

GP Safeguarding Leads Forum

27th Jan 2021

Southwark Multi-Agency Thematic Learning Review
Child A and B

Published March 2020

Serious Youth Violence

Webinar 2 Safer London

<https://saferlondon.org.uk/december-2020-webinar-series/>

Health based solutions

0.10-2.28- Voice of the young person- keeping young people in mind

Child B- Case Summary

Aged 15 years 8 months– Stabbed in August 2018, sustained significant life changing injuries

Victim of stabbing with short admission 7m prior

Southwark Safeguarding Children Board (SSCB- now Safeguarding Children Partnership) agreed to undertake Multi-Agency Thematic Learning Review focussed on the 12 months leading up to the incident

Registered with 1 Southwark GP, with short period in Surrey when became Looked After Child

GP- what did we know?

Registration- adult given as 'guardian'

Child B does not appear to have any significant past medical history, there is no report of any long-term medical condition, learning difficulty or physical disability.

Seen one month later presenting with headaches

Feb 2018- Registered in Surrey, confirmed as Looked After at registration with letter from Foster Carer, GP2GP failed

Mar 2018- Admission KCH traumatic pneumothorax and haemothorax 2ry stabbing left axilla, invited for review

Later in month re-registered in Southwark, GP2GP failed

CAMHS (carelink) input- extensive social history detailed, concern about cannabis use

Further detail on history of trauma, exposure to mother's mental health, witnessing domestic violence and possible physical violence from father and step-father. Deemed to have lived independently with no clear parental figure.

Risk noted that child out of school.

Two letters- From audit trail neither appear to have been seen by clinician

April 2018- PN appt for removal of sutures- at this point no discharge summary on EMIS

Aug 2018- PN appt for removal of sutures- at this point no discharge summary on EMIS

Aug 2018- Multiple stab wounds, emergency laparotomy, detailed gang related, Redthread support noted,

Discharge summary not reviewed by clinician, highlighted instruction to GP practice for suture removal in 7-10days

Background and Trauma

Born locally at St Thomas' Hospital and at some point moved to Manchester, under the support of the National Asylum Support Centre

2006 Emergency Protection Order, and was a Looked After Child in July 2006-
maternal serious mental illness and domestic abuse

2008 Subject Child Protection Plan category neglect
-unclear when he return to his family

Frequently moved between the care of his parents

2016 moved back to mother ?Around time of a mental health unit admission

2017 death of mother Nov/Dec, subsequent deterioration in behaviour, noting
victim of stabbing Jan 2018

Discussion

Recognition and response to impact of trauma as early as possible

Threshold for referrals- MASH, FEH

Practice processes

- Registration- opportunity to invite for review to clarify social situation

- Summarisation- opportunity to add further codes to records to reflect background e.g. death of mother, low threshold to flag to GP

- Clinical letter processing-coding, identify any social care letter for GP workflow and lifting context in EMIS record

Professionally curious

GP2GP- flagged nationally

Child A-Case Summary

Aged 17 yrs 6 m, shot and killed in Southwark

Victim of stabbing 2016

Southwark Safeguarding Children Board (SSCB- now Safeguarding Children Partnership) agreed to undertake Multi-Agency Thematic Learning Review focussed on the 12 months leading up to the incident

Incident within 3months of Child B, review commissioned together

Registered at one Southwark practice since birth

GP- what did we know?

Registered since birth alongside mother and younger sister

Child A did not appear to have any significant past medical history, there is no report of any long-term medical condition, learning difficulty or physical disability.

- 2011 Note about a Section 47 - no wider context or outcome
Was Subject to CPP- concerns about domestic abuse by his Step-father
- July 2015 Mother presented, concerned about son's involvement in gang culture, recent school expulsion, he'd had a bike stolen at knife point, Mother felt he needed a male role model. Sought support for her own stress.
Mother reported as not engaging with professional during earlier Child in Need plan
MASH referral sent by SLAM- not allocated
IAPTs assessment for mother triggered Family Early Help referral
- 2016 Traumatic pneumothorax- KCH discharge notes discharged to Red Thread

Child not see at practice during period of review

Background and Trauma

Domestic abuse in household and possibly physical abuse

Concerns about behaviour at start of secondary school, excluded a year later and placed in alternative provision

Known to Children's services, Police, Youth Offending Service (YOS)

Sent to live abroad for several months for his own protection, killed on return to his local area

GP-community based – team reflected that had spoken with many patients near the time in the locality directly and indirectly affected

Discussion

Recognition and response to impact of trauma as early as possible

Threshold for referrals- MASH, FEH

Parent presentations

‘The medical notes do not accurately reflect the social aspect of challenges and difficulty in the young person in part due to limited information sharing and in part due to limited record keeping.’

Child in Need plan

HV involved as sibling under 5 years main source of information

Likely GP would have had less information otherwise

Thresholds



Southwark Safeguarding Children Board

Multiagency threshold guide

Welcome to Southwark thresholds guide 2019, published by Southwark Safeguarding Children Board. This guide has been produced to support and promote the effective and early identification of needs, and to assist professionals in deciding how best to help protect children, young people and families.



FAMILY AND ENVIRONMENTAL FACTORS

Including access to and use of: community resources; living conditions; housing; employment status; legal status. 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
The neighbourhood is a safe and positive environment encouraging good citizenship.	The child is affected by low level anti-social behaviour in the locality which the parent is having difficulty managing.	The neighbourhood or locality is having a negative impact on the child – for example, the child is a victim of anti-social behaviour or crime, or is participating in anti- social behaviour or at risk or participating in criminal activity.	The neighbourhood or locality is having a profoundly negative effect on the child who is involved in frequent anti-social behaviour and criminal activity.
The family members are not involved. in gangs.	There is suspicion, or some evidence that the family are involved in gangs.	There is a known involvement in gang activity.	There is a known involvement in gang activity which is impacting significantly on the child and family.

Southwark Multi-Agency Thematic Learning Review

‘Significant challenges for services’

‘integrated multi-agency response had not been established.’

At the time of publication Southwark was the highest volume London borough for this offence.

Southwark Youth Violence Panel. December 2018 & The Southwark public approach to serious youth violence prevention. Southwark JSNA. Southwark Public Health Oct’ 2019

Southwark Extended Learning review

Child A&B were both victims and perpetrators

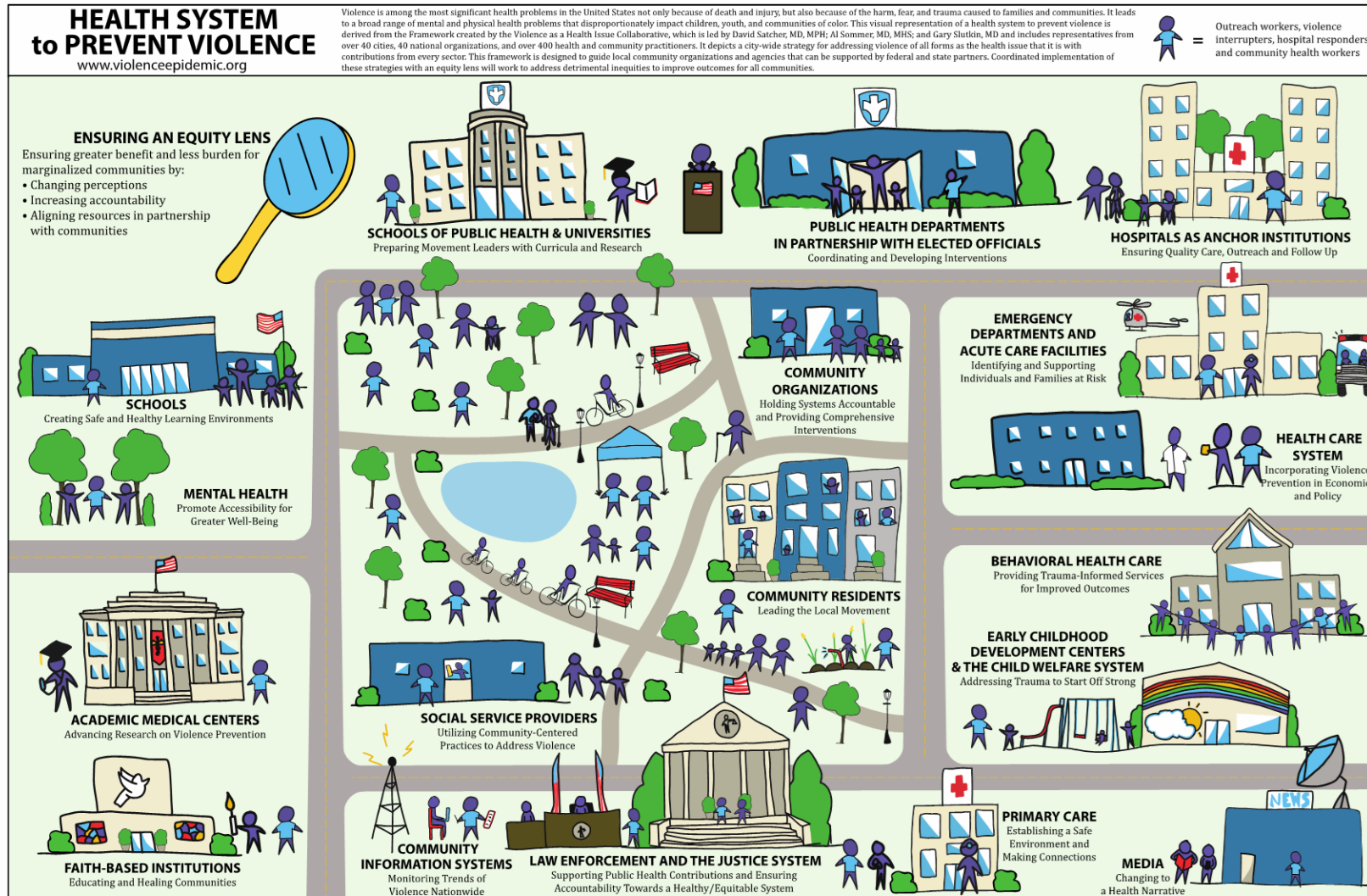
Established safeguarding systems and processes

there were episodes of strong partnership working; required orders were taken including, a care order, police protection order, recovery orders, youth offending orders

Contextual Safeguarding-extra-familial risk

Therapeutic/emotional wellbeing support to children affected by trauma

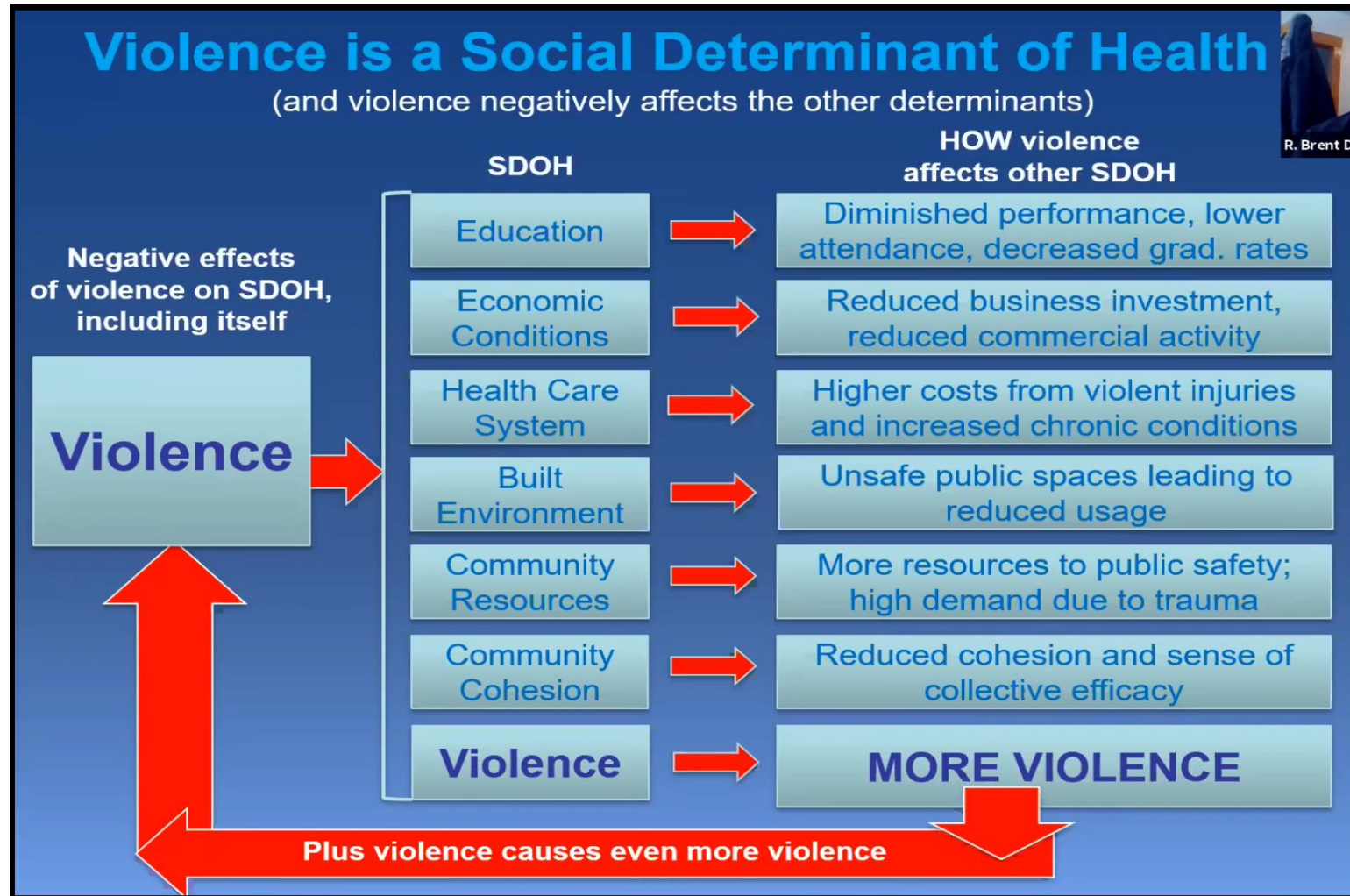
Social Determinants of Health



Reflect and adapt our formulations of health
See forms of violence as health issue

violenceepidemic.com/understanding

Social Determinants of Health



<https://saferlondon.org.uk/december-2020-webinar-series/>

NHSL Violence Reduction (VR) Programme Health Education England Training

Wednesday 16th September 2020

NHS England and NHS Improvement



Violence reduction and taking a public health approach

What do we mean by 'violence reduction'?

Working to reduce interpersonal violence, serious youth violence, and the impact on individuals and communities.

Taking a public health approach to violence reduction:

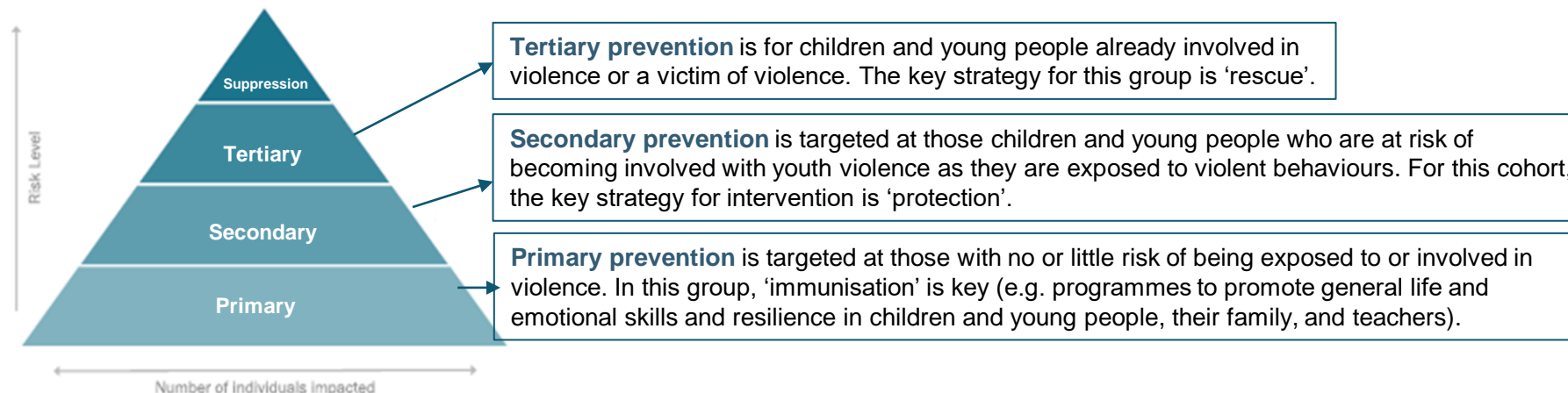
Pioneering approaches in U.S. cities, (e.g. in Chicago, Baltimore, Detroit, etc.), and in the UK (Glasgow and the Scottish model).

A public health approach, as defined by the WHO, will:

- *Define the characteristics of the problem*
- *Identify the risk and protective factors*
- *Identify, develop and test tailored interventions*
- *Assure widespread implementation*

Across the approach there is a crucial emphasis on prevention.

Example: different levels of preventing serious youth violence:



The role of health and the NHS:

- Presentation in health settings and opportunities to intervene
- NHS's commitment to reduce health inequalities
- The NHSL VR programme is distinct from Mayor's VRU and will demonstrate leadership in this space

NHS London Violence Reduction Programme overview

Senior Responsible Officer: Mark Turner, Director of Commissioning, NHS London

Clinical Director: Martin Griffiths, Trauma Surgeon, Royal London

Programme Lead: Sinead Dervin, Head of Health and Justice, NHS London

Mission statement of the NHS London Violence Reduction Programme: To lead the way in shaping how the NHS can support violence reduction in order to have better wellbeing in our communities at a population and individual level

Governance established

NHS London Violence Reduction Steering Group

User Network

Clinical and Professional Network

Workstreams in development

In-hospital VR models

Training and Education

Social Prescribing

MH 1: Psychological support in communities

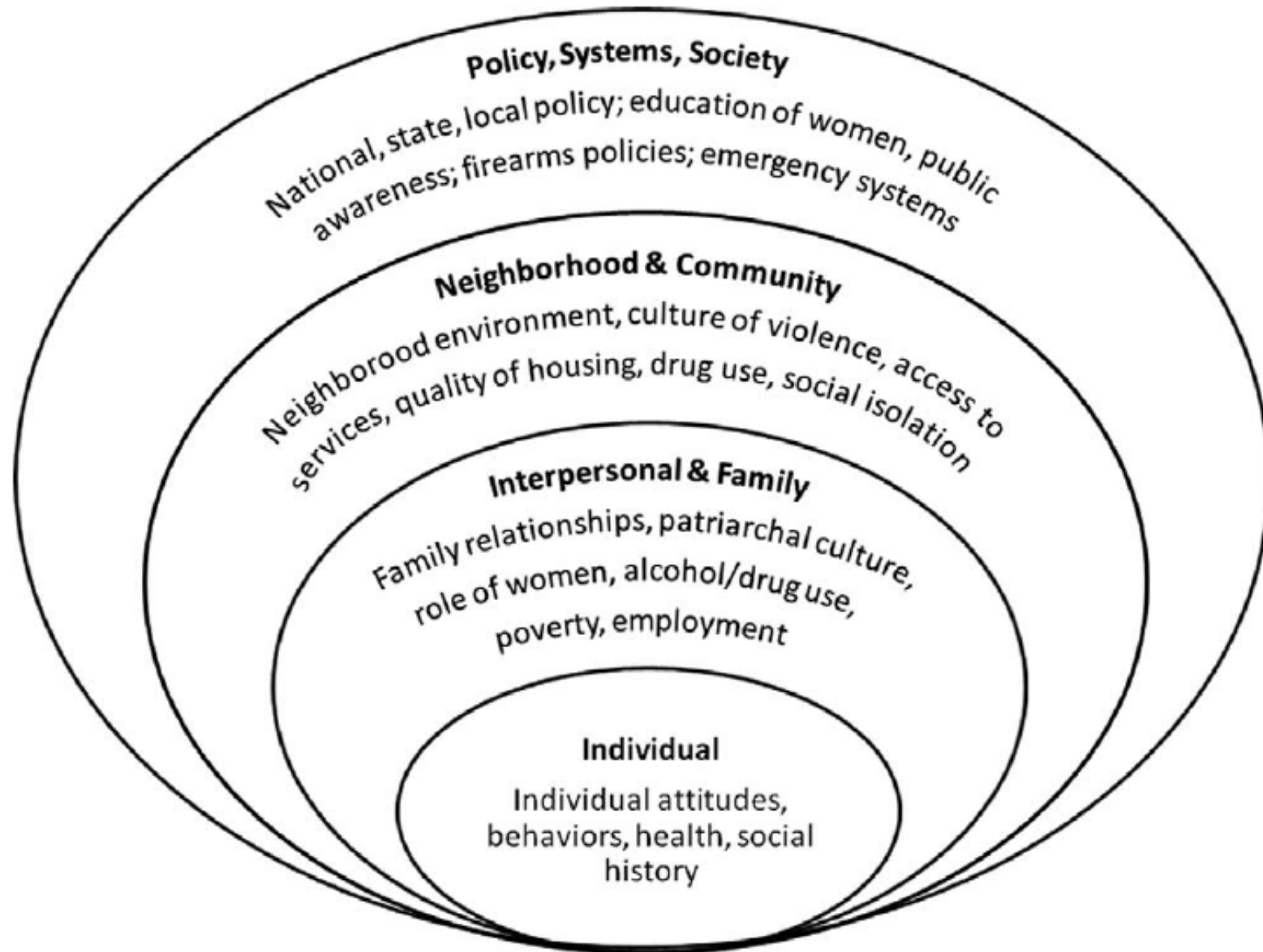
MH 2: Psych integration with Major Trauma Centres

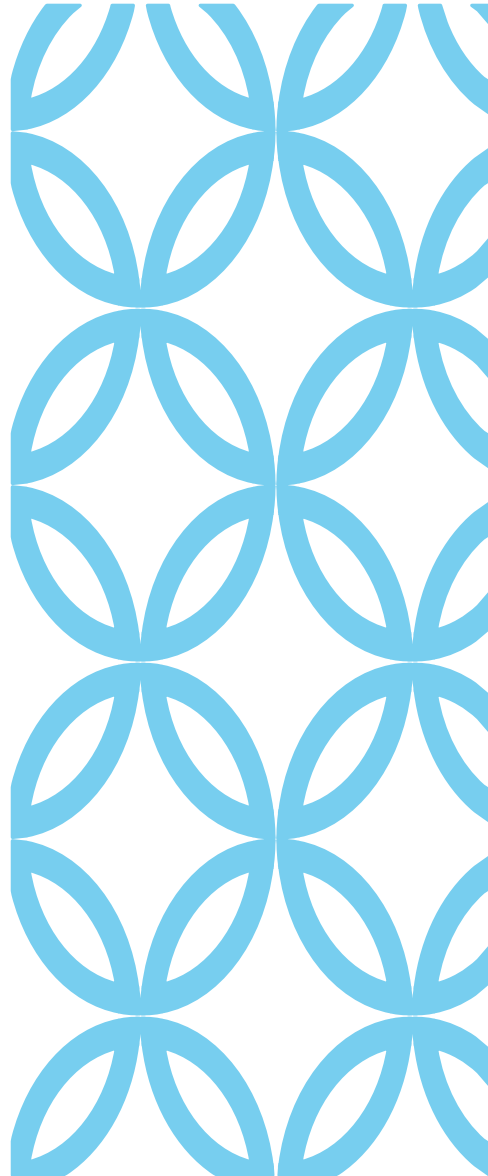
System data and intelligence

Building a virtual Violence Reduction Academy

- sharing learning research
- collaboration
- evidence-based models

Communications and Engagement





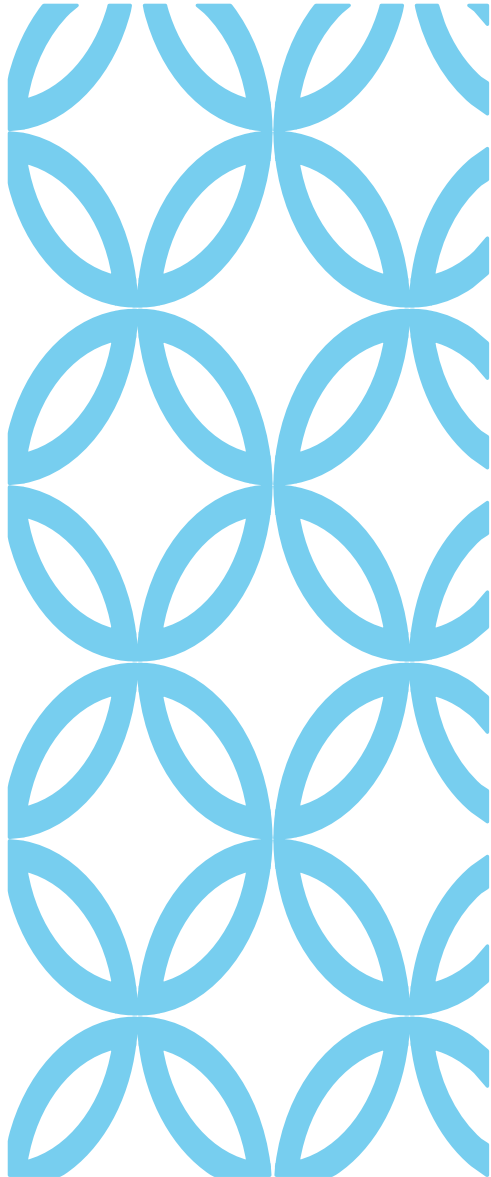
Every Healthcare Professional in London

Trauma informed approach

Biopsychosocial Assessment

Early identification and Support

TRAINING AND EDUCATION



HEE- e-LFH

AOMRC

Bank of modules, simulations, theatre, case studies, e-learning and assessments

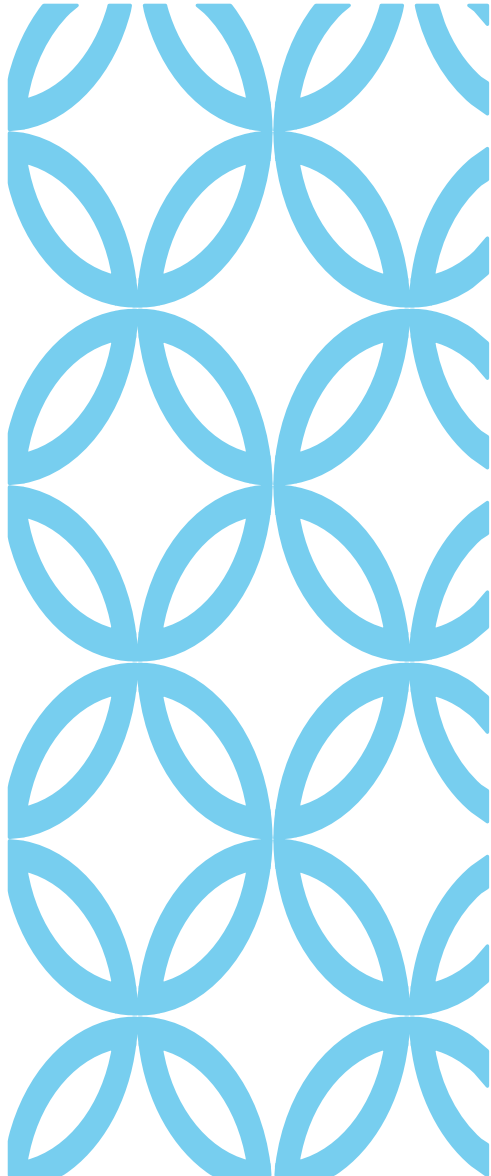
ACEs

HEADSSSS

Empathetic approach

Understanding of physiology of chronic stress

TRAINING & EDUCATION HOW?



H-

Home

E-

Eating

E-

Employment

A-

Activites

D-

Drugs/alcohol

S-

Sexuality

S-

Social Media

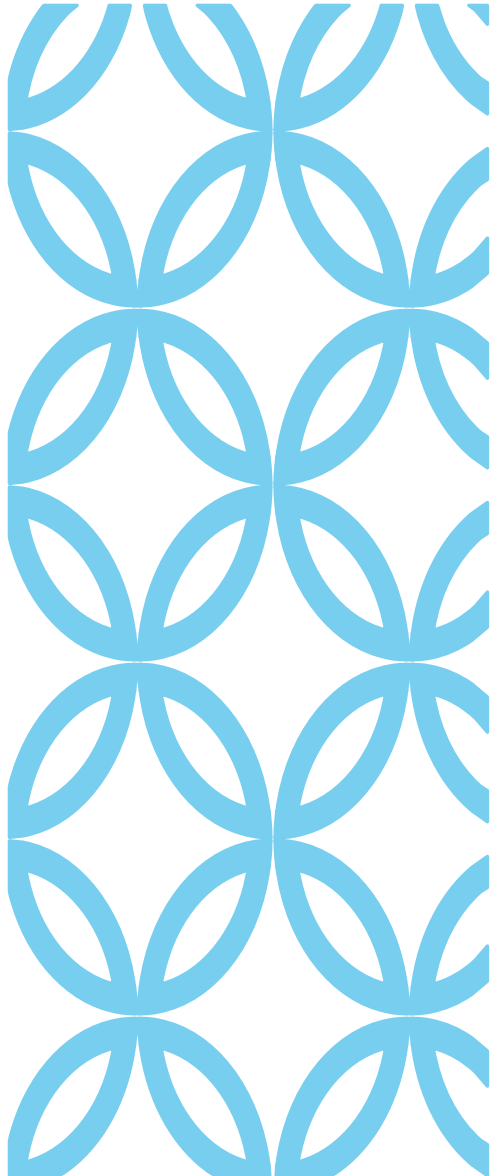
S-

Safety

S-

Suicidality

HEAADSSSS



Who lives at home with you?

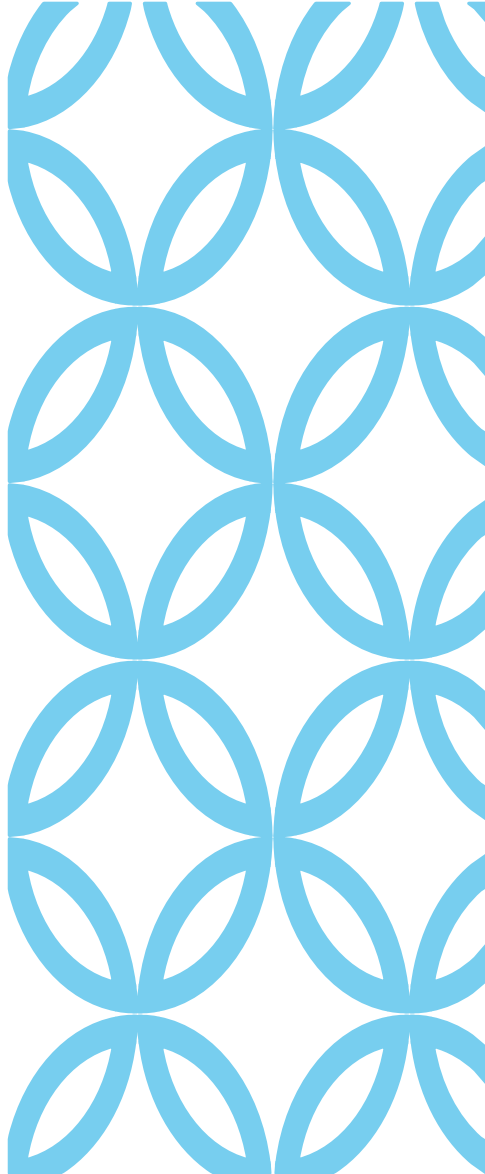
What are relationships like at home?

Do you share time between different homes?

Can you talk to anyone at home about stress?

Do you feel safe at home?

H



What do you like best and least about school?

How much school did you miss this year?

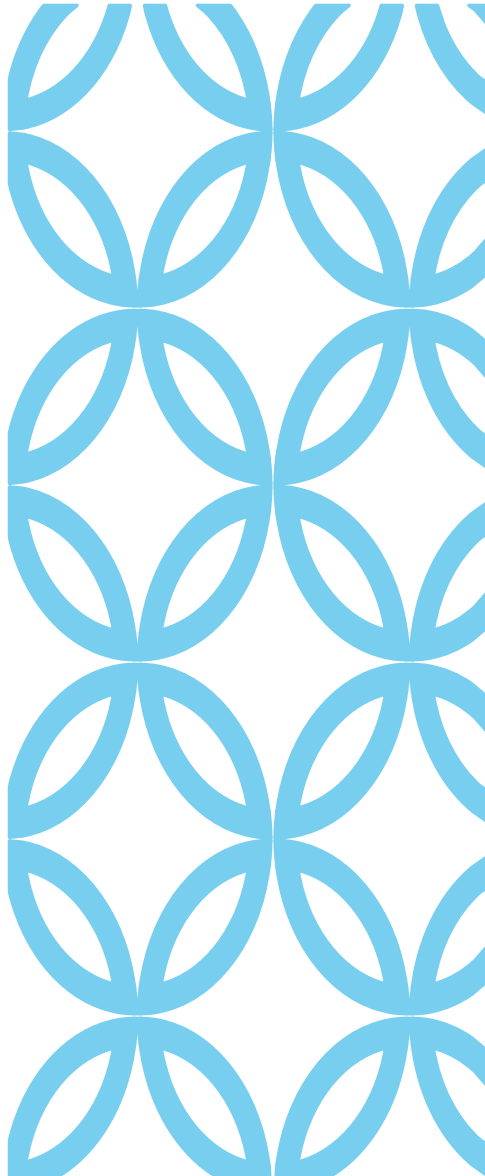
What do you want to do when you finish school?

Have you ever been excluded from school/in a pupil referral unit?

Do you work? How do you get along with teachers/employers?

Who do you feel like you could talk to?

E



Does your shape or body weight cause you any stress?

Do you ever make yourself sick because you feel uncomfortably full?

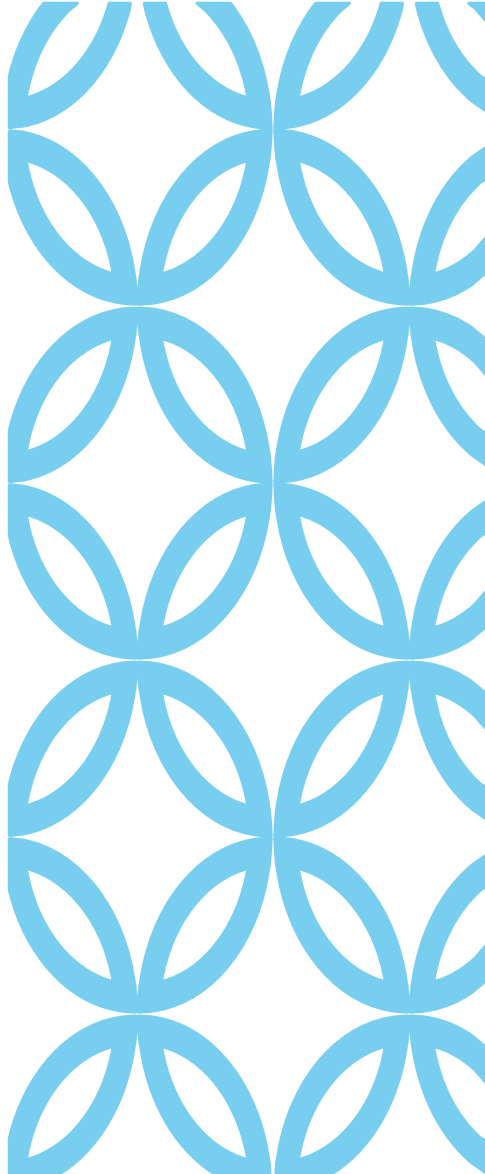
Do you worry that you have lost contro! over how you eat?

Have you recently lost more than one stone in a three month period?

Do you believe yourself to be too fat when others say you are too thin?

Do you feel that food dominates your life?

E

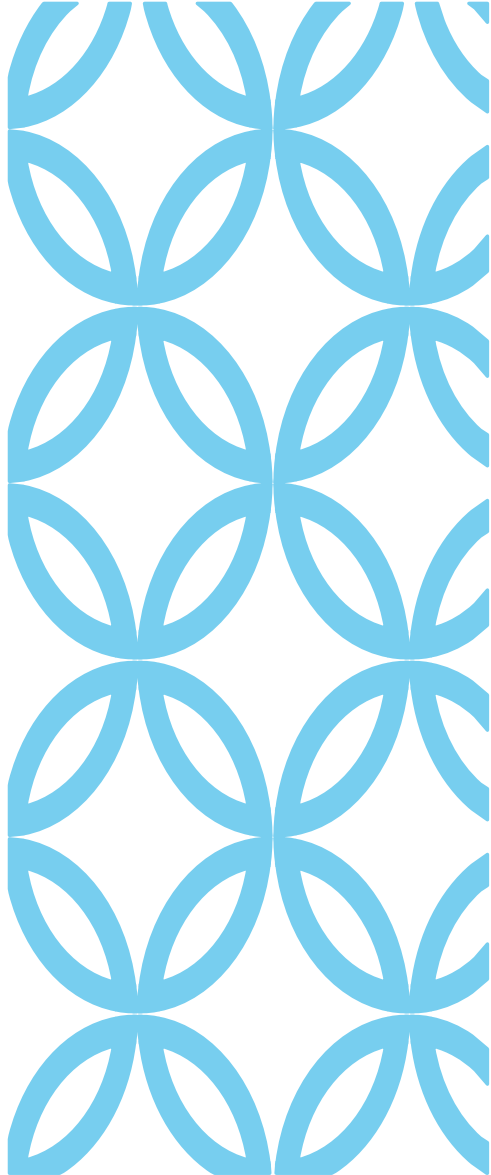


What do you do for fun?

Are most of your friends from school or somewhere else?

Have you ever been in trouble with the police?

A

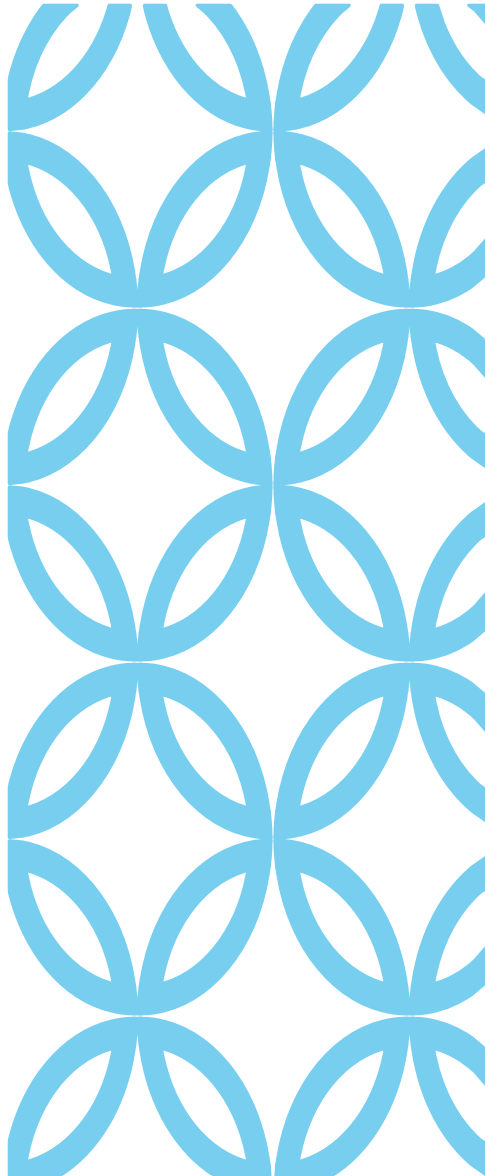


Do you smoke/ drink alcohol or use any drugs

Do any of your friends smoke/drink alcohol/use drugs? Your family?

How do you pay for your cigarettes/alcohol/drugs?

D



Do you ever feel very depressed?

Do you have difficulty sleeping ?

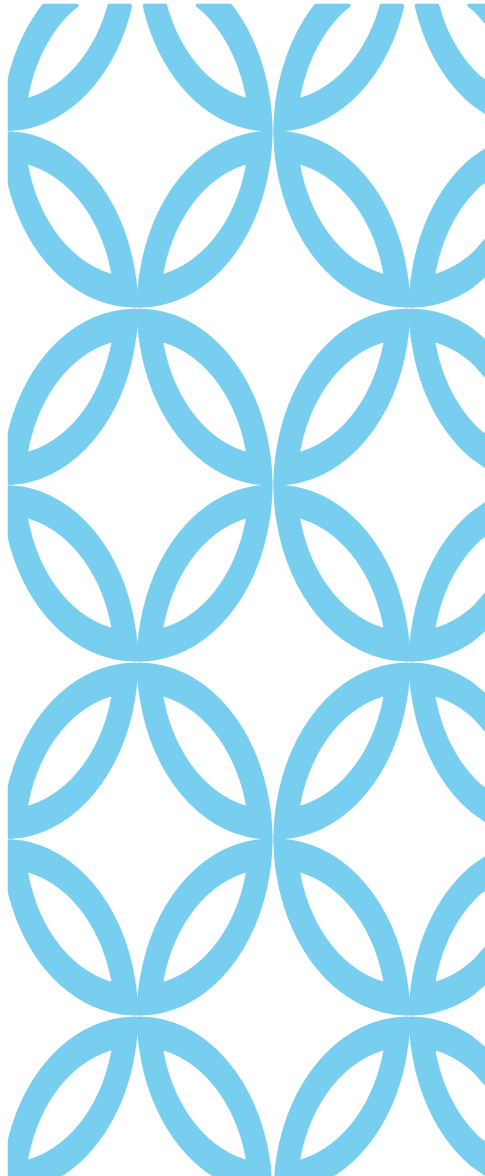
Do you ever think about hurting yourself?

Do you see any mental health professionals?

Do you feel anxious?

Has any member of your family been very ill or died during the pandemic?

S



Are you being bullied at school? Or online?

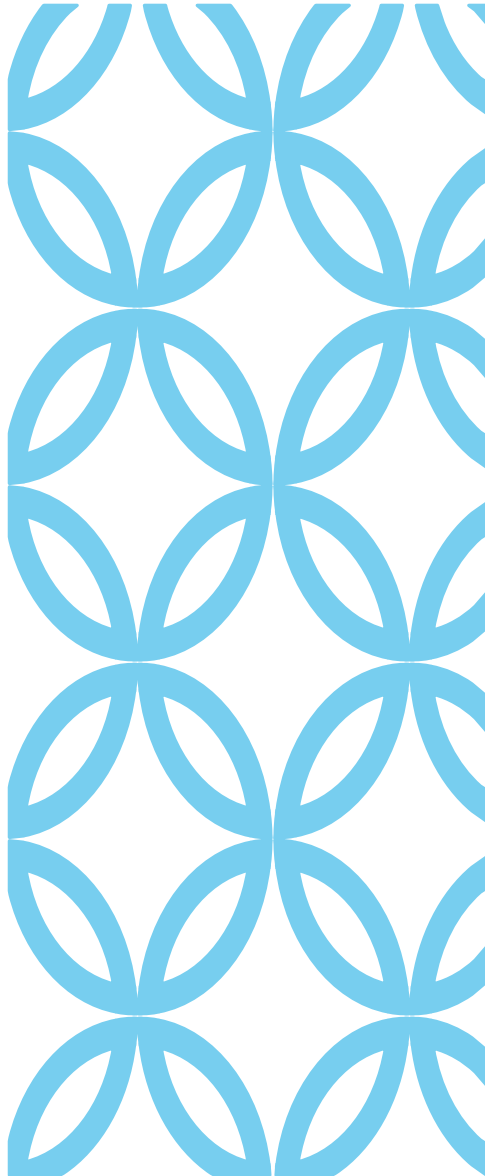
Do you feel safe in your local area? Have you witnessed violence?

Have you ever been a victim of crime?

Have you ever been in trouble with the police or been in court?

Have you been forced to do something you did not want to do?

S



Do you utilise social media?

Which platforms?

Have you ever received unwanted comments or attention?

How did these make you feel?

Have you ever been the victim of cyber-bullying?

Have you ever suffered as a result of sexting or unwanted pictures?

S

NHS London Violence Reduction (VR) Programme

Email: england.violencereduction@nhs.net

Find the VR Academy on FutureNHS at:
<https://future.nhs.uk/connect.ti/ViolenceRA/grouphome>

NHS England and NHS Improvement

