Partnership Southwark

Protected Learning Time

21st Sept 2023

Safeguarding Children
Level 3 update training

Agenda

Welcome and Introductions

Safeguarding and General Practice team

MASH- Multi Agency Safeguarding Hub

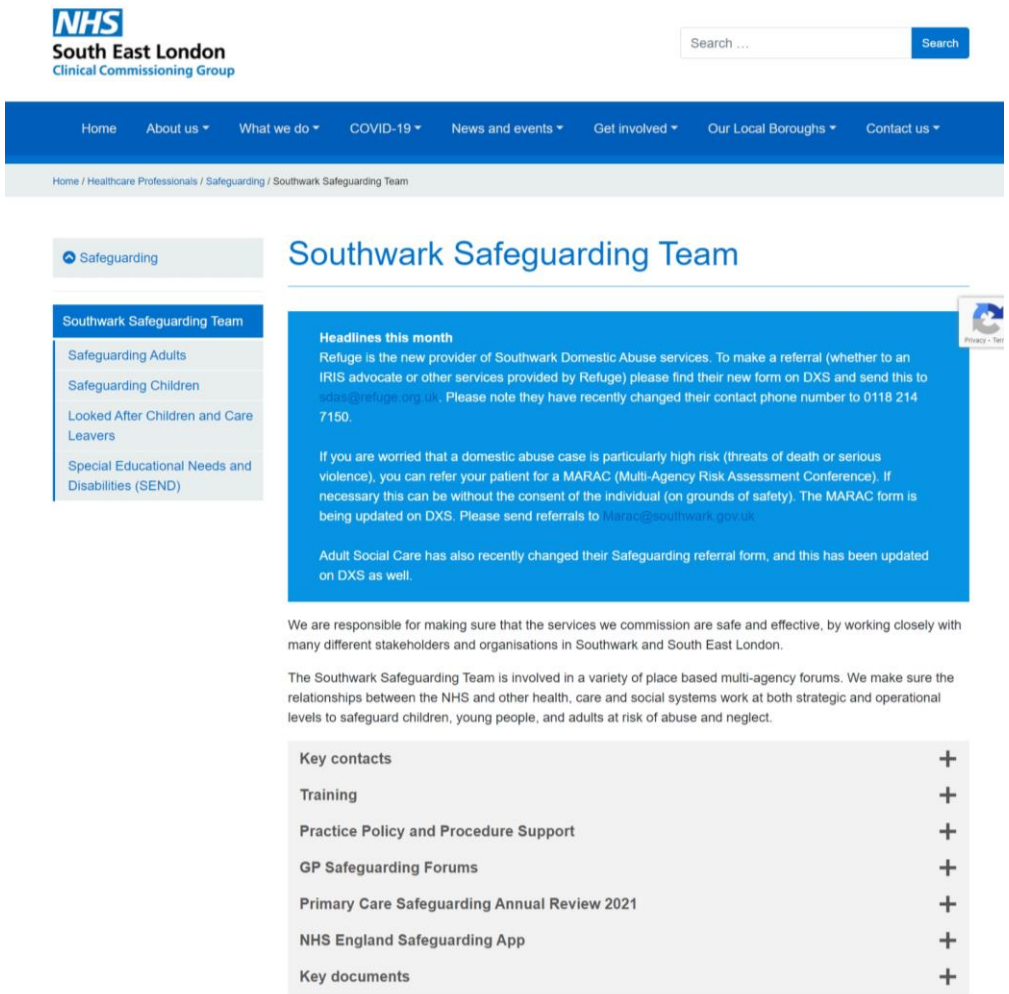
Looked After Children and Care Leavers

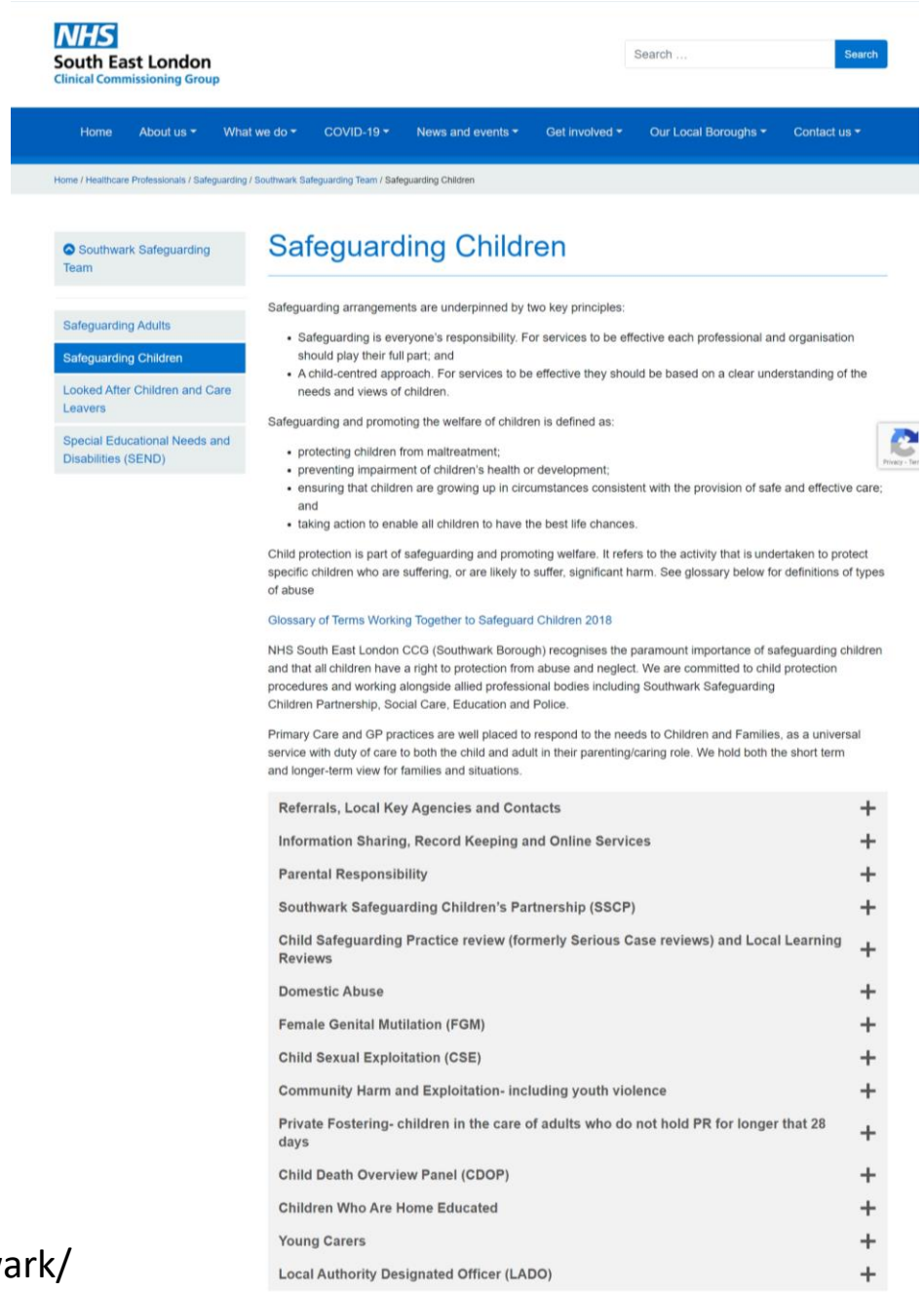
Learning from Serious Child Safeguarding Reviews

Safeguarding and General Practice team

Southwark Team

Shimona Gayle	Named GP for Safeguarding Children	s.gayle@nhs.net
Michele Sault	Designated Nurse for Safeguarding Children	michele.sault@selondonics.nhs.uk
Joy Edwards	Designated Nurse for Looked After Children	joy.edwards@selondonics.nhs.uk
Rosaleen Healy	Consultant Paediatrician and Designated Doctor for Safeguarding Children	
Stacy John-Legere	Consultant Paediatrician and Designated Doctor for Looked After Children	
Megan Morris	Named GP for Safeguarding Adult	megan.morris@selondonics.nhs.uk
Florence Acquah	Designated Nurse for Safeguarding Adults	florence.acquah@selondonics.nhs.uk
Team email Business support - Katarzyna Zawadowska		southwark.safeguardingteam @selondonics.nhs.uk
https://selondonccg.nhs.uk/healthcare-professionals/safeguarding/southwark/		
Quarterly Safeguarding Forum- Wed 1st Nov 2023 Criminal exploitation-Metropolitan Police 'The internal and external London drugs markets, how children are the foundations to that, what they are exposed to. What to look out for and how to deal with it….' everyone's welcome, link to practice safeguarding lead to forward		





https://selondonccg.nhs.uk/healthcare-professionals/safeguarding/southwark/

What is Safeguarding?

Safeguarding is

*a. **protecting** children from maltreatment*

*b. **preventing** impairment of children's mental and physical health or development*

*c. ensuring that children are growing up in circumstances consistent with the provision of **safe and effective care***

*d. taking action to enable all children to have the **best outcomes***

Child protection is

*Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, **significant harm**.*

Working Together to Safeguard Children

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

Is this mandatory?

Safeguarding and Children Protection is a Professional Duty

- Law — Children Act 1989 and 2004
- Statutory Guidance — Working together to safeguarding children; Information sharing advice for safeguarding practitioners
- Professional Guidance — GMC Protecting children and young people: The responsibilities of all doctors; RCN Safeguarding children and young people; Intercollegiate Document: Roles and competencies for health care staff; Looked after children: Roles and competencies of healthcare staff; NICE guidance [NG76] Child abuse and neglect; NICE guidance [CG89] Child maltreatment

Types of abuse

Neglect

The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to: a. provide adequate food, clothing and shelter (including exclusion from home or abandonment) b. protect a child from physical and emotional harm or danger c. ensure adequate supervision d. ensure access to appropriate medical care

Physical Abuse

A form of abuse which may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.

Emotional Abuse

The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person.

Developmentally inappropriate expectation, over protection, preventing the child participating in normal social interactions, bullying, cyberbullying, exploitations

Sexual Abuse

Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening.

Includes non-contact activities, involving children in looking at or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse

Working Together to Safeguard Children Glossary

Acts of Omission Vs Acts of Commission

Recognition-alerting features

Neglect

Lack of basic needs (appropriate clothing, poor standard of hygiene), Unsafe living environment, Malnutrition, Appropriate access to health care. Abandonment

Unborn-maternal substance misuse

Physical Abuse

Bruises, bites, lacerations/ abrasions/scars, burns/scalds, fractures, intracranial injury, spinal Injury, fabricated induced illness.

Emotional Abuse

Changes in behaviour or emotional state, unexpected for age/developmental stage, not explained by stressful situation/medical cause/neurodevelopmental disorder

Withdrawn, aggressive, interpersonal behaviour concerns. Substance/alcohol abuse, self-harm, eating disorders

Regularly has responsibilities that interfere with the child's essential normal daily activities.

Sexual Abuse

Sexually transmitted infections, sexualised behaviour, concern about exploitation, (difference in power or mental capacity, relationship with person in position of trust), pregnancy

Under the Sexual Offences Act 2003, any sexual intercourse with a child younger than 13 years is unlawful.

Acts of Omission Vs Acts of Commission

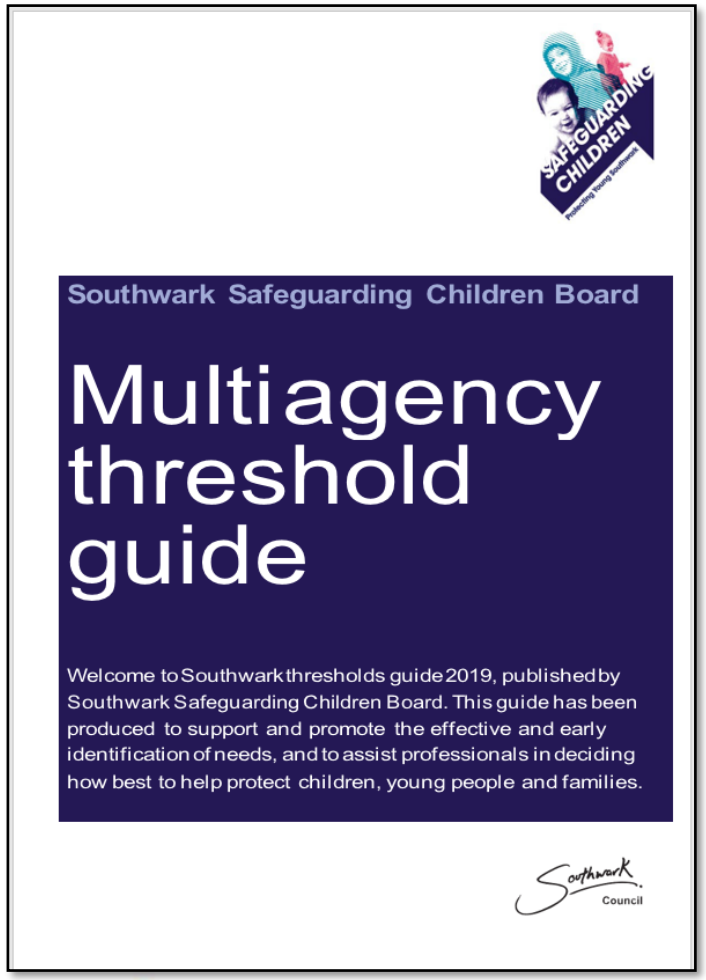
[NICE CG89] Child maltreatment: when to suspect maltreatment in under 18s

Wider Emerging Fields

- Criminal Exploitation - Extra-Familial Harm
  Child Sexual Exploitation -County Lines- Serious Violence
- Extremism/Radicalisation
- Female Genital Mutilation
- Children with Disabilities
- Domestic Abuse
- Young Carers
- Children Missing from Education

Working Together to Safeguard Children Glossary

Threshold Guide



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.

PARENTAL FACTORS

Including basic care, emotional warmth, stimulation, guidance and boundaries, stability and parenting styles and attitudes, and whether these meet the child's physical, educational, emotional and social needs. 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.

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.

Tier 1	Tier 2	Tier 3	Tier 4
Children with no additional needs whose health and developmental needs can be met by universal services.	**Children with additional needs. Universal services and/or support from Family Early Help**	**Children with complex multiple needs. Statutory and specialist services.**	**Children in acute need**

http://www.londoncp.co.uk/

https://www.londonsafeguardingchildrenprocedures.co.uk/files/threshold.pdf

Newly Adopted -

Continuum of need matrix

HEALTH			
Level 1	**Level 2**	**Level 3**	**Level 4**
The child appears 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. Diagnosed with a life-limiting illness.	The child has complex health problems which are attributable to the lack of access to health services. Carer denying professional staff access to the child.
All child's health needs are met by parents.	Additional help required to meet health demands of the child including disability or long term serious illness requiring support services.	With additional support, parent not meeting needs of child's health. Carer displays high levels of anxiety regarding child's health.	Carers' level of anxiety regarding their child's health is significantly harming the child's development. Strong suspicions / evidence of fabricating or inducing illness in their child.
Carer does not have any additional needs	Needs of the carers are affecting the care and development of the child	Needs of the carer / other family members significantly affect the care of child.	
Parent accesses ante-natal and/or post-natal care	The carer demonstrates ambivalence to ante-natal and post-natal care with irregular attendance and missed appointments.	The carer is not accessing ante-natal and/ or post-natal care, significant concern about prospective parenting ability, resulting in the need for a pre-birth assessment.	The carer neglects to access ante-natal care and there are accumulative risk indicators.
The parent is coping well emotionally following the birth of their baby and accessing universal support services where required.	The parent is struggling to adjust to the role of parenthood, post-natal depression is affecting parenting ability.	The parent is suffering from post-natal depression. Infant / child appears to have poor growth - Growth falling 2 centile ranges or more, without an apparent health problem. Newborn affected by maternal substance misuse.	The carer is suffering from severe post-natal depression which is causing serious risk to themselves and their child/ children.
Pregnancy with no apparent safeguarding concerns	Pregnancy in a young person / vulnerable adult who is deemed in need of support.	LAC or Care Leaver or vulnerable young person who is pregnant.	Pregnancy in a child under 13 or parent with significant learning needs. Young inexperienced parents with additional concerns that could place the unborn child at risk of significant harm.

MENTAL/EMOTIONAL HEALTH
EDUCATION
ABUSE AND NEGLECT
SEXUAL ABUSE/ACTIVITY
POLICE ATTENTION
HARMFUL PRACTICES
EXTREMISM AND RADICALISATION
DRUG /SUBSTANCE MISUSE
DISABILITY
YOUNG CARER
DOMESTIC ABUSE
SOCIAL DEVELOPMENT
EXTRA-FAMILIAL HARM

http://www.londoncp.co.uk/

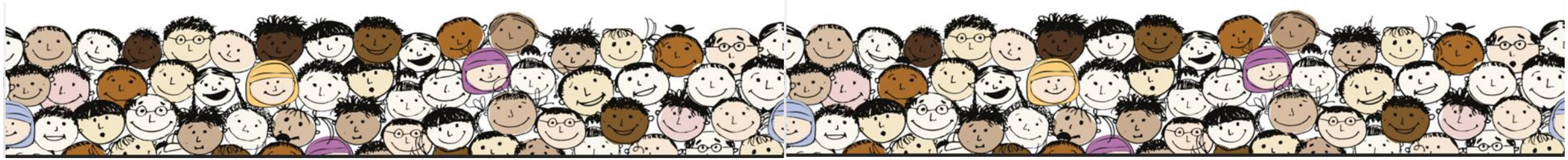
https://www.londonsafeguardingchildrenprocedures.co.uk/files/threshold.pdf

Local picture and priorities

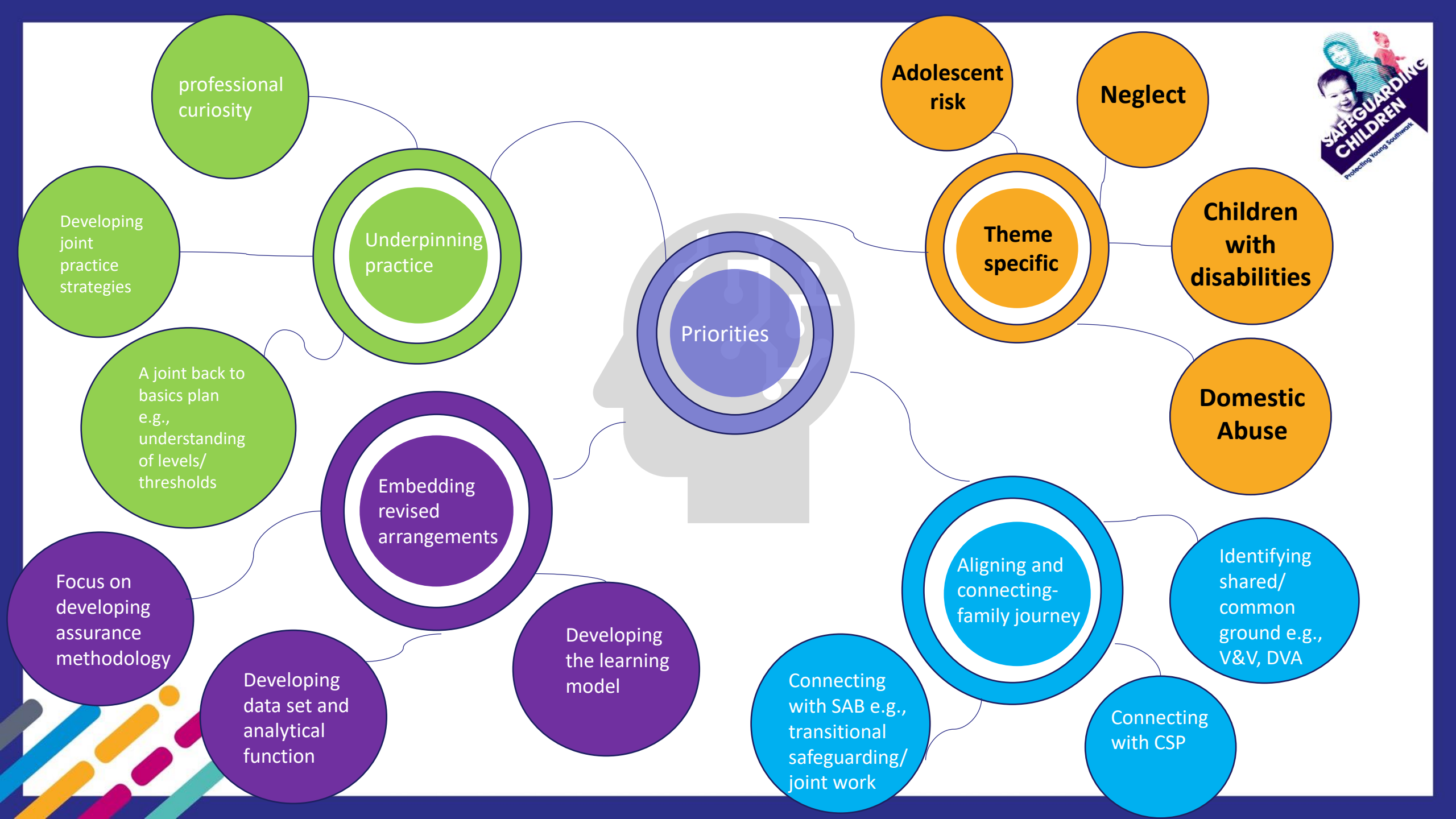
Overall responsibility for safeguarding in borough held by Safeguarding Children Partnership

2023/2024 Priority areas locally

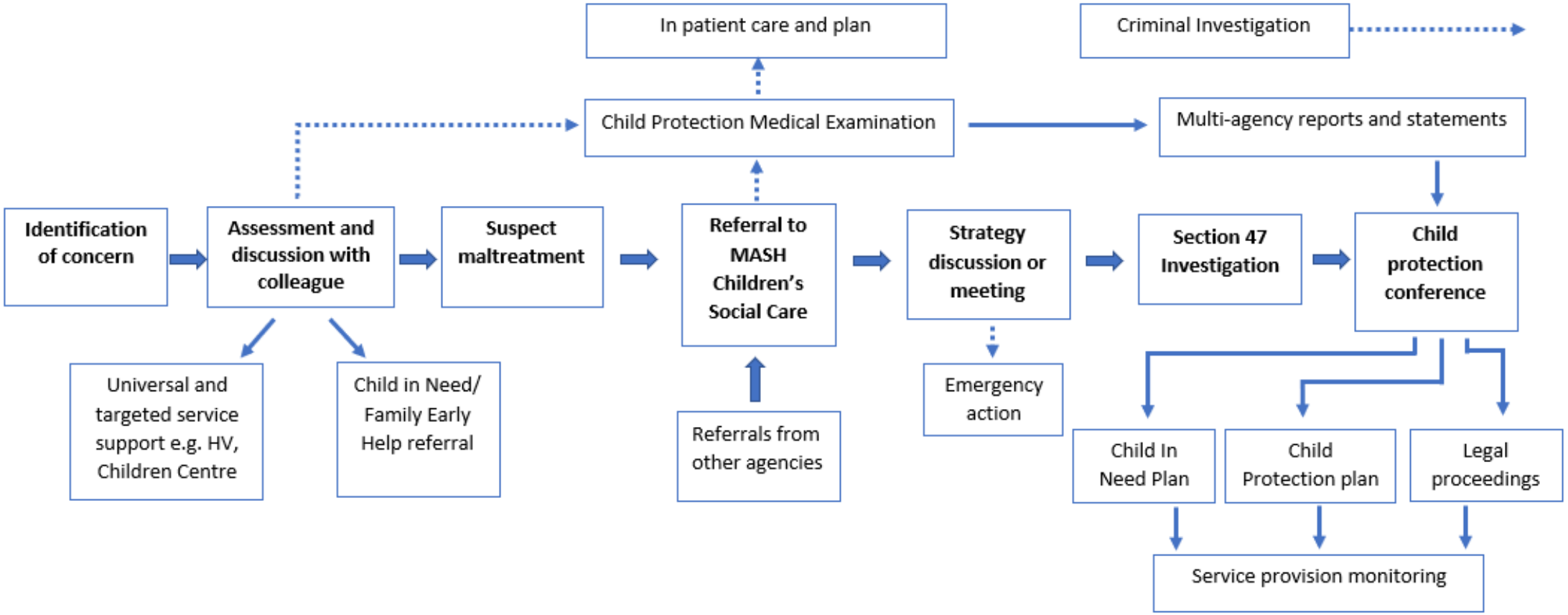
- Domestic abuse- recognising children as victims
- Neglect
- Adolescents at risk- extra familial harm, serious violence, criminal exploitation
- Children with Disabilities



https://safeguarding.southwark.gov.uk/


professional curiosity
Developing joint practice strategies
Underpinning practice
A joint back to basics plan e.g., understanding of levels/ thresholds
Priorities
Embedding revised arrangements
Focus on developing assurance methodology
Developing data set and analytical function
Developing the learning model
Adolescent risk
Neglect
Theme specific
Children with disabilities
Domestic Abuse
Aligning and connecting- family journey
Identifying shared/ common ground e.g., V&V, DVA
Connecting with SAB e.g., transitional safeguarding/ joint work
Connecting with CSP

Information Sharing



https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

Principles						
Necessary and proportionate	Relevant	Adequate	Accurate	Timely	Secure	Recorded

Family Early Help

Family Early Help criteria

1

Staying safe in the community:

- Parents or children involved in crime or anti-social behaviour

2

Getting a good education and skills for life:

- Children who have not been attending school regularly

3

Improving children's life chances:

- Children who need additional support, from the earliest years to adulthood

4

Improving living standards:

- Families experiencing or at risk of worklessness, homelessness or financial difficulties

5

Staying safe in relationships:

- Families affected by domestic abuse

6

Living well, improving physical and mental health and wellbeing:

- Parents and children with a range of health needs

Referral form questions

What help have you or others provided to address the child or family needs? And why? Please send us any assessments you have completed and any Team around the Child or Family meeting?
What are you still worried about? Please indicate the individual needs of the child(ren) and what needs to change for the child(ren) and why? What has prompted this referral now?
What information do you know about the parent/carer and the wider family support network? (include relationships, friendships, behaviour, support, stability, safety, language, mental health, substance misuse, domestic abuse etc) **Are there any risk issues we need to be aware of?**

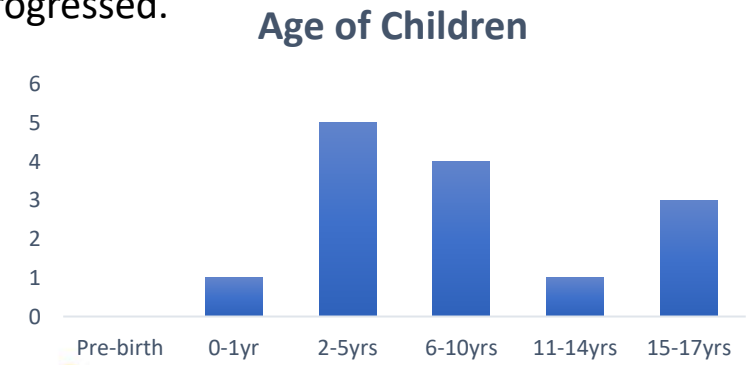
Family Early Help Referral

8 families with 14 children

8 different GP practices

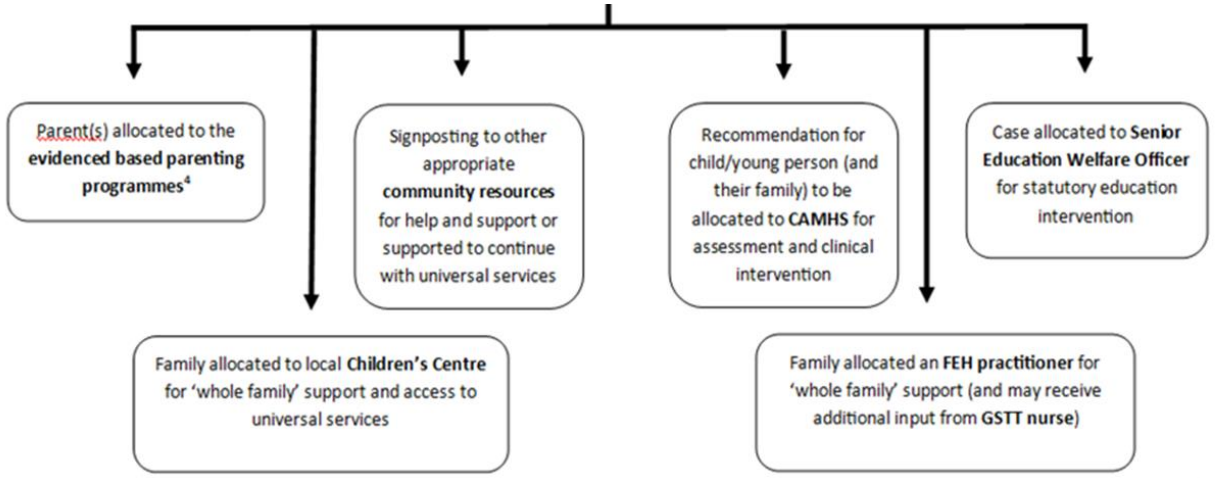
6 Family Early Help referrals, 2 ‘step-across’ MASH referrals

The referrals were all processed through to the referral meeting and were screened by Managers who gave a recommendation as to how the referral should be progressed.



- MASH step across- 2 cases
  - Homeless and Overcrowding cases
- Overall referrals, are appropriate, wide-ranging, range of ages, responding to social needs
- Remember to see the child behind the adult – are we potentially missing opportunities?
- Review of referral forms need identified
  - strengthen their response to ‘what support family would like’,
  - wider context- half of referrals had no reference to parent carer, significant negatives
  - voice of child/family- no referral had definitive reference to this area.

Outcomes



[3] *Please note that there may be a short waiting list for allocation*

[4] *For children 0-19 which includes Strengthening Families Strengthening Communities (SFSC), Empowering Parents Empowering Communities (EPEC), and Father's parenting group work programme.*

Southwark Council
southwark.gov.uk

Primary Issue	**Referral Outcome**
Behavioral difficulties - autism	Referral for Incredible Years Parenting programme for Autism
Behavioral difficulties	Referral concluded as needs of the family linked into universal and community services
Homelessness	Referral allocated to a Children & Family Worker at the Children & Family Centre
Housing~ overcrowding and repairs	Referral concluded as needs of the family linked into universal and community services
Mental Health Child	1) Referral to Family Early Help CAMHS 2) Referral concluded, family signposted to community resources and received advice, information and guidance

Child Protection Conferences

A Child Protection Plan is made for children if they have suffered significant harm or if they are likely to suffer significant harm, and if the harm is attributable to the care that they receive (except in cases of extra-familial harm). **'Significant' harm means harm that is considerable, noteworthy or important and 'likely' means that there is a very real chance that it will happen if we do not intervene.**	**Please advise the chair in advance if there is any information in this report that should <u>not</u> be shared with other agencies or the parents who have been invited to the conference**

Overview of Agency Involvement with child/family **Health** - Please include outcome of any relevant health/development assessments and significant medical history including information about level of engagement, attendance/non-attendance and concordance with treatment.
What are the family doing well at the moment to meet the needs of the children and keep them safe?
Are you concerned that this child or these children have suffered significant harm or are likely to suffer significant harm and if so in what way?
What needs to happen next to reduce significant harm and how can your agency help with this?
Are there any factors which make the situation more difficult to resolve?
What are the views of the parents/carers and /or the child(ren) young person on this report?

Initial Child Protection Conferences

Deep Dive March 2023 Total: 20 ICPC

48 children- including 3 unborn children

14 GP practices - 3 practices had 2-3 cases, 2 GP not identified, 1 practice Lambeth

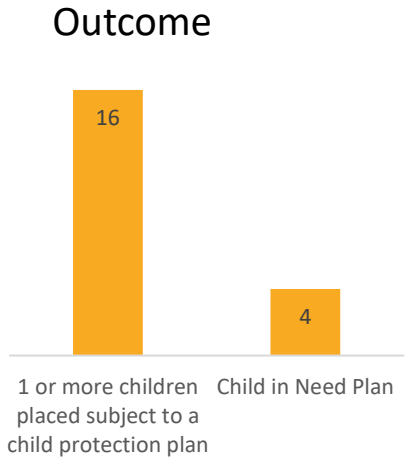
9 Total health issues reported for children, including:

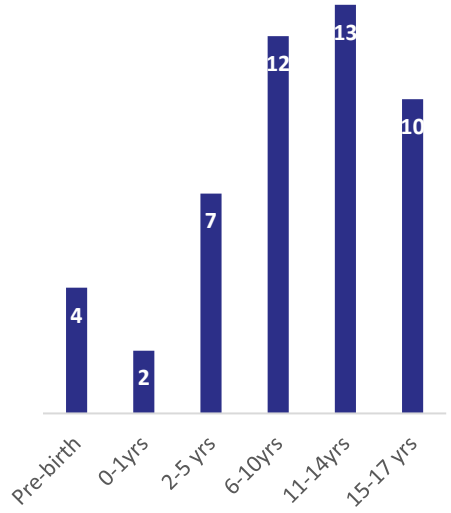
3 Autism, 4 Mental Health, 1 Global Developmental Delay, 2 other medical issues, not significant long-term conditions

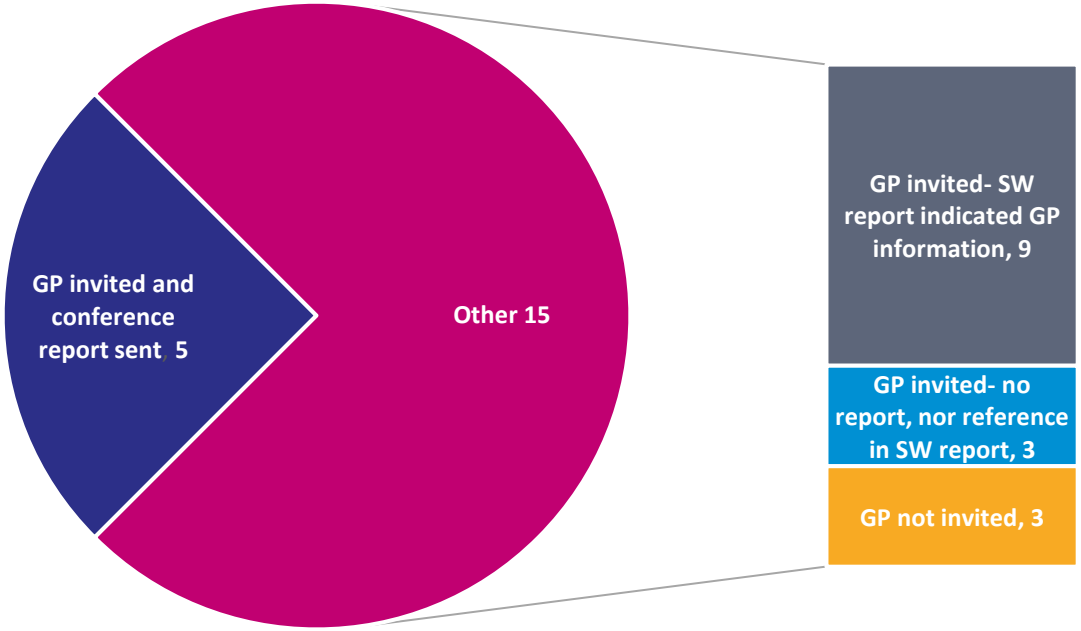
10 Total health issues reported for parents/carers including:

3 Mental, Health, 3 alcohol abuse, 3 drug abuse, 2 physical health 2- Inc. palliative end of life care

'Are there any medical needs in the case which would benefit from the GP being present in conference?' One case identified
Mental Health- without SLAM involved (not IAPTS) , physical health impacting parenting, where GP presence of particular benefit





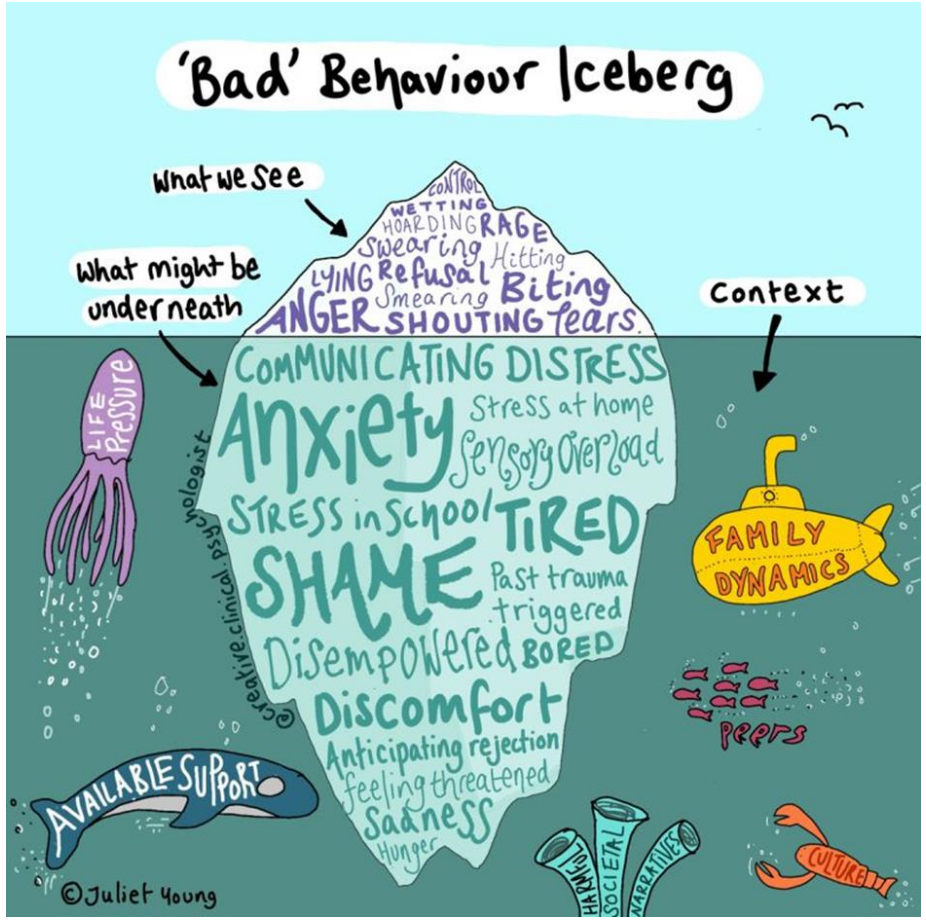


Actions for Practice …

7 conference reports contained direct action for practices

- ‘Health assessment’/ ‘medical review’
- ? Pseudoseizure- f/u needed
- Mother to continue meds and onward perinatal mental health team referral
- Maternal Mental Health assessment
- Review of nocturnal enuresis
- Consider CAMHS referral
- Change Grow Live/Mental Health referral
- Review of ‘abdo pain’

Trauma –informed



Things you will hear: 👂

Behavioural approach

What did you do?

You need to learn to self-regulate…

Trauma informed approach

What happened to you?

I see you, I hear you, you matter.

Voice of the Child/Family

- Listening to the child from the outset
- Non-verbal observation and interactions
- Open ended questions
- Where is the child/family coming from?
- Avoid assumptions
- Incident- ‘show me what happened?’
- Experience of Services

‘The best possible doctor’

Uses a personalised approach - knowing our likes, interests, hopes, aspirations

Is open minded and non-judgemental, not making assumptions

Show respect, suppo and kindness-taking all worries and concerns seriously

Pushes for change by supporting good transition between services, to empower and involve us in our individual care

https://seriouscasereviews.rip.org.uk/wp-content/uploads/2019_triennial_analysis_of_serious_case_reviews_health_professionals_Mar2020.pdf
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/526981/The_voice_of_the_child.pdf

7 Minute Briefing: Hearing the Voice of the Child

Rotherham Safeguarding Children Partnership

1. The Importance of the Voice of the Child

Professionals are required to consider the wishes and feeling of children when undertaking assessments and when making decisions that affect them. Serious Case Reviews have highlighted the need to capture the voice of the child [1]

'Effective safeguarding systems must be child centred. Problems can arise when practitioners in agencies lose sight of the needs and views of the children within them or place the interests of adults ahead of the needs of children. Everyone working with children and families must seek and understand "the voice of the child" and reflect and respond to it in all aspects of work'.

2. Legal

The Children Act 1989 requires local authorities to give due regard to a child's wishes when determining what services to provide, before making decisions about action to be taken to protect children, and in relation to Looked After Children, including those who are accommodated, and children taken into police protection

3. Children have said that they need:

Vigilance: So that we notice their needs
Understanding and action: hearing and acting
Stability: Staying for as long as we're needed
Respect: Treating children as Competent
Information and engagement: Involving children in planning for their care and protection
Explanation: Giving the reasons for decisions made, especially if they don't meet their expectations
Support: In their own Right
Advocacy: Help to put forward their views.

4. What we need to do

See the child
Focus on the child
Listen to what they say
Observe interactions
Ask about abuse and neglect
Listen to siblings and other children
Record what you hear and what you see
Interpret what the child says, and what they do, referencing indicators of abuse and exploitation
Establish the child's wishes and feelings

5. How?

Listening to the words children say is obvious, but children who do not easily communicate verbally may have different ways:

- Be open to interpreting children's behaviour as communication, and look for discrepancies with what carers say
- Listen to siblings and other adults in the child's life
- Interpret the context and content of unusual and disruptive behaviours
- Give credence to the things children say, and to your interpretation of their behaviour
- Be adaptable when working with d/Deaf and disabled children
- Get to know the language and expressions that individual children use

5. Thinking Covid

As restrictions continue to ease, children are seen more often, but many processes have changed forever. We still need to do pre-visit risk assessments, and many meetings are held online. We need to do even more to interpret children's communications, and some children and families remain very anxious, so be aware that they might want to keep their distance. You can maintain contact with children you work with via telephone calls and texts between visits

7. Find Out More

[1] The voice of the child: learning lessons from serious case reviews

[2] RSCP Procedures: Supporting the Voice of the Child

[3] The Children Act 1989

[4] NSPCC: Safeguarding d/Deaf and disabled children and young people

- United Nations Convention on the Rights of the Child
- British Journal of Social Work 2022 (Covid-19)

Rotherham Safeguarding Children Partnership
http://www.rscp.org.uk/ 01709 254924 CYPS-SafeguardingBoard@rotherham.gov.uk
Multi Agency Safeguarding Hub (MASH) 01709 336080

H	E	A	D	S	S	S
Home	Education Employment	Activities	Drugs and Alcohol	Sex	Safety	Self-harm
Who **lives** at home with you? What are **relationships like** at home? Do you **feel safe** at home?	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?**	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?**	Do you smoke/ drink alcohol or use any drugs? Do any of your friends smoke/drink alcohol/use drugs? Your family?	Knowledge about STDs. How do you feel about relationships? Has anyone ever touched you in a way that's made your uncomfortable or forced you into a sexual relationship?	Are you being **bullied at school**? Or **online**? Do you feel **safe in your local area**? Have you **witnessed violence?** Have you been **forced to do something you did not want to do?**	Do you ever feel **very depressed**? Do you have **difficulty sleeping** ? Do you ever **think about hurting yourself**?

VOLT- Victim| Offender| Location| Themes

Looked After Children(LAC) and Care Leavers.

Looked After Children(LAC) and Care Leavers.

Guidance and Support following national serious case reviews.

- **Doncaster:** Abuse and Neglect of Children in Residential Placements.
- **Cumbria:** Sharing of medical information of prospective adopters.

- Dr Stacy John-Legere (Consultant Paediatrician/Service Lead/Designated Doctor LAC and Care Leavers).

- Joy Edwards (Designated Nurse LAC and Care Leavers).

Southwark Looked After Children 2023

Cohort:

Children placed by Southwark = 390

NB: recent data shows an increase in older children and adolescents entering care.

Southwark Care Leavers 18 – 25 years = 632

NB: 16 thousand care Leavers in London.

Looked After Children and Children placed for adoption by other boroughs living in Southwark = 96.

Consider coding and vulnerabilities of Children, Care Leavers and adults who have experienced care.

Doncaster Serious Case Review

https://www.gov.uk/government/organisations/child-safeguarding-practice-review-panel

Summary:

- Followed an investigation into whistle blowing across three residential units run by same company.

- Now part of criminal investigation.

- Evidence of the abuse and harm experienced by the children included:

Physical abuse and violence, neglect, emotional abuse, sexual harm

Cont:

- Medical needs not being met.
- Evidence that medication was misused and maladministered.
- Staff did not respond effectively to allegations or disclosures made by children against staff members

Consider:

Voice of child.

Recurrent attendance and rationale.

Last review health assessment for Looked After Child/GP annual review.

Notification history and triangulation.

Prescription reviews.

Raising Concerns/Seeking advice.

Serious Safeguarding disclosures or concerns.

Case Scenario Residential Unit Patient Consultation

- Matthew 15 years ASD non- verbal communication
- Full care order residential placement with attached education.
- Recurrent attendance to GP with minor ailments/concerns including fungal infection of self- inflicted head wound, chest infections, increased patches of Eczema, recent disturbed sleep pattern.
- Different carer on each consultation.
- Missed/delayed prescriptions.
- Reported increase in challenging behaviours and aggression.
- Social Worker reports increased concerns regarding level of holistic care and reported minor ailments.

Leiland-James Corkill, a one-year-old boy who died in Barrow-in-Furness in January 2021. LSC Integrated Care Board :: Leiland-James Michael Corkill: Child Safeguarding Practice Review published (icb.nhs.uk)

KEY FINDINGS

- That the prospective adopters deliberately misled professionals involved with their family, but it also identifies that services should not rely on self-reported information and that rigorous checking and challenge of information provided is vitally important.
- Medical assessments of adopters need medical records to be thoroughly looked at, and clarification of the information they contain should be sought when necessary.
- Information from any specialists and providers of mental health support must be shared with the Local Authority. Medical assessments should be updated at the point of matching adopters with a child in case any new information is available that may affect their ability to appropriately parent a child.

Key Findings cont:

- When agencies find out there are issues with prospective adopters bonding with a child placed with them, they need to respond quickly to provide support and input to that situation.

- Improvements are needed by all agencies involved in both seeking out and sharing information, and in considering any issues which emerge that could lead to a risk to children.

- The police investigation and this review uncovered information about the prospective adopter's mental health, alcohol use and financial circumstances that either was not known or shared. The prospective adopters did not share their negative views of Leiland-James and there was no awareness of the nature of the private text messages shared between the prospective adoptive mother and father.

Consider :

All known medical information for prospective adopters.

Links to other health domains.

Triangulate information.

Is the child linked to family by record when placed?.

Notification of any changes to health and when to inform.

Significant changes for the child placed?

ADOPTION CASE SCENARIO

Patient consultation

Dr Stacy John-Legere

Partnership Southwark

Learning from Serious Child Safeguarding Cases

"When a child dies or is seriously harmed and abuse or neglect is known or suspected"

Working Together to Safeguard Children 2018 (publishing.service.gov.uk)

Child Safeguarding Practice Review system

- National CSPR panel

- Local CSPR subgroup

- Purpose: Embedding sustainable improvements in the safeguarding children system and improving practice

Child Safeguarding Practice Review Panel - GOV.UK (www.gov.uk)

National CSPR panel:

- produces guidance
- publishes national thematic reviews & annual reports
- oversees local CSPR reviews
- national conference

Local CSPR subgroup:

- undertakes rapid reviews +/-
- local CSPRs

Child Safeguarding Practice Review Panel guidance for safeguarding partners (publishing.service.gov.uk)

Think family

- Child-centred systems and practices
- Identifying & addressing parental vulnerabilities
- Working with men as fathers/male carers

National CSPR panel: "Out of routine" July 2020

- 40 sudden unexpected death in infancy (SUDI) cases
- 38 : 40 co-sleeping

  + unsafe sleep environment

  +/- parental drugs/alcohol

  + known safeguarding concerns
- Parents unable or unwilling to follow safe sleeping advice

Out of routine: A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm (publishing.service.gov.uk)

"Out of routine"

Recommendations incl.

- Need to understand local parents' perspectives
- To work in partnership with both parents
  - non-judgemental relationship-based approach
- Start in pregnancy then ongoing
- Use national guidance, plus bespoke:
  - explain risks + discuss "out of routine" circumstances
- Identify & help parental vulnerabilities

National CSPR panel:
"The Myth of Invisible Men" September 2021

- Safeguarding children under 1 from non-accidental injury caused by fathers/male carers

- Overview of 257 rapid reviews sent to national panel, most babies were harmed by men

Safeguarding children under 1 year old from non-accidental injury - GOV.UK (www.gov.uk)

"The Myth of Invisible Men"

Methodology:

- Interviewed 8 male perpetrators in prison
- Fieldwork research into 23 notified cases
- Literature review
- Roundtable discussions

"The Myth of Invisible Men"

Findings:

- Parental vulnerability:
  - missed opportunities to identify and give support to vulnerable fathers/male carers.
  - men are often "invisible" to professional agencies
- Factors linked to non-accidental injury of infants by men:
  - poor mental health
  - substance misuse
  - domestic abuse & resorting to violence under stress
  - poverty, racism, stress
  - relationship problems

"The Myth of Invisible Men"

- Universal and specialist services need to involve fathers starting as early as possible
  - e.g. midwifery, health visiting, general practice.
  - opportunities: e.g. family hubs, domestic abuse act 2021 focus on perpetrators
- Child-centred: a need to explore with both parents (and any new male partners) the extreme vulnerability of babies under 1 year old
- ICON programme could engage men at 5 possible touch points including GP at 6 to 8-week check

Local Learning

Child B

15-year-old male, suffered significant life changing injuries following a stabbing,

Short period of being 'Looked After', significant trauma, Adverse Childhood Experiences (ACEs) in his childhood (emergency protection order, looked after, maternal serious mental illness, domestic abuse, Subject to CPP for neglect, death of mother year before he was stabbed)

Registered with Southwark GP by adult given as 'guardian'

Recommendations for Primary Care

- Recognition and response to impact of trauma as early as possible, don't watch and wait,
- Threshold for MASH and Family Early Help (FEH)
- Practice processes- Policy Checklist

  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 clinical colleagues.

Local Learning

Child C

Died aged 25 weeks- ‘found lifeless in cot’

Family were in temporary accommodation in Southwark, presented homeless to another London Borough, registered with Practice in third trimester,

Unaware older full sibling taken into care at 3 months due to domestic violence- as such for this pregnancy threshold for MASH referral met antenatally.

Recommendations for Primary Care and wider interface

- Practice summarisation- flag historic child protection cases ensure coded in most appropriate way.
- Record keeping-Continue to scan child protection information and apply appropriate codes to parents/carers and index children. GP records may be one of the main continuous links.
- GP notification of antenatal booking after self-referral by KCH and GSTT, includes process to share safeguarding history or concern