeguarding: Roles and Competencies for Health Care Staff

First edition: August 2018

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For review 2021

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| The British Association of Social Workers | Royal College of Midwives |
| British Dental Association | Royal College of Occupational Therapists |
| British Geriatrics Society | Royal College of Ophthalmologists |
| Chartered Society of Physiotherapy | Royal College of Physicians |
| College of Paramedics | Royal College of Psychiatrists |
| The College of Podiatry | Royal College of Radiologists |
| Institute of Health Visiting | Royal College of Speech and Language Therapists |
| Royal College of General Practitioners | Royal Pharmaceutical Society |
| Royal College of Nursing | The Society and College of Radiographers |

Evidence minimum of 8 hours of training over 3 years

Level 3 reflects the needs of clinical staff who contribute to assessing, planning, intervening and/or evaluating the needs

- of a child or young person and/or parenting capacity
- where there are adult safeguarding concerns (as appropriate to role)

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Face to face training

Online learning

- e-LFH
- SCIE
- www.mylearningsource.co.uk
- Bluestream

Audits

Experiential learning

- Involvement in serious case/local learning review, case conference, MDT, domestic homicide review

Child C- Serious Case Review

Working Together to Safeguard Children

- A guide to inter-agency working to safeguard and promote the welfare of children

Chapter 4: Improving child protection and safeguarding practice

10. Serious child safeguarding cases are those in which:

- abuse or neglect of a child is known or suspected **and**
- the child has died or been seriously harmed

The purpose of reviews, at both local and national level, is to identify improvements to be made to safeguard and promote the welfare of children.

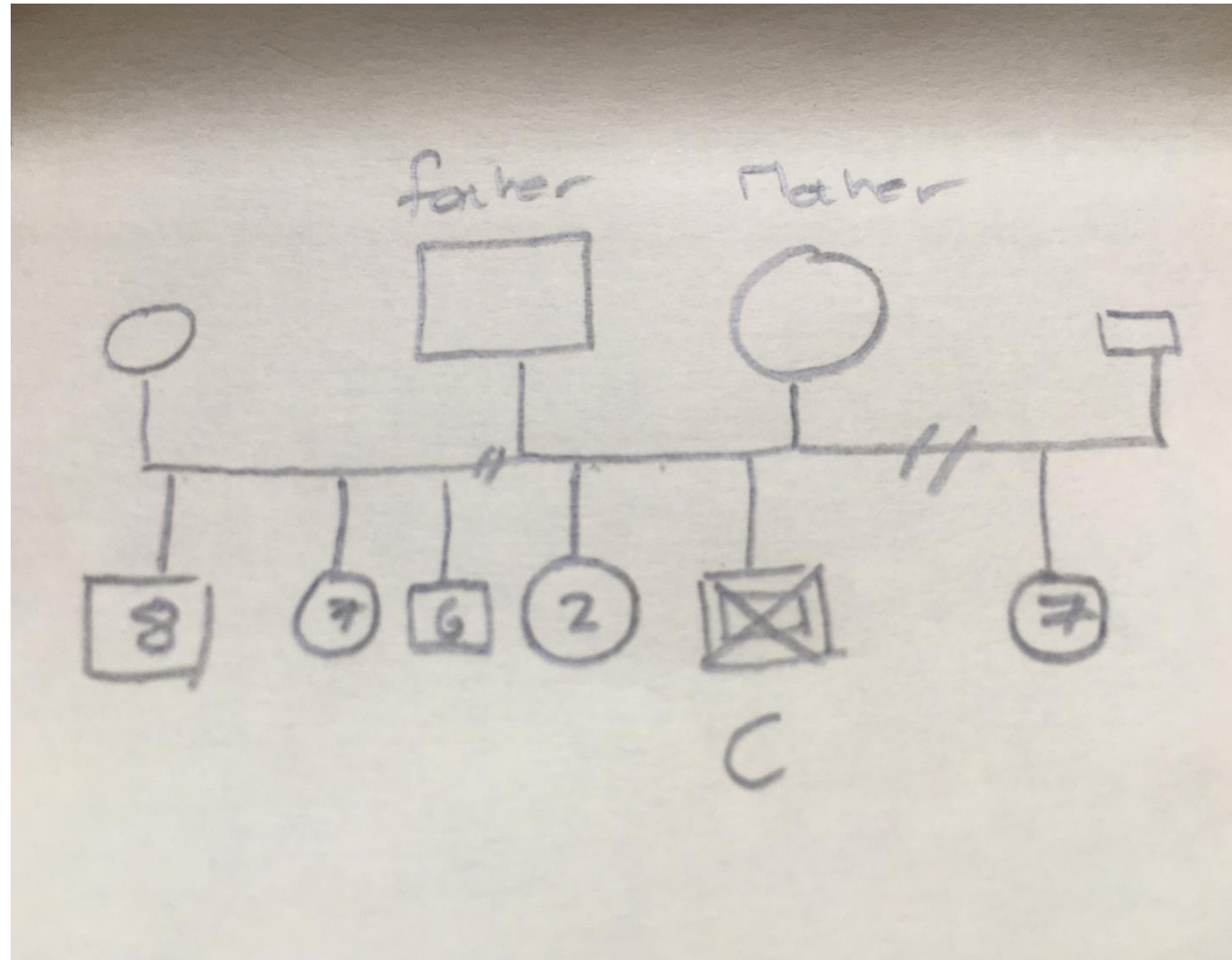
Learning is relevant locally, but it has a wider importance for all practitioners working with children and families

Important to understanding whether there are systemic issues

Child C- summary and context

- Child C's mother and father moved to Southwark in June 2017
 - Placed in temporary accommodation after presenting as homeless to Westminster local authority,
- Child C born 40+4, September 2017, no antenatal concerns
- No concerns noted at by Health Visitor or GP practice teams at new birth and 6-8 week check
- Ambulance called March 2018, found lifeless in cot, resuscitation was unsuccessful, pronounced deceased in hospital aged 25 weeks
- Post mortem report
 - cause of death as Staphylococcal scalded skin syndrome complicated with acute bronchopneumonia
 - Significantly underweight, same weight at 25 weeks (0.4th centile) as at 7 weeks (25th-50th centile)
- Rapid response meeting
 - The parents appeared to have links to Hillingdon, Ealing, Reading, and Haringey, Westminster and Southwark Housing or Social Care services.

Genogram



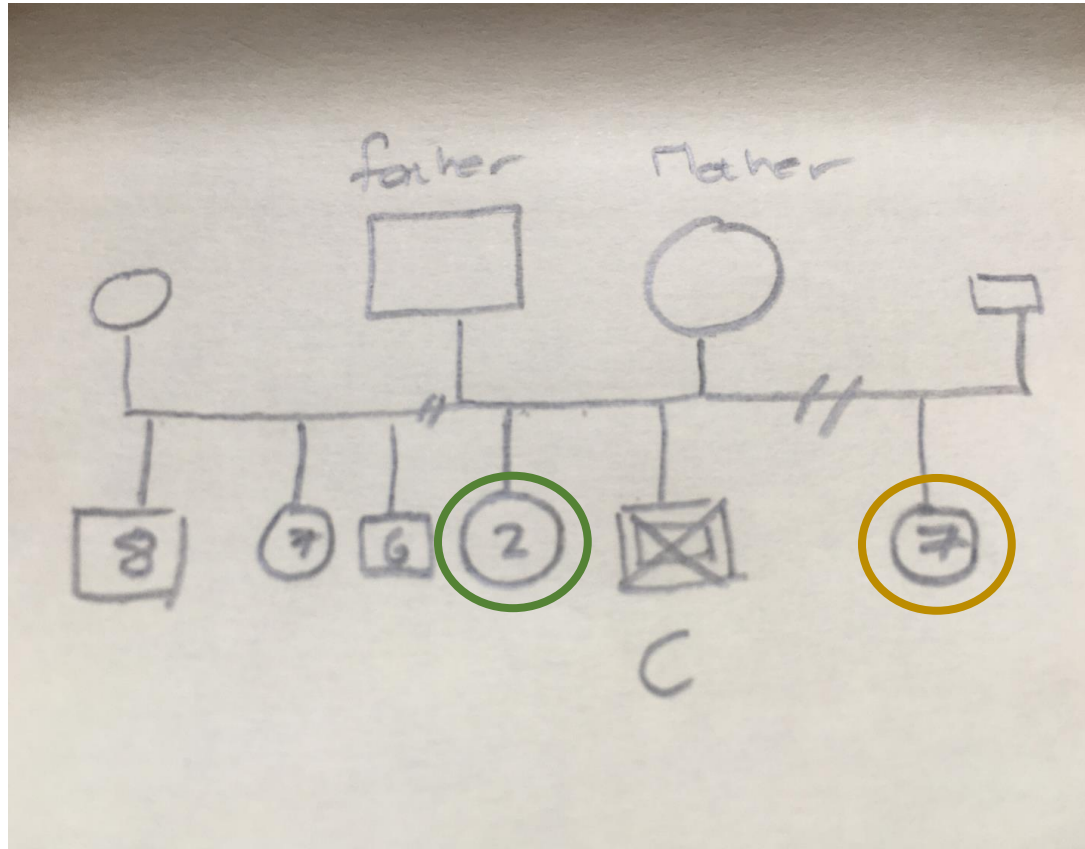
Primary Care- 'what did we know?' Child C

- Mother registered at GP1 in August 2017,
 - Presumably self-referred to antenatal as she was not referred by the practice
- Child C registered 1 week after birth, brought on time for 6w baby check and first primary imms.
- Mother and Child C registered with a second practice GP2 Jan 2018,
 - address unchanged, reason for change not known
- GP2 Records transferred GP2GP
- Not brought for any further immunisations, no reminder letters
- Telephone triage call with GP 2 days prior to death.
 - Records indicate mother stated Child C had eczema, creams were issued and advice given.
- No record Child C had been seen for eczema before

Primary Care- 'what did we know?' Mother

- (GP1) Mother's GP records were transferred on GP2GP
- Medical summary problem list congested with 9 non-specific system based codes with no evidence she had number of multi-system illness
 - e.g. Digestive system disease NOS, mental disorder NOS, circulatory disease NOS
- 'Assault' and 'victim of domestic violence' active significant problems
- Succinct discharge summary from maternity with no record of safeguarding concerns
- Attended post-natal check
 - Discussion on health and well-being, no record of mood or social history
- (GP2) Re-registered and records were transferred on GP2GP with long list of likely error codes remaining
- Seen once a number of months following the death of Child C, presenting for antenatal clinic referral, reported older daughter keeps going into rooms looking for Baby C

Pre-Southwark 'what didn't we know?'



- Mother's eldest daughter (Child C's maternal half-sister) lived with father full-time
- Child C's full sibling – taken into care at 3 months due to domestic violence and at the time of writing the report was awaiting adoption
- Father – lengthy criminal history, including violence offences
- Clear threshold for urgent MASH referral for Child C

Primary Care- 'what didn't we know?' Mother

Pre-Southwark EMIS records

- Records from 2 previous borough areas from 2011
- 3 requests for information from Hillingdon social care 2015,
 - one initial assessment, 2 case conferences, no records as to outcome, good practice that these were scanned onto mother's notes
- Maternity discharge references 'safeguarding issue, social service involved'
 - Mother has been living in a refuge in 2015 at time of pregnancy with older sister
- 6w post-natal check 'victim of DV' coded as significant problem, no comment as to action
- Cross over time during this pregnancy, seemed to be registered at 2 practices and 2 antenatal departments at once
 - Email from MW with concerns

Multi-agency learning

- No referral from hospital to HV as standard- likely as late booking
- HV changed when family registered at GP2
 - At new birth review parents stated that the 2 ½ year old was at nursery
 - First HV made enquiries about 2 year old daughter as down as living with them
- Faltering growth not known to health care professionals
 - Weight below 0.4th centile at post-mortem, 25th-50th at 7 weeks

Multi-agency learning-Themes

- Historical information held on electronic systems of health, CSC, police in several other boroughs
- Child C's contact during life was with health practitioners
- Enhanced HV service would have been in place if child protection hx known, faltering growth would have been identified
- Threshold for MASH referral met antenatally
- If child protection concerns recognised, GP may have responded more extensively to phone call 2 days prior to death.
- Transient, sometimes deliberately evasive families

Key Learning and Recommendations

- Post-natal review
 - Routine enquiry as to mood and domestic abuse
- Practice summarisation
 - Historic child protection cases flagged to safeguarding lead to ensure information coded in most appropriate way and consider if enquiries needed with previous practice
- Record keeping
 - Continue to scan child protection information and apply appropriate codes to parents/carers and index children
- GP2GP
- Antenatal referral
 - Self-referrals- are you receiving notifications? Are they going to a clinician?
 - Updated GST and KCH forms contain question on safeguarding concerns