

**Appendix 1****SAFEGUARDING CHILDREN REFERRALS REVIEW****APRIL - DECEMBER 2008****1. INTRODUCTION**

Safeguarding and promoting the welfare of children, and in particular protecting them from significant harm depends on effective joint working within agencies and professionals that have different roles and expertise.

All staff within the Trust who come into contact with children and parents in the course of their normal duties are trained in how to Safeguard and promote the welfare of children, they are alert to potential indicators of abuse and neglect in children, and know how to act in line with Hertfordshire Safeguarding Children's Board procedures.

**2. REFERRAL TO CHILDREN'S SCHOOLS & FAMILIES**

As a member agency of the Hertfordshire Local Safeguarding Board the Trust makes referrals to Children's Schools and Families (CSF) if there are signs that a child under the age of 18 or unborn baby:

- is suffering or has suffered abuse and/or neglect
- is likely to suffer abuse and/or neglect
- or (with agreement of person with parental responsibility) would be likely to benefit from family support services.
- to share information about children that are known to CSF to support multiagency working

When a child is admitted to Hospital, A&E, a Ward or attends Outpatients and deliberate harm is suspected, the nursing documentation takes full account of these concerns and a specific record is made in the A&E record card or clinical notes to take full account of the suspicion or diagnosis.

Staff within all frontline services are also encouraged to consider parental issues and if the presentation of an adult, parent/carer or pregnant woman causes concern about the children in their care, then a referral to CSF is made. This is made in an emergency if necessary by telephone or by faxing a C3155H Form to CSF. These are available in all frontline services on the Intranet, and follow the procedures of the Hertfordshire Local Safeguarding Children's Board.

The Child Protection Register (recently renamed a list of Children with a Protection Plan in Place) is checked (currently available in A&E HHGH, MIU, SACH and WGH CED) and previous attendances recorded.

Any child about whom there are concerns must be discussed with and seen by a Paediatrician. If the child is seen at Hemel Hempstead Hospital or St Albans City Hospital then the Child is transferred to Watford Children's Emergency Department after referral to the On Call paediatric Team - as per Paediatric Transfer Policy.

The Safeguarding Children's Team is always informed of any child admitted to the Trust about whom there are concerns. There is always a member of the Safeguarding Team available in

working hours via telephone and the team maintains a high profile in Paediatric, Emergency and Maternity Services. Outside of working hours Hertfordshire Social Services have a resource called a 'What If' conversation that clinicians can use to contact Social Services if they have a concern. This procedure is referred to on all Trust Flow Charts and contact details given. All clinicians can use this resource if they have a concern about a child in their care and are given advice by a senior member of social services. This telephone advice is always documented in the notes and then plan of action noted. The Safeguarding Team follow these up on the next working day.

The need for referral to CSF is always discussed with senior staff and members of the Safeguarding Children Team and all referrals are reviewed and followed up daily.

Within the Trust there are robust systems in place where members of the Safeguarding Children's Team follow up all referrals to CSF. The Safeguarding Children's Team also hold multi-agency meetings twice a month with CSF colleagues to discuss referrals to social care, present specific cases and follow up cases.

### **3. DATA (1<sup>ST</sup> APRIL - 31<sup>ST</sup> DECEMBER 2008)**

#### **SUMMARY OF DATA CAPTURED**

The referrals to CSF from April 2008 - December 2008 have been reviewed by the Named Nurse, Safeguarding Children.

The Data has been split into three sections:

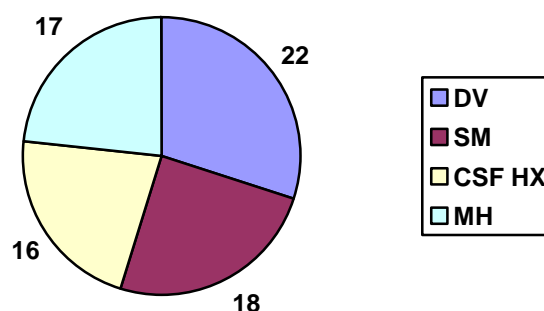
- Referrals from Maternity Services
- Referrals from Acute Services within the Trust (A&E/Children's Emergency Department/Pediatrics/Outpatients) MALE and FEMALE Referrals
- Referrals where the parents presented to the Trust and their illness and/or behavior caused concern for the children in their care

#### **TRUST REFERRALS TO CHILDREN'S SCHOOLS & FAMILIES FROM THE TRUST MATERNITY SERVICES (April - December 2008)**

##### **Number of Referrals:**

From April to December 2008 there have been 73 referrals.

##### **Reasons for Referral:**



- **DV - Domestic Violence (22 referrals)**

Disclosures that domestic abuse has occurred, causing concern to the unborn baby.

- **SM - Substance Misuse (18 referrals)**

Drug and alcohol usage in pregnant mothers.

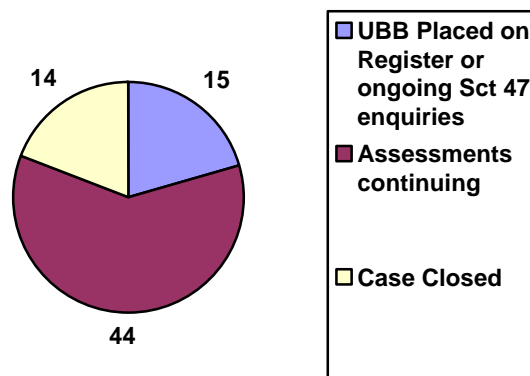
- **CSF Hx - Previous History CSF (16 referrals)**

Previous children in care, other children with a protection plan in place, previous removal of children at birth.

- **MH - Mental Health (17 referrals)**

Psychiatric problems causing concern to the health and welfare of the unborn baby.

### **Outcome of Referrals:**



- **UBB Placed on Register (15)**

Unborn baby placed on Child Protection Register (Child with a Protection Plan in place). This is following an Investigation under section 47 of the Children's Act (1989) and a plan is put in place to safeguard and promote the welfare of the child.

- **Assessments Continuing (44)**

A referral has been made to CSF and the family is undergoing an Initial or Core assessment by CSF. These referrals are often made in early pregnancy and assessments continue throughout pregnancy with a pre birth multi-agency planning meeting at approximately 32 weeks of pregnancy.

- **Case Closed (14)**

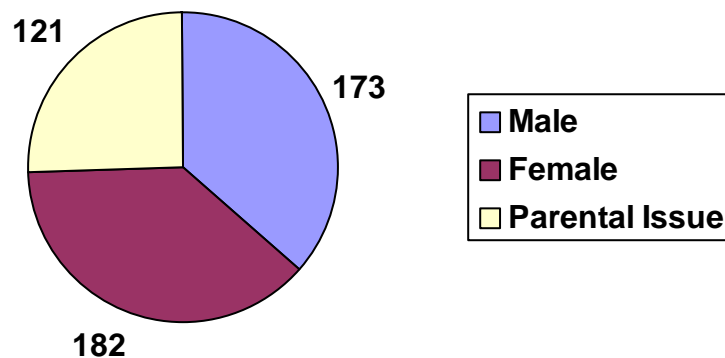
Decision by CSF to close the case after initial assessment, as did not make threshold criteria for intervention.

### **TRUST REFERRALS TO CHILDREN'S SCHOOLS & FAMILIES FROM ACUTE SERVICES WITHIN THE TRUST (April - Dec 2008)**

Referrals to CSF are made from A&E/CED/MIU Acute Paediatrics and other frontline services daily.

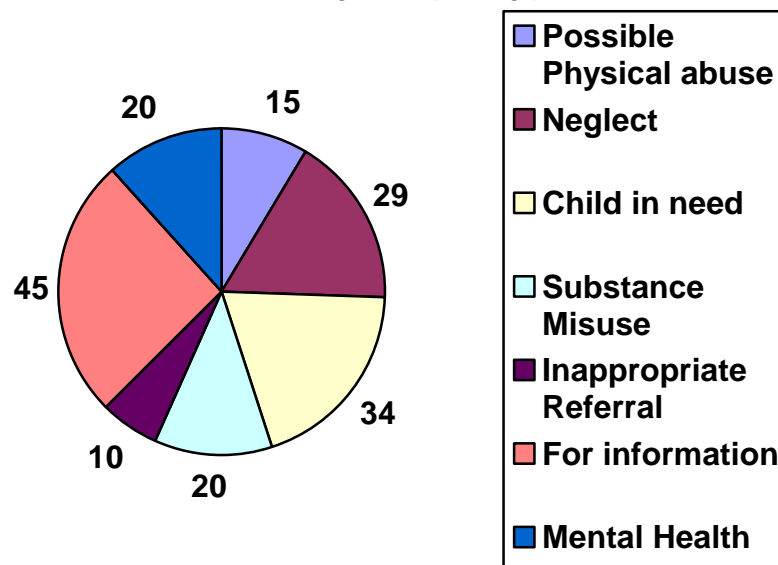
A considerable number of referrals are made where the PARENT is the presenting patient and their illness and /or behavior causing concern to the child in their care.

**Referrals between April 2008-December 2008 (476 referrals):**



**Reasons for Referral (Male 16 years and under):**

There have been 173 Male CSF referrals during the reporting period.



▪ **Physical Abuse (15 referrals)**

Presenting to the Trust with Physical Injuries that may be observed in abused children - admitted to a Ward for Child Protection assessment and multi-agency investigation.

▪ **Neglect (29 Referrals)**

Concerns surrounding neglect of child and their welfare - 12 male children were admitted to a Ward for medical review, investigation of Child Protection concerns and multi-agency Investigation. A further 17 male children were referred to CSF for assessment but did not need admission.

▪ **Child in Need (34 Referrals)**

No suspected actual/likely significant harm - CSF/multiagency support required through the use of Integrated Children's System - a 'plan' for all children in need of support and intervention with different agencies.

▪ **Substance Misuse (20 Referrals)**

Reason for admission to the Trust - Drug and Alcohol problems.

▪ **Inappropriate Referral (10 referrals)**

Referral made by clinician deemed not to make the threshold for referral and recorded by CSF as for information.

▪ **FOR Information Only (45 referrals)**

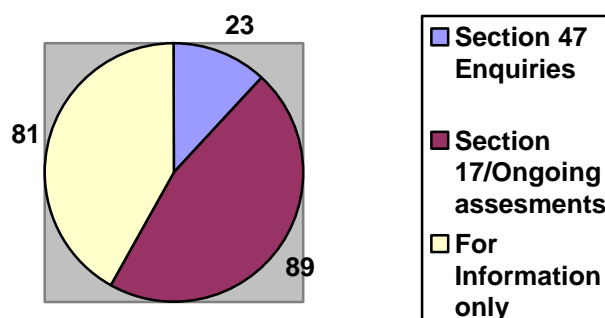
The Trust routinely informs CSF about all children that attend the Trust who have:

- Child Protection Plans in place (Child Protection Register)
- Looked after children (in Foster Care, Children's Homes)
- Home-educated Children
- Privately Fostered children and Children who are known to have a Child in Need Plan In Place

▪ **Mental Health (20 Referrals)**

Attempted Suicide, Deliberate Self Harm and Overdoses of all children are referred to CSF as well as Community Adolescent Mental Health Services.

**Outcome of Referrals (Male):**



**Section 47 Enquiries (23 Referrals)**

Reasonable cause to suspect that the child has suffered or is likely to suffer significant harm leading to a Multi agency investigation. If admitted to the Trust, a Strategy meeting is held and Safeguarding Plan put in place.

**Section 17/Ongoing assessments (81 Referrals)**

A referral has been made to CSF and the family is undergoing an Initial or Core assessment by CSF. These assessments then identify the need for other agency provision and recommend that further support or intervention is provided to the family.

**For Information Only (89 Referrals)**

CSF records information about all children that attend the Trust who have:

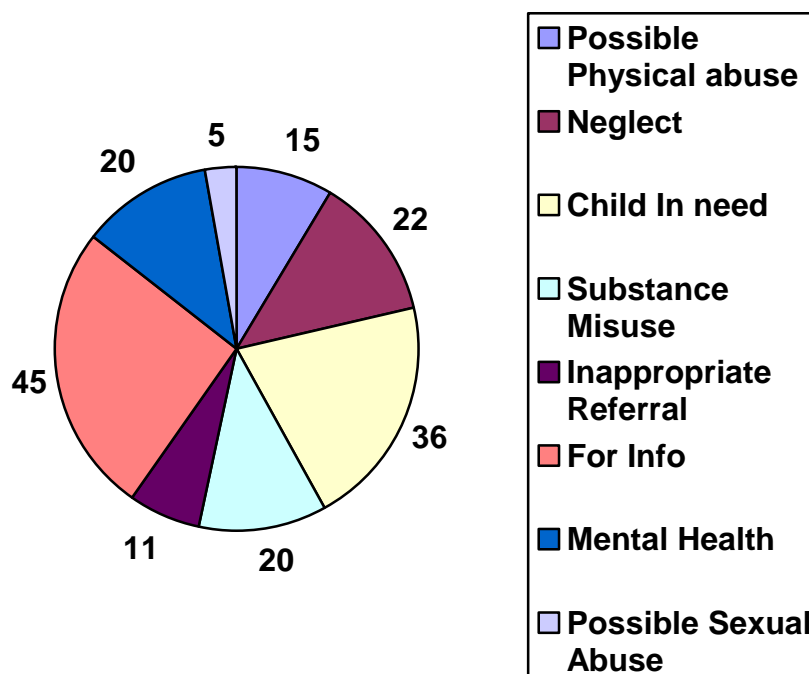
- Child Protection Plans in place (Child Protection Register)
- All Looked after children (in Foster Care, Children's Homes)
- Home educated children

- Privately Fostered children
- Any child who is known to have a Child in Need Plan In Place

After initial screening by CSF of a referral, CSF then record that information as INFORMATION ONLY.

### **Reason for Referral (Females under 16 years):**

There have been 182 female referrals to CSF during the reporting April-Dec 2008.



#### ▪ **Physical Abuse (22 Referrals)**

Presenting to the Trust with Physical Injuries that may be observed in abused children - admitted to a Ward for Child Protection assessment and Multiagency investigation.

#### ▪ **Neglect (23 referrals)**

Concerns surrounding neglect of child and their welfare - 10 female children were admitted to Ward for Child Protection Investigation and Multiagency Investigation. A further 15 children were referred to CSF for assessment but did not need admission.

#### ▪ **Child in Need (36 referrals)**

No suspected actual/likely significant harm - CSF/multiagency support required through the use of Integrated Children's System - a 'plan' for all children in need of support and intervention with different agencies.

#### ▪ **Substance Misuse (20 referrals)**

Reason for admission to the Trust - Drug and Alcohol problems.

#### ▪ **Inappropriate Referral (11 Referrals)**

Referral made by clinician deemed not to make the threshold for intervention and recorded by CSF as for information.

### ▪ **Mental Health (20 Referrals)**

Attempted Suicide, Deliberate Self Harm and Overdoses of all children are referred to CSF as well as Community Adolescent Mental Health Services.

### ▪ **Possible Sexual Abuse (5 Referrals)**

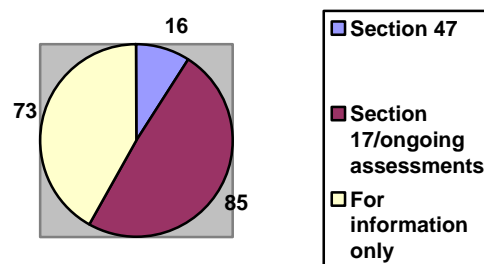
Presenting to the Trust with disclosures of sexual abuse-either admitted to ward or referred to CSF/Police and seen by community paediatrician.

### ▪ **FOR Information Only (45 referrals)**

We routinely inform CSF about all children that attend the Trust who have:

- Child Protection Plans in place (Child Protection Register),
- Looked after children (in Foster Care, Children's Homes)
- Home-educated Children,
- Privately Fostered children and
- Children who are known to have a Child in Need Plan In Place

### **Outcome Of Referrals (Female):**



### **Section 47 Enquiries (16 Referrals)**

Reasonable cause to suspect that the child has suffered or is likely to suffer significant harm leading to a Multi agency investigation. If admitted to the Trust, a Strategy meeting is held and Safeguarding Plan is put in place.

### **Section 17/Ongoing assessments (85 Referrals)**

A referral has been made to CSF and the family is undergoing an Initial or Core assessment by CSF. These assessments then identify the need for other agency provision and recommends that further support or intervention is provided to the family.

### **For Information Only**

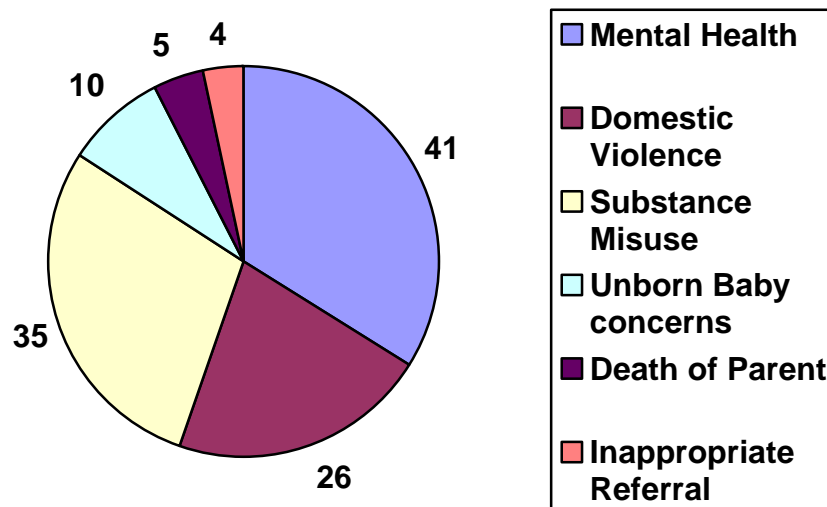
CSF records information about all children that attend the Trust after referral who have: Child Protection Plans in place (Child Protection Register), all Looked after children (in Foster Care, Children's Homes) Home educated Children, Privately Fostered children and any child who is known to have a Child in Need Plan In Place.

After initial screening by CSF of a referral, CSF then record that information as INFORMATION ONLY

### **PARENTAL ISSUES (121 REFERRALS)**

Staff within all frontline services are also encouraged to consider parental issues and if the presentation of an Adult, parent/ carer or pregnant woman causes concern about the children in

their care, then a referral to CSF is made. These referrals are then reviewed and followed up by the Safeguarding Childrens Team



- **Mental Health (41 Referrals)**

Overdose, Deliberate Self-harm, Acute Psychiatric episode requiring admission where there are concerns about the patients children.

- **Domestic Violence (26 Referrals)**

Disclosures of Domestic Violence, admitted to Trust frontline services with injuries sustained from domestic abuse where there are concerns about children in their care.

- **Substance Misuse (35 Referrals)**

Alcohol and drug dependency causing concern to children in their care.

- **Unborn Baby Concerns (10 Referrals)**

Concerns about a pregnant mother -alcohol use/substance misuse, non-engagement with health services, domestic violence.

- **Inappropriate Referral (4 Referrals)**

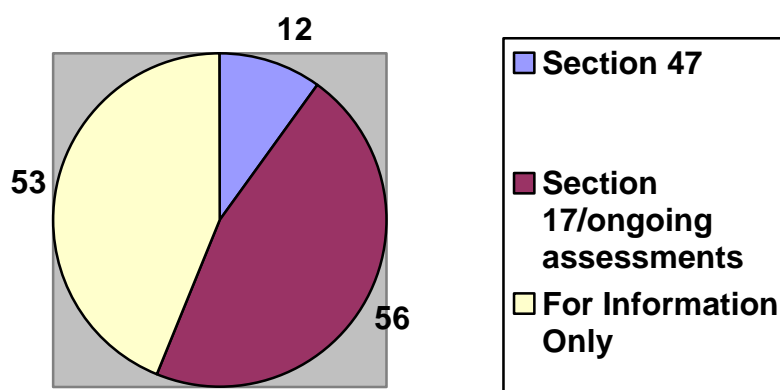
Referral made by clinician deemed not to make the threshold for intervention and recorded by CSF as for information.

- **Death of Parent (5 Referrals)**

Referrals are made to CSF when an adult dies and there are known to be children under 16 for support and intervention as necessary.



### **Outcome of Referrals:**



### **Section 47 Enquiries**

Reasonable cause to suspect that the child has suffered or is likely to suffer significant harm leading to a multi-agency investigation. If admitted to the Trust, a Strategy meeting is held and safeguarding plan put in place.

### **Section 17/Ongoing assessments**

A Referral has been made to CSF and the family is undergoing an Initial or Core assessment by CSF. These assessments then identify the need for other agency provision and recommend that further support or intervention is provided to the family.

### **For Information Only**

CSF records information about all children that attend the Trust who:

- Have Child Protection Plans in place (Child Protection Register)
- Looked after children (in Foster Care, Children's Homes)
- Home-educated Children
- Privately Fostered children
- Any child who is known to have a Child in Need Plan In Place

After initial screening by CSF of a referral, CSF then record that information as INFORMATION ONLY.

## **5. CONCLUSION**

The Trust Safeguarding Children's Team has been in place since 2005 and have put in place: a comprehensive set of policies and procedures and an ongoing training programme across the whole of the organization. This has led to an increase in the number of referrals over the last three years.

The Safeguarding Children's Team has developed a daily review of all referrals and follow up with other agencies as well as attending multiagency meetings both within the Trust and in the

neighbouring Trusts. This is to ensure that information is shared safely across agencies, thus improving the ability to Safeguard the Children attending the Trust about whom we have concerns.

A review of the data collected identifies:

- A high and increasing number of referrals are being made across the Trust indicating that Staff are recognizing concerns and making appropriate referrals. This would indicate that the current Training Programme is meeting the needs of the Clinicians working within the Trust
- The data indicates that the Trust is referring almost equal numbers of Male and Female children under 16
- Approximately 11% of referrals have reached the Threshold of Section 47 Investigations, with multi-agency strategy meetings and Safeguarding Plans for all Children
- Approximately 55% of referrals have reached the threshold of Section 17 - Children in Need and many of these referrals are still within the assessment process, with Initial or Core assessments ongoing
- 70% of all referrals made across the Trust are within CSFs thresholds for children needing some degree of intervention. This would indicate that there are a high number of vulnerable children and families using our services and staff are appearing competent in recognizing their vulnerability and referring appropriately
- Approximately 25% of referrals are classified as 'information only within CSF'. This title can be misleading as this group includes children with Child Protection Plans and Looked after Children
- There are a small percentage of inappropriate referrals made by staff. These referrals are discussed by the Safeguarding Children's Team with the CSF Team Managers, and CSF take no further action. The team follow these up with the Clinicians to discuss learning points. However, the Safeguarding Children's Team would rather that clinicians make referrals so that they can be discussed the next day and followed up, rather than no referral being made at all.

The Safeguarding Children's Team have recently increased their Profile and Training in those Divisions who only see adults as patients in order to increase awareness of Parental Indicators of Concern. The Team actively encourages Clinicians to think of the family of the patient and refer concerns appropriately. Currently staff within Adult A&E have regular training and are competent at making assessments of the family and are making referrals regularly.

The Safeguarding Team have close working relationships with CSF Team Managers within Client Services that assess referrals, and regularly discuss criteria and threshold for referrals and ensure that as a Trust we are making appropriate and relevant referrals. This is part of the ongoing work to ensure that all children attending the Trust have a safe admission, treatment and discharge plan.

**Jo Scott**  
**Named Nurse for Safeguarding Children**

**December 2008**