CHAT and RESOURCES

Child Safeguarding

CSE and SARC

Do you have any stats re %CSE victims' boy and girls respectively in Kent? West in Police terms, does not have the volume of concerns that we have in say East or North. That said it is always relevant to be aware of the signs of CSE/CE in your area of work. The statistics for Kent regarding male/female victims of CSE 10%: 90% is about 2 years old now but it highlights the issue of under reporting of males as victims, with national data being 25%:75%. I do not have a breakdown of the current picture

If client consents are GPs notified after a SARC attendance? Yes
Where should patients go when you are closed? 24/7 service provided by SARC
I am from East Kent. Is SARC Kent wide service? Yes
Are the main forensic samples DNA based and if so how good is the accuracy within the timeframes you gave. ie how likely is a useful match up for prosecution. ? Majority of the samples we obtain are DNA based other than toxicology. The timeframes are based on evidence and research and published by the FFLM. Our forensics have been used in successful prosecutions.

what happens if client doesn't want police involved at SARC – SARC will support with other services and work with clients –however if there is a public risk that may have to be discussed further. Clients over the age of 13 can attend the SARC as a self-referral, they receive the same level of service and we would store any forensics at the SARC for 2 years. We would then refer them into appropriate support services. We would never inform the police if they came to us as a self-referral unless they consented. We do anonymous reporting to the police which is soft intelligence and is non identifiable information.

how long after sexual assault can refer to SARC ?years? All cases can be referred if patients want any input from SARC.Referrals can be made into our talking therapies pathway which enables clients to access rapid therapies.

I have heard patients say they have been advised they cannot have talking therapy before they give evidence in court . Are there limitations on the therapy they can have? Family matters provide support to these clients and they will assess the circumstances individually. www.familymattersuk.org

Any suggestions/tips on how we might suggest to a parent we can't tell if it's molluscum or genital warts so we're going to refer to SARC for a second opinion? Or was the suggestion to refer to paeds I wasn't sure?
I just reassured a colleague to manage conservatively a teenage male who had an isolated wart on the penis. no safeguarding concerns, not sexually active. presented soon after first noticed it, no worries on looking through families notes, and is asymptomatic... should I have asked him to refer to sarc / gum / dermatology services?
I had a few bad experiences and I felt , as GP , I cannot make referral to social services ,I have to send them to Hospital for paediatrician to make a decision.
I was left to deal with angry parents, blaming my why have I made referral .-and social services not advising other than it's the paediatrics who have to assess ? cigarette burn or not.
Ive had this issue before being unsure whether to refer. to paeds or SS

The route to referral for sexual abuse cases raised a lot of questions .It is dependent on the clinical scenario – consider
Immediate risk to child -999 and speak to on call paediatrician if child needs to be conveyed to place of safety immediately –Also make a safeguarding children referral to social care noting the actions taken, inform SG lead.

If there are allegations or concerns of Child Sexual abuse Referrals are made to Social services for strategy discussion using the single request for support. Advice can be obtained from Kent and Medway Sexual Assault Referral Centre (SARC) - 0330 223 1267 (under 13's) or 0330 223 1622 (Over 13's) 24 hour call centre. CSA pathway for further information is available on https://www.beechhousesarc.org/uploads/4/4/9/2/44928965/kent_csa_pathway.pdf -this guidance contains a list of conditions that should raise consideration of sexual abuse.

If the diagnosis is not clear (is it a wart or just a skin tag, could it be a burn or just impetigo etc) and you need clinical advice to confirm diagnosis then a clinical discussion or referral should be considered to the most appropriate clinician for a second opinion (and this could be a GP with special interest within your practice ,another experienced clinician within practice ,dermatologist ,paediatrician etc). However it is very important to make very clear why the referral is being made, what the parents have been told and if a social services referral has been made or the possibility this will be made has been discussed. Most of the issues arise due to a lack of clear communication about the reason for referral and clarification of what has been told to parents.

SARC can be contacted for advice and Dr Love has provided her contact details below: Dr Lucy Love Lucy.Love@mountainhealthcare.co.uk or mobile 07939918957

For safeguarding policies -Look at https://www.kscmp.org.uk/procedures/kent-and-medway-safeguarding-children-procedures-and-strategies

Do you have any updated learning points from local SCR IN KENT

SCRs, they are published on NSPCC website and key themes are on the KSCMP website

https://www.kscmp.org.uk/procedures/serious-case-reviews/presentations

where can we find the new national guidance on intimate images?

https://elearning.rcgp.org.uk/mod/page/view.php?id=10812 – in Covid 19 resources hub -under the remote consultation guidance section – video consulting and intimate examination guidance is available.(summary on WKEN website)

IMAGO

How does the young person register as young carer?

They can self -refer -contact details available on IMAGO website or Professionals can make a referral -form available on their website or on DORIS

https://www.imago.community/Children-and-Young-People/Kent-Young-Carers

Case Conference Reports.

I generally include letters from consultants/ A+E/ OOH etc- is that not sensible then?
I don't understand needing consultants consent to share information with SS..?
I think Imms history is appropriate as it's a demonstration of good parenting. Also, if the child needs to take regular medication
I always put Simms history .
Letters from other medical professionals form part of the patient's medical record. It would be completely impractical to obtain consent from each author or spend hours summarising what they say

That's my general feeling - for example if psychiatry have done a really good social and mental health history - why do I have to write it all out again? I feel attaching a select few hospital letters if relevant is appropriate.

Letters from third parties need their explicit consent before being shared. You can summarise their findings. It's helpful to think about what are risks within the family to the child and what the protective factors are. That's the balance they use in the Case conference for deciding on whether to put the child on a plan and actions required (Dr Sameena Shakoor –Designate Doctor for Safeguarding)

All agencies which have participated in a Section 47 Enquiry or have relevant information about the child and/or family members should make this information available to the conference in a written report. The report should include details of the agencies involvement with the child and family, and information concerning the agencies knowledge of the child's developmental needs, the capacity of the parents to meet the needs of their child within their family and environmental context. (attached Template)

Only relevant information is to be included (Ie) not appropriate to just attach entire medical summary. It is worth bearing in mind the report is reviewed ***by non- medical professionals*** so rather than listing all immunisations done for example –just a note of if immunisations are up to date or if any missed will be adequate. When providing information about parents-again only relevant information is required-if they have had significant involvement from another team like the mental health team and you feel they would be able to provide more insight then note this in the report rather than attaching all the clinic letters.

In sharing information, are you looking for the clinician's informed opinion or objective information to enable you make up your own minds? The report is from the GP's assessment of concerns - therefore even though other areas of health may be involved with the child or family, the overall opinion and /or assessment of the GP should come through the report

Would be helpful to have the requests for info 2-3 weeks in advance rather than 2-3 days as sometimes occurs. Do we if know if for a review the information is meant to be comprehensive/from birth or just an update from the last submission. the forms don't seem to clarify that. Initial case conference invite usually gives 2 weeks' notice however it is often less. Review case conference dates will be noted in the minutes of the case conference –You could get administrative staff to note this date as a calendar entry so you will have notice of when the review report will be required if you want to plan ahead. If this is a review conference you only need to mention changes since the last conference

What about parental consent for sending the report and what advice do you give when parents want certain bits of the report changed. You can use a standard template letter –Suggested template in resources section in this document .You only have to inform parents information is being shared and they should be offered the chance to view it. Consent should have been obtained by the Local Authority. If parents object to any content but you feel it should be included/is relevant –you can highlight this in the report –you don't have to change the report or if the report has been sent already then suggest that parents can discuss the disagreement with the chair or inform the chair yourself of the fact that parents do not agree with a particular section via email/telephone call

the new KCC information forms sent to GPs have TINY boxes to write all this in, the forms keep changing… Reports from conferences are often very long, poorly set out and in tiny print. Short readable summaries of the conference would be more helpful
Above 2 comments have been passed to the Social Services team.

Front Door –Social services

How do patients self refer? they can call 03000 411111 during the day or 03000 419191 out of hours. They can email social.services@kent.gov.uk

We generally ask patients to self- refer - is this no longer an option? Yes please use the numbers and email address above. However, if there are Safeguarding concerns then professionals do need to refer these in themselves, it shouldn't be left to a service user to refer safeguarding concerns

What is available at Level 2? Please go to the KSCMP website, the Level 2 services information have recently been updated
https://www.kscmp.org.uk/guidance/kent-support-levels-guidance/additional-support-level-2

What is the average waiting time following a routine referral? We should process cases through the Front Door within 2 days. It can be shorter particularly when we have a strategy discussion and need to safeguard a child urgently. At times cases will remain in the FD for longer if we experience difficulty in contacting parents or key partner agencies to help to build up a picture

can we ask Penny to give us an update regarding feedback from referrals? We should be providing feedback as standard to all referrers. This will generally be via email. I know there have been issues with this previously, if there are continued concerns I am happy to pick this up.

Looked After Children

Are the assessments made by the Looked after children's team shared with the GP? Yes

Adult Safeguarding

Prevent

What is a good way to keep up with this narrative to be able to recognise when you are getting 'hints'? It is important to share any NHS Prevent newsletters and to receive an annual update on local threats and risks from KCC Prevent Team.

How does Kent compare to other counties in relation Prevent referrals / increase in extremism ? That information is not released but Kent and Medway receive funding for staff resources from Home Office due to our threats and risk. Many other Local authorities do not receive this extra support.

Thresholds for notification to prevent ? Ie expressed ideology without intent ? Yes definitely – Prevent is focused on early intervention and a total safeguarding approach. We have seen from recent terrorist attacks that the change to intent and action can be very quick. Online influence cannot be under estimated as well

How many prevent referrals would you expect in Kent if we were referring proportionate to the threat ? I cannot give a number but I would expect referrals from all specified authorities – including Health colleagues.

Adult Social Care

Can you simply email a letter outlining your concerns instead of completing the forms? KASAF forms are designed to collect all the relevant information when safeguarding referrals are made by professionals

and the risk with an email is essential information may be missed. If you are not sure about making a referral you can ring the Central Referral Unit and ask for a telephone consultation-then a referral form can be completed once you have agreed a referral would be appropriate

Capacity and consent in adults referral? the preference of the adults? when is it right or not right to interfere, respect their decision? Once referred, do we share/'offload' the responsibility with you at SS? Once a referral has been made then the responsibility for assessment lies with Local Authority and risks are shared –if however you become aware of a change in circumstance that would alter the risk then best practice would be to inform social services so a further risk assessment can be carried out .safeguarding in adults should always keep the wishes of the patient central to actions (unless there is risk to others- for example -children involved or a crime has been committed)

So this would not be where you would refer people suffering domestic abuse?
so really to make things simple,-domestic violence referral can be via one referral- to social care using form 1 and they can then refer on??
so case scenario a DV patient coming in to the consultation- no immediate risk to life- ongoing but now seeking support- steps please Domestic Abuse management flowchart for Kent available on DORIS – search for KCC domestic Abuse Referral Flow chart. If someone is in immediate danger, Police should be contacted. Victim support services provide assessment and signposting-contact details are available on flow chart. If there is particular risk to someone else –eg children then you may wish to do a children's safeguarding referral.

When making safeguarding referral, in 'caring responsibilities' PLEASE add Children, to highlight the visibility of children in safeguarding adults - the sometimes 'hidden victims' in adult safeguarding concerns.

Trauma Informed Care

I always ask women if they prefer a female dr for intimate exams. What other sorts of scenarios should we be aware of?
Would it be helpful to have a nominated lead within the practice for TIC?
What comes to mind is considering this in patients who do not/refuse to have smears
Quite often if patients refusing smears this could be explored
Perhaps needs considering during HCP training
This may help explain why certain patients or clients request particular individuals or gender when they need help or care even for something one may consider not necessary
can this be shared with whoever oversees Domestic Homicide Reviews.. Chairs...to include ACE's in their reports when talking about 'The Visibility of Children'

Further information about trauma informed care available https://www.kent.gov.uk/social-care-and-health/information-for-professionals/space-matters

Learning Disabilities

Can you explain the capacity assessment that was suggested to accompany a referral? is there a standard assessment process tool?
Send a capacity assessment with each referral- that's quite a challenge at the best of times…
Resources available on WKEN website including information on Annual Health check and mental capacity assessment forms for treatment. The contact details for community LD team and Philippa Harris (MTW liaison Nurse) are all updated on DORIS now

Is there a structured transition process for children moving to adult services? Yes. We work closely with SS, transition clinics till age 25. Forum for parent to come and meet new teams,

Domestic abuse and Honour based Violence

How do you make contact if you suspect something is happening but their partner always attends appointments with them? Be as creative as you can. If they are providing samples (for example), ask the partner to leave the room giving you the opportunity to ask.
also ask for mobile phones to be turned off when in consultations- so individuals cannot be overheard talking with you A good tactic
Another suggestion -having a visible DV helpline number behind you in video consultation – I would suggest discreet documentation is visible, especially with QR codes that can be scanned discreetly.

'Victims dont know they've been abuse'. Do the perpetuator always know they are abusing others? Not always. They may think they are protecting the victim. They may not know any different if they experienced abuse in their family upbringing.

Does every case of suicide get reviewed? in case there is DA that was not known? All factors are considered by the police and the coroner for every suspicious death.

Can a forced marriage be legally & easily be nullidated? It is possible to do this.

do we need consent of victim in order to refer –in relation to forced marriage Not if you think the person is at risk.

Resources

Slide sets and Resources provided by Speakers will be available in the WKEN website

https://www.kscmp.org.uk/ contains procedures and guidance including bruising protocol, Child sexual assault pathway, Prevent referral guidance, portal for safeguarding children's referral and support level guidance. There is also information on multiagency training opportunities.

Kent.gov.uk website -https://www.kent.gov.uk/social-care-and-health/information-for-professionals/adult-safeguarding/national-adult-protection-legislation#tab-1 contains procedures and guidance for adult safeguarding including self- neglect policy, Prevent Referral form and guidance.

It also contains a link to Space matters -Supporting People with Adverse Childhood Experiences (SPACE) matters is a collaborative project across Kent and Medway to prevent and reduce the impact of adverse childhood experiences (ACEs).

https://www.kmsab.org.uk/p/professionals/kmsab-policies is the safeguarding Adults board website containing policies and procedures along with training opportunities information.

DORIS contains contact details for CCG safeguarding team, Safeguarding referral forms and template child case conference reports and mental capacity assessment form. Safeguarding children referral flow chart and FAQs and KCC Domestic Abuse support services Referral flowchart is also available on DORIS.

Suggested template letter to send to parents when writing a case conference report

The Children's Social Work department have requested that we provide a report to inform a child protection enquiry using information from your medical records. It is our legal obligation to share relevant information in the form of a written report when we receive such a request.

This report will **only** contain information that the practice holds that is relevant to the enquiry regarding the capacity of the parents/caregivers and other family members to safeguard the child and promote his or her health and development. This might include, for example, reference to serious mental health problems, substance or alcohol misuse, or domestic violence. Any relevant information may also include information sent to the surgery by other providers (e.g. Accident and Emergency and mental health reports). It will **not** include non-relevant past medical history.

This report will be shared with the family and other agencies when they attend the child protection conference.

Due to the time constraints on these enquiries it is not always possible to go through the contents of these reports with you prior to the day of the conference. However, if you would like to see a copy of this report, please contact a member of our Secretarial Team.