NHS
Bristol, North Somerset and South Gloucestershire
Integrated Care Board

Children Level 3 Safeguarding Training

ICB Led Training for Primary Care
Sept 2023

Agenda for the day - 9:00-12:00

Time	Activity
09:10 - 10 mins	Introductions, Housekeeping, Aims & objectives
09:20 - 30 mins	Child Safeguarding in Primary Care Principles of Safeguarding Children Key sections to protect children Continuum of need and thresholds
09:50 - 10 mins	Non-Accidental Injury and concerning injuries ICON Case review NAI pathways
10:00 - 10 mins	Tea break
10:10 - 80 mins	Complex Safeguarding Topics: FGM Child Criminal Exploitation Decision Making Skills Harmful sexual behaviours
11:30 - 10 mins	Tea break
11:40 - 20 mins	Referrals, Policies, Sharing information

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Housekeeping

- Please keep your microphone on mute when you're not speaking
- Feel free to have your camera on/off during the presentation
- Please turn cameras on during the small group break-out sessions for case-based discussion
- If you have any questions, please do use the chat-box or raise your virtual hand

Aims and Objectives

- To be able to confidently report concerns, using agreed coding as appropriate to record safeguarding concerns
- Contribute to interagency assessments, the gathering and sharing of information, and analysis of risk
- To understand inter-agency frameworks, and child protection assessment processes
- To be able to contribute to/formulate and communicate effective management plans for children and young people who have been maltreated within an multidisciplinary approach and as related to role
- Able to obtain support and help in situations where there are problems requiring further expertise and experience

Safeguarding in Primary Care

It is not only GPs who play a key role in safeguarding it's the whole **practice team**:

- The **receptionist**, who enables the homeless person with no documentation or ID to register at the practice
- The **admin** team, who spend time ensuring that Child and Adult Safeguarding Conferences are in the rota to enable a GP to attend
- The **coder** who, on summarising a new patient record, identifies that someone with learning disabilities is living in a household where there is domestic abuse and brings this to the attention of the Practice Safeguarding Lead
- The practice **nurse**, who makes a phone call to the elderly person with dementia who has not attended for their Vitamin B12 injection and gains consent to discuss with a family member to ensure the patient can be supported in attending future appointments
- The practice **manager**, who ensures all staff are safely recruited and who acts swiftly when an allegation is made that a member of staff is a potential perpetrator of abuse

Every team member plays an important and crucial role in safeguarding patients.

Principles of safeguarding children

Paramountcy	Partnership	Prevention and provision of service
Parental responsibility	Participation	Protection

Key sections of the Act

Section 17: Child in Need

Section 47: Child at Risk

Effective Support: A Continuum of Need

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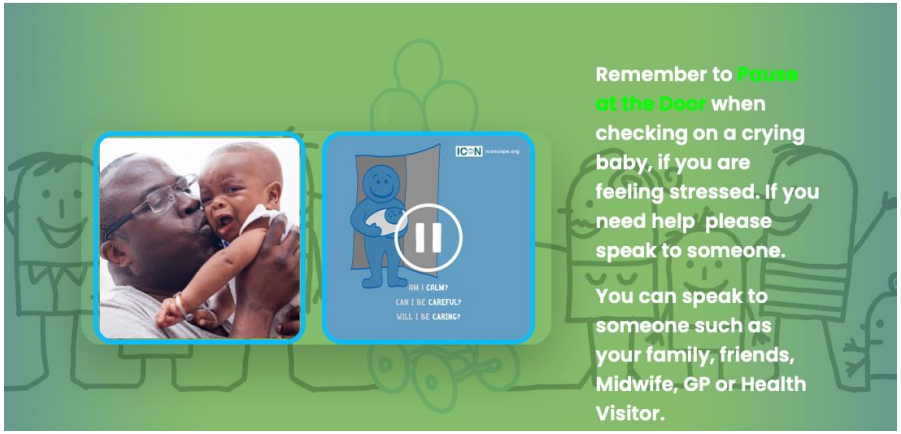
Complex Safeguarding:

- Non-Accidental Injuries
- ICON
- Concerning Injuries in Mobile Children

Non-accidental injury



ICON resources

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Case KH: Learning brief from Single Agency Review, Nov'22

The ICB undertook a 'single agency review' (SAR) of a child who was taken into care following identification of NAI and neglect. Learning points identified for primary care:

This young child had been admitted to hospital with injuries suspected to be caused by NAI. A a full survey and examination was undertaken, findings included extensive bruising to the face and abdomen, as well as old rib fractures seen on imaging.

On review of the medical records from hospital, health visitors and primary care it was found that the child had been seen in the GP surgery with bruising to his ear one month prior to admission. Detailed review of primary care involvement was undertaken.

Good practice highlighted

- Monthly safeguarding meeting embedded in practice to discuss safeguarding concerns.
- GP surgery responded quickly to request from parent for a review of ear infection / injury.
- GP surgery offered virtual review with photos & escalated to a f2f appointment rapidly same day.
- Documentation of consultation was detailed & included full body examination.
- Suspicion of NAI correctly considered due to the location of bruising & unclear mechanism.

Recommendations

- Use of 'family links' template on EMIS.
- All professionals to exercise professional curiosity. regarding family history, documenting who lives in the home and the roles of adults in the child's life.
- Consider bruising patterns; need to document detailed history and mechanism of injury.
- When practitioners are concerned about a NAI injury, this should be escalated immediately as per practice policy and referral must be made to Children's Social Care as soon as possible via Local Authority/ Council referral pathways.
- If there is doubt about the cause of an injury where NAI is not evident, a second opinion can be sought from the Duty community paediatrician.

Themes

- Professional Curiosity
- Bruising patterns
- Documentation
- Referral timing & process
- Importance of information sharing across health providers

ICB actions

- Review & publish new NAI guidance on Remedy website.
- Review & publish new Primary Care Child Protection SOP.
- Awaiting updated policy of NAI in non-mobile infants/babies.
- Practice visit offered for staff support & training following completion of SAR.

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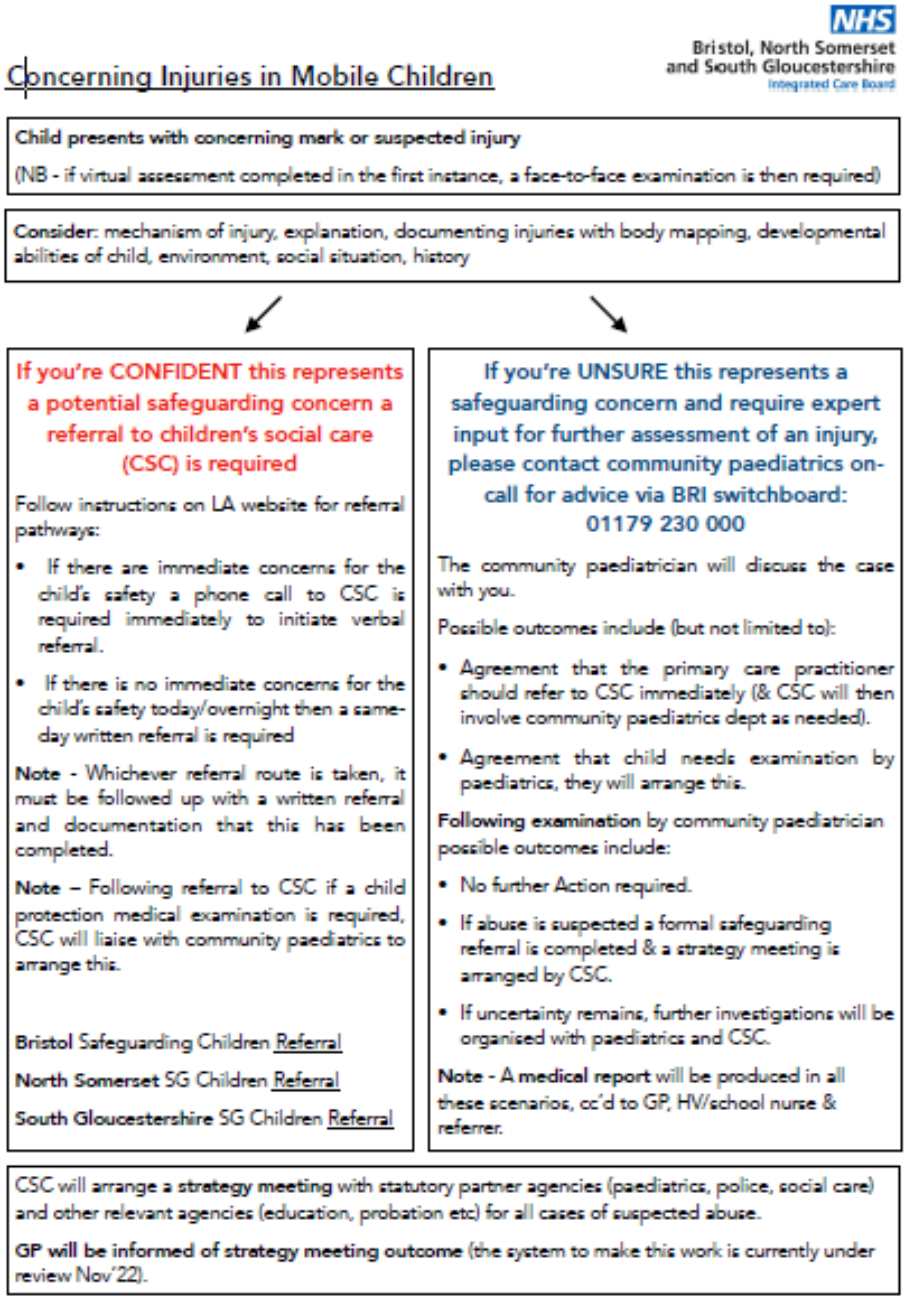
BNSSG ICB flowchart: **Concerning Injuries in Mobile Children**

(available on Remedy)



Concerning Injuries in Mobile Children

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Child presents with concerning mark or suspected injury

(NB - if virtual assessment completed in the first instance, a face-to-face examination is then required)

Consider: mechanism of injury, explanation, documenting injuries with body mapping, developmental abilities of child, environment, social situation, history

If you're CONFIDENT this represents a potential safeguarding concern a referral to children's social care (CSC) is required

Follow instructions on LA website for referral pathways:

- If there are immediate concerns for the child's safety a phone call to CSC is required immediately to initiate verbal referral.
- If there is no immediate concerns for the child's safety today/overnight then a same-day written referral is required

Note - Whichever referral route is taken, it must be followed up with a written referral and documentation that this has been completed.

Note – Following referral to CSC if a child protection medical examination is required, CSC will liaise with community paediatrics to arrange this.

Bristol Safeguarding Children Referral

North Somerset SG Children Referral

South Gloucestershire SG Children Referral

If you're UNSURE this represents a safeguarding concern and require expert input for further assessment of an injury, please contact community paediatrics on-call for advice via BRI switchboard: 01179 230 000

The community paediatrician will discuss the case with you.

Possible outcomes include (but not limited to):

- Agreement that the primary care practitioner should refer to CSC immediately (& CSC will then involve community paediatrics dept as needed).
- Agreement that child needs examination by paediatrics, they will arrange this.

Following examination by community paediatrician possible outcomes include:

- No further Action required.
- If abuse is suspected a formal safeguarding referral is completed & a strategy meeting is arranged by CSC.
- If uncertainty remains, further investigations will be organised with paediatrics and CSC.

Note - A medical report will be produced in all these scenarios, cc'd to GP, HV/school nurse & referrer.

CSC will arrange a **strategy meeting** with statutory partner agencies (paediatrics, police, social care) and other relevant agencies (education, probation etc) for all cases of suspected abuse.

GP will be informed of strategy meeting outcome (the system to make this work is currently under review Nov'22).

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Tea Break (10 mins)

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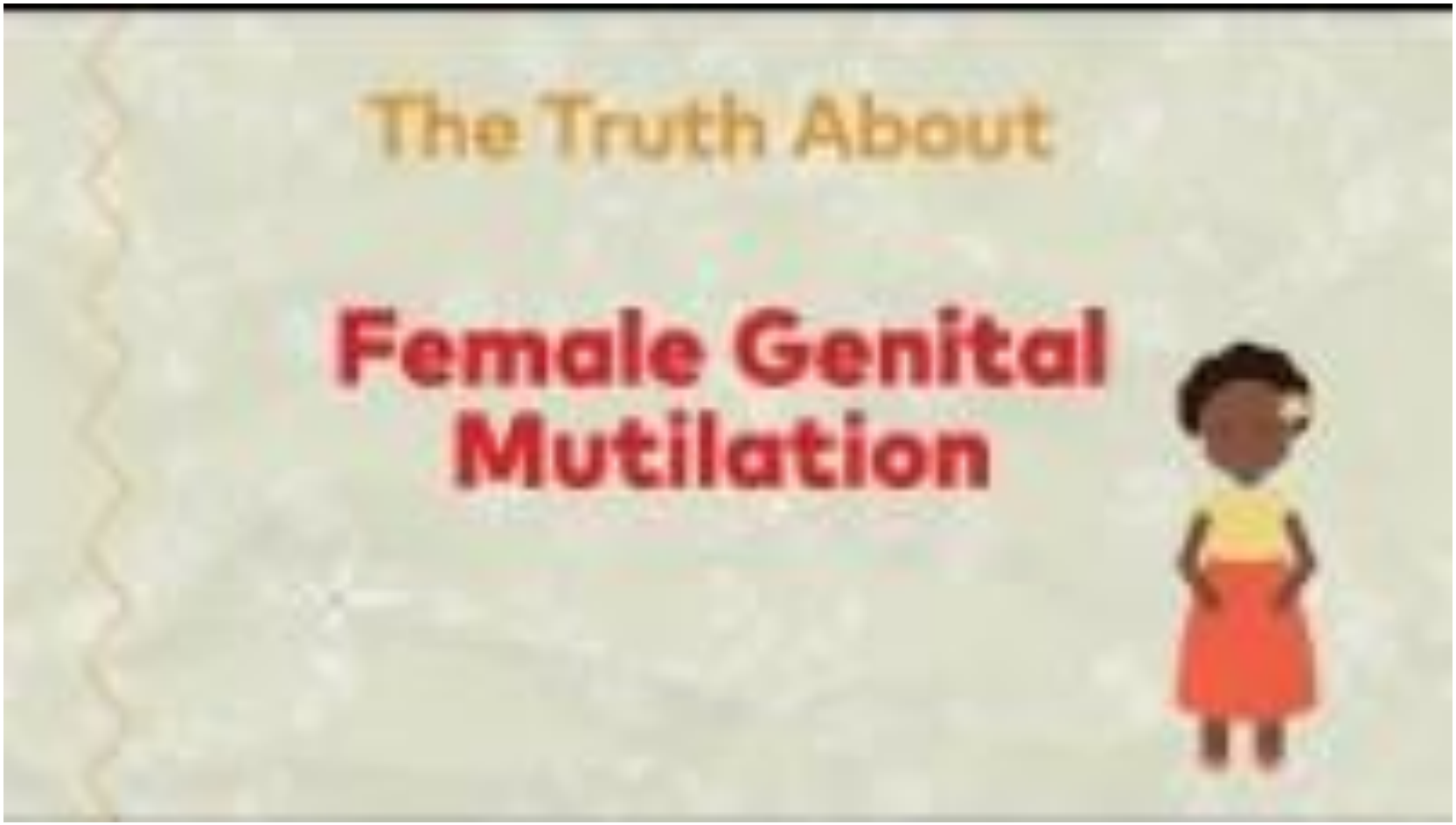
Complex Safeguarding:

FGM - Female Genital Mutilation

Female Genital Mutilation (video)

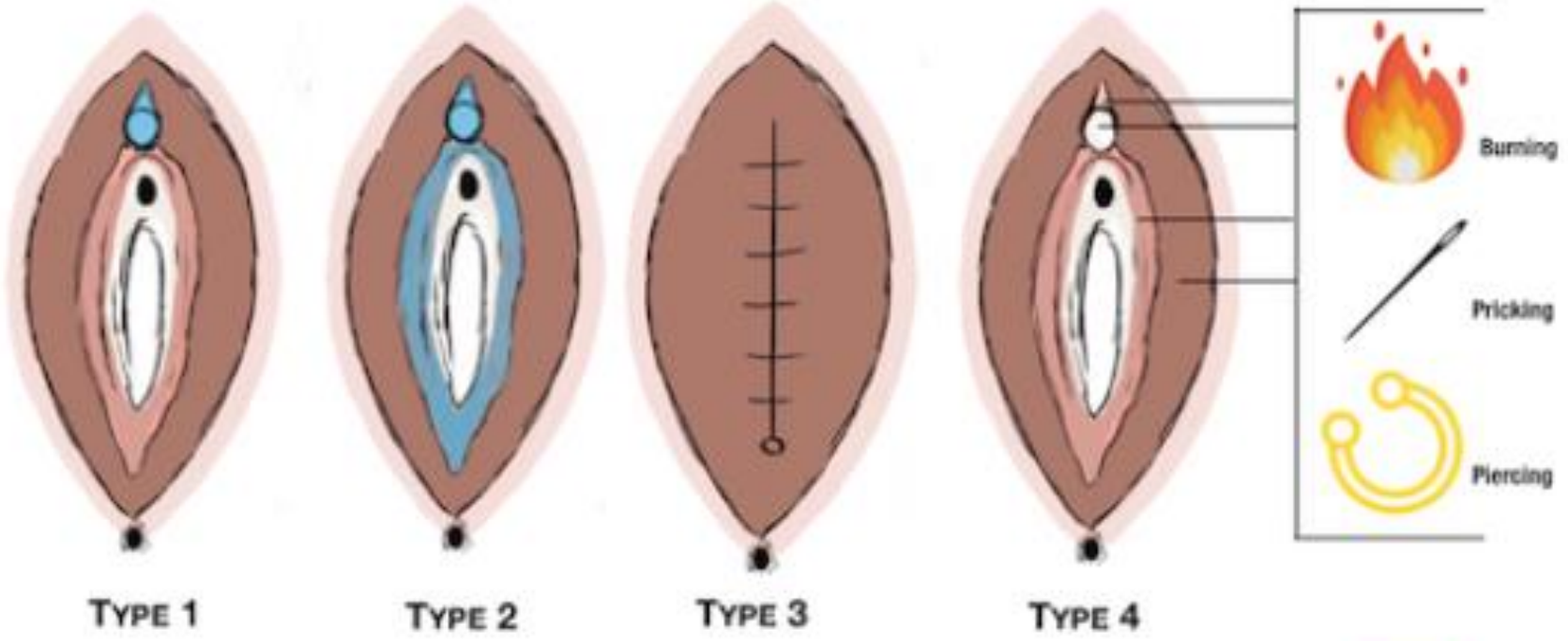


FGM: a guide for healthcare professionals - NHSE

Types of FGM

Parts removed

Stiches



Believe in children
Barnardo's

Funded by
Department for Education

Local Government Association

NATIONAL FGM CENTRE
Developing excellence in response to FGM and other harmful practices

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Who is at risk, what are the signs?

NATIONAL FGM CENTRE

Developing excellence in response to FGM and other harmful practices

Possible signs for teachers to look out for that indicate a girl may be at risk of FGM…

The parents are being **evasive** about why/where/who the girl is going on holiday with.

The girl has been asked to keep the holiday a **secret** by her parents.

The girl mentions she is attending a **special ceremony** or "going to become a woman".

If you are concerned a girl is at risk follow your normal safeguarding procedures. If the girl is in immediate risk (i.e leaving the country in the next 24hrs) please alert the police.

For more information on affected communities head to http://nationalfgmcentre.org.uk/world-fgm-prevalence-map/

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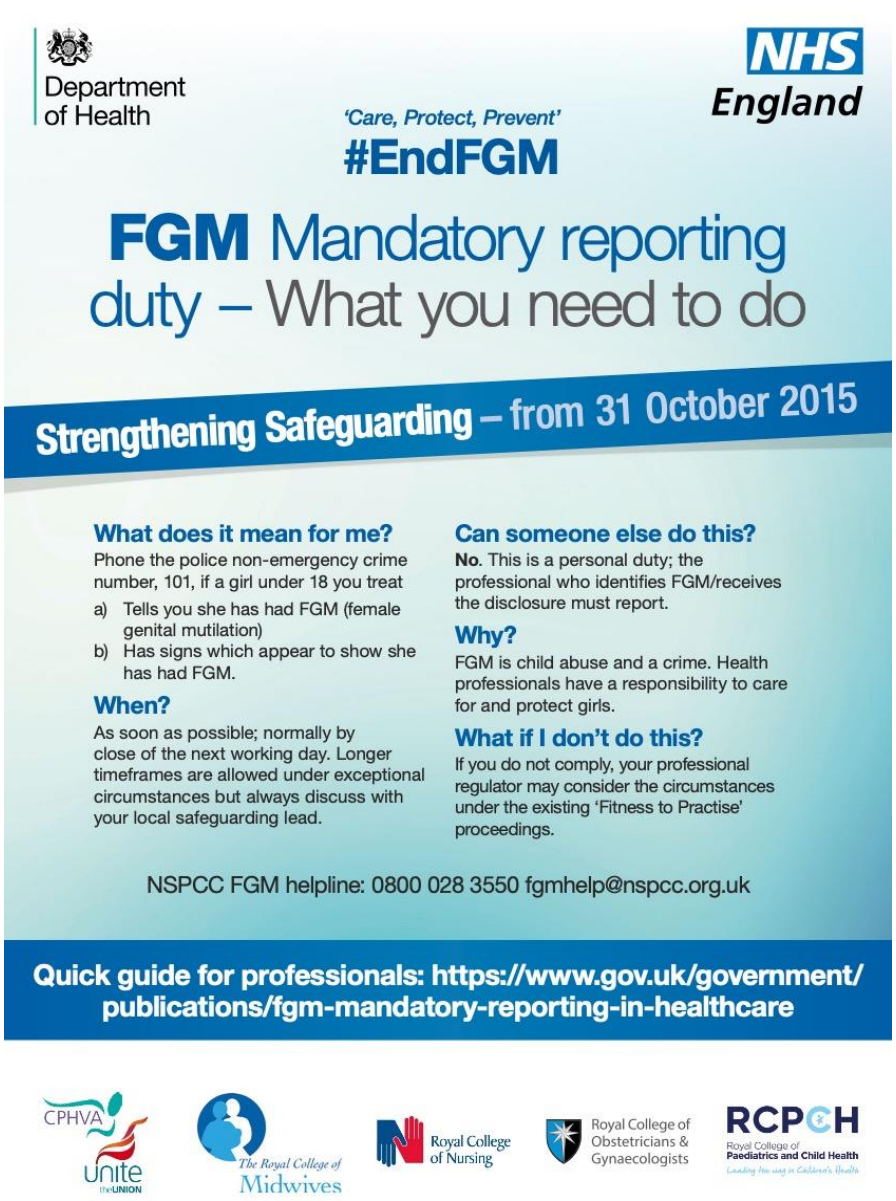
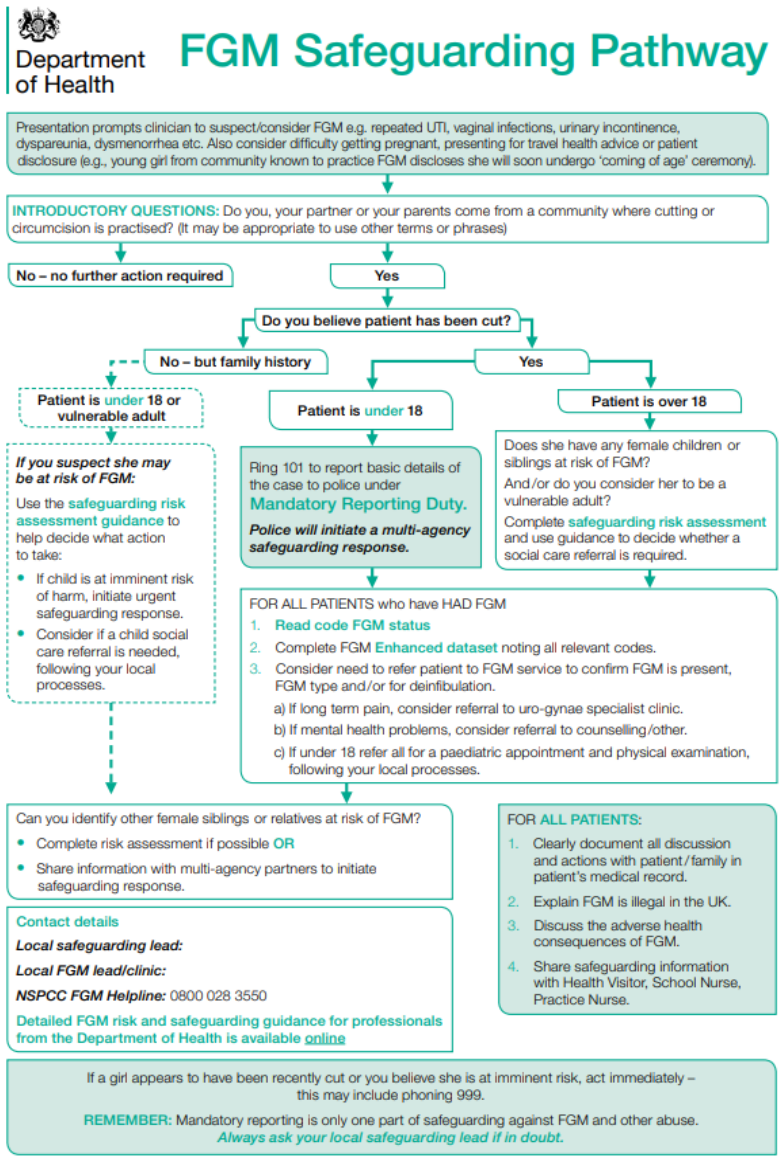
Male Circumcision

Remedy Update

Mandatory reporting duty





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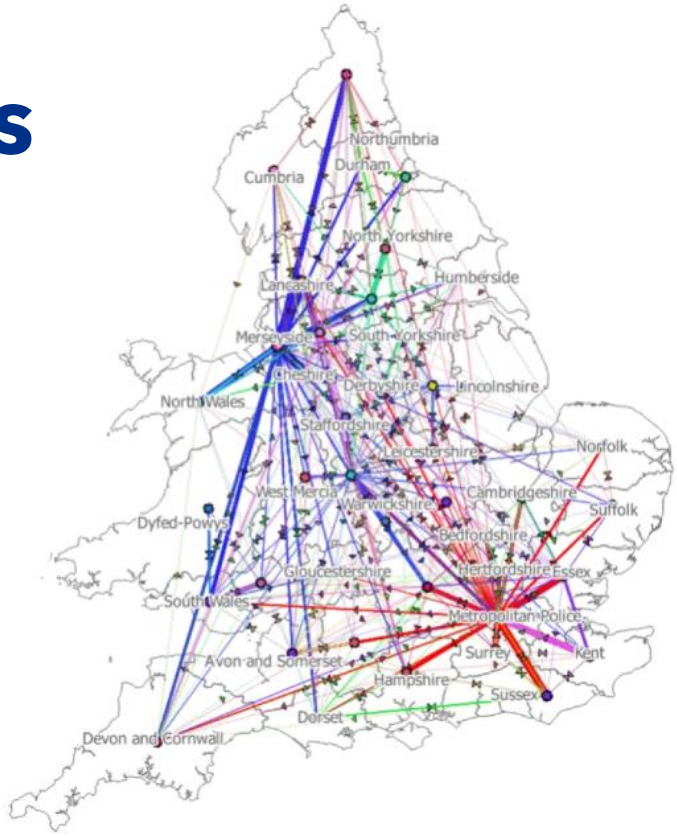
Complex Safeguarding:

Child Criminal Exploitation
Grooming
County Lines

Child Criminal Exploitation (video)

County Lines

County lines is a form of criminal exploitation where urban gangs persuade, coerce or force children and young people to store drugs and money and/or transport then to suburban areas, market towns and coastal towns.



These gangs are highly organised criminal networks that use sophisticated frequently evolving techniques to groom young people and evade capture by the police.

There is a strong link between county lines activity and serious violence, the use of substances as a weapon i.e. acid, or murder.

There are approximately 283 lines operating in London and approximately 2000 in the UK.

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Break out rooms
Task 1: Child Criminal Exploitation

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Complex Safeguarding:

CSE – Child Sexual Exploitation

Child Sexual Exploitation (CSE)

- Relationship/Peer Model
- Organised/network model and trafficking model
- Inappropriate relationship model
- Gangs model
- Boyfriend/Girlfriend model
- Party model
- Online Grooming model

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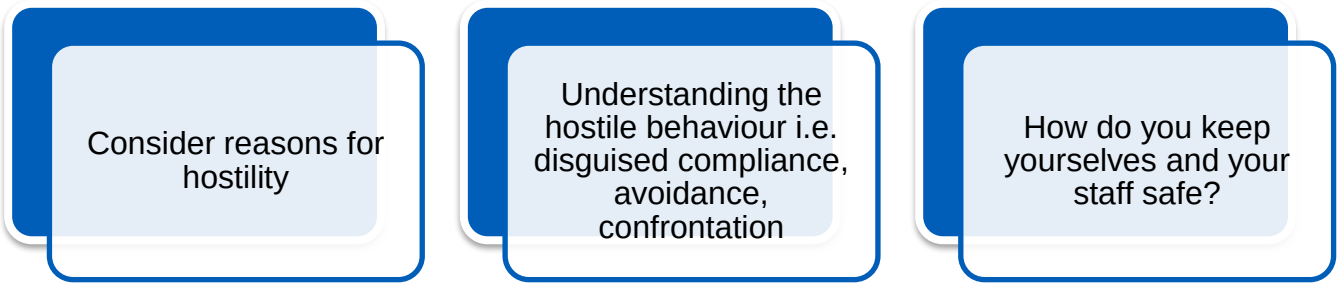
Break out rooms
Task 2: Decision making

Julie



3 children in this family were subjected to prolonged physical and emotional abuse and neglect, persisting throughout their pre-school & primary school years, culminating in a series of allegations by the eldest child. This eventually led to child protection enquiries and a serious case review once the extent of the maltreatment became unclear.

In this case the mother's hostile behaviour to staff prevented them taking action to protect the children, rather than prompting a consideration of what the home environment must be like for these children.

There were missed opportunities for health and education staff to escalate their concerns and trigger a child protection response.

The fact that some teachers, who were adults, were so distressed by the mother's behaviour should have given them greater insight as to the implications for the children, and how much more distress they were likely to be experiencing as children because of the mother's aggressive behaviour.

‘Leo’ – Baby P

Evil mum of Baby P 'boasts about love of her life she met on dating app'

BABY P: TRAGEDY THAT SHOCKED BRITAIN

■ **MARCH 1 2006:** Peter Connelly (Baby P) born

■ **AUGUST 3 2007:** 17-month-old Baby P found dead in car

■ **NOVEMBER 11 2008:** Peter's mother, Tracey Connelly, boyfriend Steven Barker and brother Jason Owen convicted of causing his death

■ **NOVEMBER 13 2008:** Ed Balls orders inquiry into role of council, health authority and police

■ **DECEMBER 1 2008:** Independent review declares Haringey's child protection services 'inadequate'

Baby P: Fifty injuries

■ **DECEMBER 8 2008:** Sharon Shoesmith sacked with immediate effect

■ **MAY 22 2009:** Connelly jailed indefinitely, Barker gets life and Owen given an indeterminate sentence for public protection

■ **OCTOBER 7 2009:** Shoesmith's high court case against Balls to seek compensation for dismissal

■ **SEPTEMBER 15 2010:** Shoesmith tells MPs she is sorry about what happened but refuses to accept any blame, saying she had no involvement in care of Baby P

■ **MAY 27 2011:** The Court of Appeal rules in favour of Shoesmith, saying her dismissal was 'tainted by unfairness'

Baby P GP failed in duty - GMC

‘Lola’ - Elsie

Chances missed to save Cardiff toddler killed by father, review finds

Doctor and social workers failed to spot or log injuries to Elsie Scully-Hicks, says report

September 2012	Couple decide they want to adopt a … meet with social services from the … of Glamorgan Council
August 2013	Approved by local authority to adopt
January 2015	The couple were visited by an adoption manager and attended training later that month.
July 2015	Approved by Vale of Glamorgan adoption panel as prospective adopters.
September 2015	Elsie placed for adoption with the couple on September 20, visited by social worker Laura Neil a week later.
November 2015	Elsie suffers broken leg in an apparent fall on a baby walker. Doctors fail to spot a second fracture in the same leg
December 2015	Health visitor Jodie Golten spots the bruise and tells Scully-Hicks Elsie needs medical attention - Scully-Hicks lies, saying she has already been seen
March 12 2016	Adoption review takes place along with another social worker visit
May 12 2016	Elsie offically adopted
May 25 2016	Scully-Hicks dials 999 again to say Elsie has gone limp. Doctors discover internal bleeding to her brain and behind her eyes as well as fractured ribs
May 29 2016	Elsie declared dead at University Hospital of Wales

‘Marvin’ - Daniel

Daniel Pelka: Nine years since Coventry schoolboy was beaten and starved to death

Starved boy Daniel Pelka 'invisible' to professionals

Daniel Pelka: Professionals failed 'invisible' murdered boy, report says

Review accuses school of poor safeguarding system and says social workers accepted parental version of events

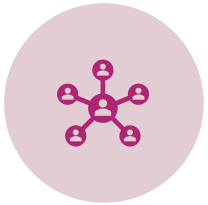
‘Farah’ - Shafilea

Shafilea Ahmed, a victim of honour abuse

KARMA NIRVANA

The shocking murder of teenager Shafilea Ahmed who was killed by her own parents

‘Joe’



MULTI-AGENCY WORKING

ACES

CONFIRMATION BIAS

Positive presentations in children may mask underlying adversity and distress making it difficult for the school to identify any issues. In this age group, the school is typically the key point of stable and ongoing professional engagement with the child.

Any agency that identifies a concern must therefore share this appropriately with the child’s school. When children are known by the school to be in a risky home situation, apparent well-being in school should not be taken as a reason not to fully assess their needs and to take action to protect them.
Joe died at the hands of his father.

‘April’

Self-harming behaviour

Impact on the children

Protective vs Risk factors

In this case, it would seem that the mother’s self-harming behaviour was sufficiently concerning to have raised alarms (and indeed did at the time), which, coupled with the fluctuating family structure, meant these children were at risk of harm.

This is a clear indication of her intentions to take her own life at the time of the overdoses, and telling people she was going to do so was not an idle threat or attention seeking behaviour’.

‘This was a critical period in the life of this family; it included significant self-harming behaviour by the mother and for the children this must have been a difficult time…it is remarkable that they appeared to cope with all of this, with no recorded evidence of distress’.

Decision-making: barriers

- Disguised compliance
- Professional curiosity
- Confirmation bias
- Rule of optimism
- Poor multi-agency working
- Cultural sensitivity
- Attitudes and values

Tea Break (10 mins)

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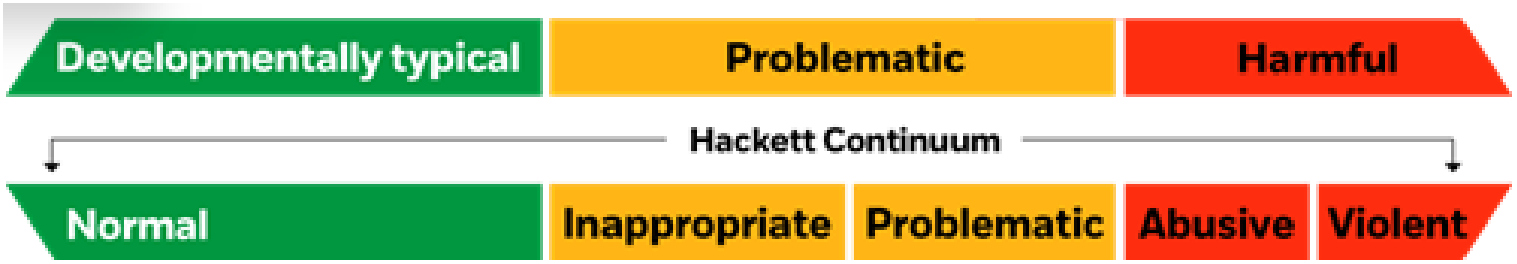
Complex Safeguarding:

Harmful Sexual Behaviour

Harmful sexual behaviour (video)



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Break out rooms
Task 3: Normal vs Harmful behaviours

What makes a good referral?

- Consent
- No medical jargon
- Child Focussed
- What do YOU think should happen?
- Contact details
- Liaise with MDT
- Don’t be vague
- Clear record keeping

Golden Rules for Information Sharing

Data protection is not a barrier
Be open and honest about what you will do with the information
Seek advice from appropriate professionals
Share with consent but don't let a lack of consent prevent sharing
Always consider child's safety and wellbeing (e.g. will telling parents put child at further risk)
Necessary, proportionate, relevant, accurate, timely and secure
Keep a record

South Gloucestershire referrals

'ART': Access and Response Team

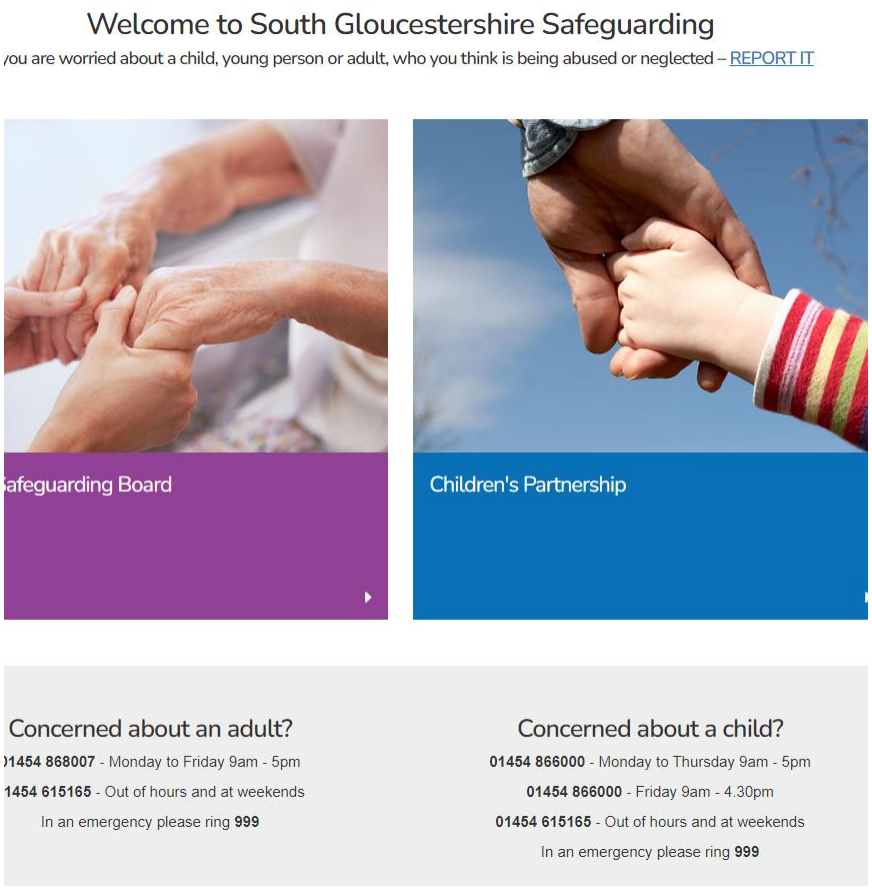
Adults -In hours 01454 868007

-OOH 01454 615165

Children -In hours 01454 866000

-OOH 01454 615165

Written referrals via the '**help request form**'



Bristol Safeguarding Referrals

Children

'First Response' for professionals working with children:

- **Make a written referral online**
- Advice about making a referral (Families in Focus)
- Consent and information sharing
- Request information from First Response

If you're concerned that a child (under 18) is at risk of being abused or neglected contact the First Response team on **0117 903 6444.**

OOH - Emergency Duty Team on 01454 615 165.

Adults

Written referral form online:
Safeguarding adults form for professionals

This is a form for professionals who suspect that an adult in Bristol with care and support needs is at risk of harm from others due to abuse or neglect, or at risk of self-neglect but their health or welfare is not in immediate danger.
Professionals must complete the form as fully as possible.
A lack of information may cause a delay and can leave a person unsafe

KEEPING BRISTOL SAFE PARTNERSHIP

North Somerset Safeguarding referrals

Adults

North Somerset Safeguarding Adults Board: link

Care Connect: 01275 888801 (Weekdays 8-6)
Duty Team: 01454 615165 (OOH)

Raise a Safeguardin Adults Concern: written referral forn

Children

North Somerset Safeguarding Children's Board: link

Level 1 & 2: Early Help and universal services
Level 3: Family Wellbeing
Level 4: Children's Social Care Services

The **Front Door** uses a **written referral form** known as 'request for support' to allocate cases.

Connect Care: 01275 888808 (Weekdays 8-5)
Duty Team: 01454 615165 (OOH)

NSSCP NORTH SOMERSET Safeguarding Children Partnership

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Practice policies

RCGP toolkit

The Safeguarding Adults at Risk of Harm toolkit provides info sheets, templates, and handy guides for all the primary care team. The toolkit assists good knowledge and use of relevant legislation when promoting good care for adults at risk of harm, or those lacking the capacity to make decisions for themselves.
The toolkit can be used by any general practice in the UK.

RCGP Safeguarding Adults Policy template

The template can be downloaded, amended with local details and published on your practice website for staff use & CQC inspection.

Training information/support

Local Authority training: available for all NHS staff across BNSSG:
Bristol North Somerset South Glos

All 3 LAs have confirmed they welcome staff from across **all of BNSSG** for FREE safeguarding training

Online training (level 3 safeguarding certificates)
e-learning for health Adult Safeguarding Modules – level 1-4: elfh SGA here
e-learning for health Children's Safeguarding Modules – level 1-3: elfh SGC here

Training requirements summary by RCGP: SG requirements for primary care

CPD hours can be accrued via webinars, seminars, bite-size learning, practice meetings, case conferences

ICB training: the ICB team are small & are not resourced to provide training at practice or PCN level. All NHS staff can access mandatory training via the LAs

ICB support for complex cases

Contact us: bnssg.safeguardingadmin@nhs.net

Receive lots of individual emails about patients/queries

We provide a 'guiding critical friend' voice to help navigate the system

We cannot dictate actions or hold clinical responsibility for individual cases

Response times may not match clinical need at times, we are not an emergency service

remedy pathway (icb.nhs.uk)

Feedback Link