

# GP Trainees Introductory Level 3 Safeguarding Training

ADULTS, CHILDREN AND LOOKED AFTER CHILDREN



DR TARA JONES DESIGNATED GP SAFEGUARDING ADULTS AND CHILDREN SURREY COUNTYWIDE

DR SHARON KEFFORD NAMED GP SAFEGUARDING CHILDREN AND DESIGNATED DOCTOR FOR LOOKED AFTER CHILDREN SURREY COUNTYWIDE

# Learning outcomes

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Who's who in primary care safeguarding and safeguarding at Royal Surrey County Hospital

Looked after children and care leavers.

Safeguarding training requirements for GP trainees and how to meet them

What is children's safeguarding?

What is safeguarding adults? How is this different to children?

When and how to make a safeguarding referral in Surrey

Effective family resilience and Levels of need

Early help

Information sharing

The role of the GP in safeguarding concerns



# Contact details Surrey Countywide Primary Care Safeguarding Team

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**Dr Sharon Kefford**

Children and Looked After Children

[Sharon.kefford@nhs.net](mailto:Sharon.kefford@nhs.net)

Telephone 07768 107210

**Dr Tara Jones**

Children and adults

[Tara.jones@nhs.net](mailto:Tara.jones@nhs.net)

Telephone 07768 252202



# Countywide Safeguarding Team

## Contact Details for the Surrey Wide CCG Safeguarding Children, Adults and Look After Children Professionals

<p>Amanda Boodhoo Surrey Wide CCG Surrey wide CCG Safeguarding consultant / Designated nurse safeguarding children <a href="mailto:amanda.boodhoo@nhs.net">amanda.boodhoo@nhs.net</a> Mobile: 07799622327</p>	<p>Lisa Parry Surrey Wide CCG Safeguarding Children and Adults Business Manager <a href="mailto:lisa.parry1@nhs.net">lisa.parry1@nhs.net</a> Mobile:07500990623</p>	<p>Anna Miles Surrey Wide CCG Safeguarding Children and Adults Business Support Officer/Child Death Review Administrator <a href="mailto:anna.miles3@nhs.net">anna.miles3@nhs.net</a> Mobile: 0750 0953839</p>
<p>Sara Barrington Surrey wide CCG Associate director of safeguarding – Surrey children and adults <a href="mailto:sbarrington@nhs.net">sbarrington@nhs.net</a> Mobile 07919 528218</p>		
<p>Linda Cunningham Surrey Wide CCG Deputy Designated Nurse Safeguarding Children/ Designated Nurse Looked after Children <a href="mailto:lindacunningham2@nhs.net">lindacunningham2@nhs.net</a> Mobile: 07748111917</p>	<p>Rachael Redwood Surrey Wide CCG Deputy Designated Nurse Safeguarding Children/ Designated Nurse Looked after Children <a href="mailto:Rachael.redwood@nhs.net">Rachael.redwood@nhs.net</a> Mobile: 07827663745</p>	<p>Sharon Hammond Guildford and Waverly CCG Designated Nurse Safeguarding Children <a href="mailto:sharon.hammond3@nhs.net">sharon.hammond3@nhs.net</a> Mobile: 07833 407832</p>
<p>Dr Tara Jones Surrey Wide CCG Designated GP Safeguarding Adults and Children <a href="mailto:Tara.jones@nhs.net">Tara.jones@nhs.net</a> Mobile: 07768 252202</p>	<p>Dr Sharon Kefford Surrey Wide CCG Named GP Safeguarding Children <a href="mailto:Sharon.kefford@nhs.net">Sharon.kefford@nhs.net</a> Mobile: 07768 107210</p>	<p>Dr Kate Brocklesby Surrey Wide CCG Designated Dr Safeguarding Children /Designated Dr for Child Deaths <a href="mailto:Kate.Brocklesby@nhs.net">Kate.Brocklesby@nhs.net</a> Mobile: 07876 148244</p>
<p>Helen Blunden Surrey Wide CCG Designated Nurse Safeguarding Adults <a href="mailto:Helen.blunden@nhs.net">Helen.blunden@nhs.net</a> Mobile: 07894 599133</p>	<p>Dr Sharon Kefford Surrey Wide Designated Doctor for Looked after Children <a href="mailto:sharon.kefford@nhs.net">sharon.kefford@nhs.net</a> Mobile 07768 107210</p>	<p>Noreen Gurner- Smith Surrey Wide CCG Safeguarding Manager with Lead for Child Death Review Services <a href="mailto:noreen.gurner@nhs.net">noreen.gurner@nhs.net</a> Mobile 07471 142048</p>
<p>Rebecca Eells Surrey Wide CCG Safeguarding Nurse Advisor for Adults and Children <a href="mailto:reells@nhs.net">reells@nhs.net</a> Mobile 07392 273318</p>	<p>Nicola Eschbaecher Surrey Wide CCG Named Nurse for Child Death Reviews <a href="mailto:n.eschbaecher@nhs.net">n.eschbaecher@nhs.net</a> Mobile 07824 350491</p>	<p>Natalie Price Surrey Wide CCG Child Death Review Nurse <a href="mailto:natalie.price3@nhs.net">natalie.price3@nhs.net</a> Mobile: 0775 545921</p>
<p>Tara Hyde Surrey Wide Administrator to the Designated Nurse for Looked after Children <a href="mailto:Tara.hyde@nhs.net">Tara.hyde@nhs.net</a> Mobile: 07747627194</p>	<p>Suzanne Huddy Surrey Wide CCG Child Death Review Nurse <a href="mailto:suzanne.huddy@nhs.net">suzanne.huddy@nhs.net</a> Mobile: 07824 58209</p>	<p>Nicola Mundy Surrey Wide CCG Child Wellbeing Professional and Lead for Learning from Child Deaths <a href="mailto:nicola.mundy2@nhs.net">nicola.mundy2@nhs.net</a> Mobile: 07467 357600</p>

# Contact details Named Safeguarding Professionals Royal Surrey County Hospital

## Named nurse for children's safeguarding

Fiona Gallagher

[fionagallagher@nhs.net](mailto:fionagallagher@nhs.net)

01483 571122 x 4251

Tel: 01483 571122 Ex 4251

Mobile 07824104526

## Named midwife for safeguarding children

Sharon Bunford

[sharonbunford@nhs.net](mailto:sharonbunford@nhs.net)

Tel: 01483 571122 x 2172

Mobile 07796611190

## Named doctor for children's safeguarding

Dr Alex Sumner [alexander.sumner@nhs.net](mailto:alexander.sumner@nhs.net)

## Adult safeguarding leads

Jenny Watkins [jennywatkins@nhs.net](mailto:jennywatkins@nhs.net)

Elaine Welch [elaine.welch@nhs.net](mailto:elaine.welch@nhs.net)

Elaine Penfold [epenfold@nhs.net](mailto:epenfold@nhs.net)





# Safeguarding in primary care

## Training requirements (children) Jan 2019

**Level 3 GPs, practice nurses 12 hours over 3 years**

**Level 3 (extended) practice safeguarding leads 16 hours over 3 years**

- 50% participatory training
- Endorsed by GMC for all doctors
- Record in e portfolio
- Discuss safeguarding cases with GP supervisor and educational supervisor

## Training requirements (adults) Jan 2019

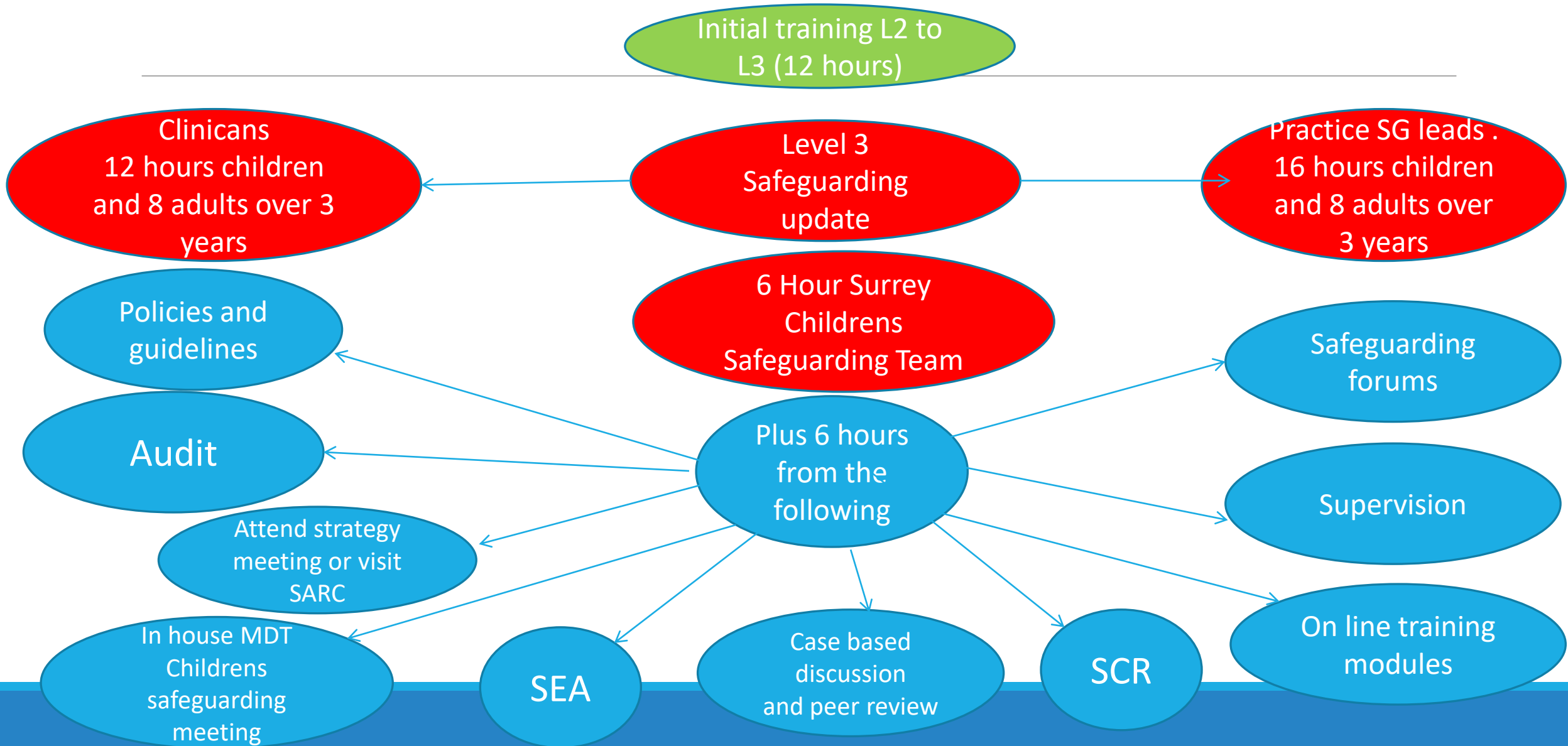
**Level 3 GPs, practice nurses (?) 8 hours over 3 years**

**No current additional requirement for practice leads – likely this will come with next refresh**

**Topics covering adults and children's safeguarding count towards both training hours**



# Level 3 Safeguarding Training



# Level 3 safeguarding webinars

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- Replaced previous half/one day training in first wave Covid.
- Participatory so fulfils “face to face” requirement.
- To date, 10 x 1.5 hour live events covering a range of child and adult safeguarding, and looked after children, topics. Many double (or triple) count towards training requirements.
- 1 hour recordings via Surrey Training Hub
- [Home \(surreytraininghub.co.uk\)](https://surreytraininghub.co.uk)



# E learning modules

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## SOURCES

<https://www.e-lfh.org.uk/>

<https://www.surreyscp.org.uk/sscb-mutli-agency-training-programme/e-learning/>

<https://www.surreysab.org.uk/training/>

<https://elearning.rcgp.org.uk/course/info.php?id=375>

## TOPICS

level 3 safeguarding children and adults training modules

Child Sexual Exploitation (CSE)

Criminal exploitation and county lines (contextual)

MCA and DoLS

domestic abuse

FGM

identifying and supporting victims of modern slavery

preventing radicalisation.



# What is a Looked After Child?

Children Act (1989) defines a child as being “looked after” by a local authority if the child is in its care or is provided with accommodation for a continuous period of more than 24 hours



4 main groups:

- accommodated under voluntary agreement with parents (s20) or if unaccompanied asylum seeking child
- children subject to a full care order (s31) or interim care order (s38)
- children subject of emergency orders for the protection of the child (EPO)
- Police protection. Compulsorily accommodated/remanded (LASPO)



# Looked after childrens Primary Care Powtoon

[HTTPS://WWW.POWTOON.COM/C/EXUQSHYEIFJ/1/M](https://www.powtoon.com/c/exuqshyeifj/1/m)

# Adverse Childhood Experiences (ACE)

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## Adverse childhood experiences

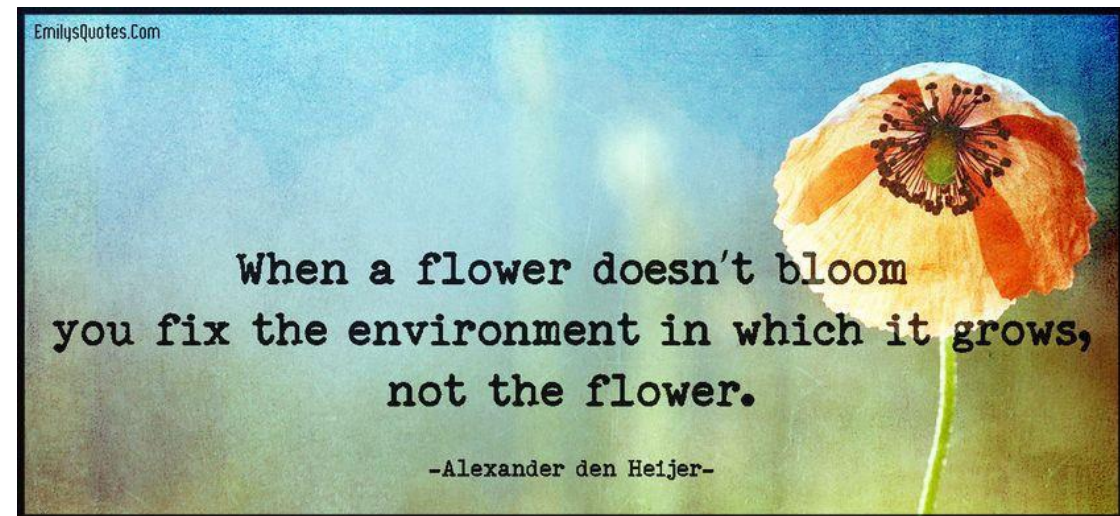
- Neglect, physical abuse, sexual abuse
- Mental illness, domestic violence, substance misuse
- Household crime
- Parental separation or divorce
- Bereavement

## Long term effects on physical health

- Cancer
- Heart disease
- Diabetes
- Early death

*Effect chances of reaching full potential and leading happy and healthy lives*

*ACE aware professionals and parents understand trauma and encourage to seek appropriate help.*



# What is Safeguarding children?

## 'Working Together to Safeguard Children'

protecting children from maltreatment

- preventing impairment of children's health or development
- ensuring that children grow up in circumstances consistent with the provision of safe and effective care and
- taking action to enable all children to have the best outcomes.

## **Safeguarding in daily practice.**

- "THINK CHILD"
- "THINK FAMILY"



# The role of the GP

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GPs are *NOT* responsible for investigating child abuse

GPs *ARE* responsible for:

- Raising concerns
- Sharing information
- Working together with statutory agencies

GPs have a duty to refer to children social care under Section 17 and 47 (Children Act) where indicated



# When to refer a child

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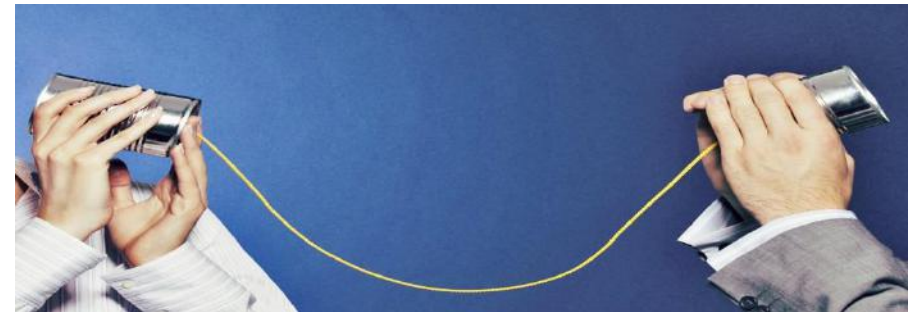
- A child is suffering or is likely to suffer from **Significant harm** from abuse or neglect  
**Section 47**
- A child would be likely to benefit from family support services with the agreement of a person who has **parental responsibility**  
**Section 17**

# The referral process

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## If unsure:

- Speak to colleagues – HV, GPs, practice safeguarding lead
- Speak to safeguarding team in hospital or primary care



# Surrey Childrens Single Point of Access (SPA)

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Front door. Information, support, advice.

Transparency and consent.

## Request for support form

<https://www.surreycc.gov.uk/social-care-and-health/childrens-social-care/contact-childrens-services>

**Phone** 03004709100

**Out of Hours** 01483 517898

**Email Children** [cspa@surreycc.gov.uk](mailto:cspa@surreycc.gov.uk)



April 2019



## Request for Support Form

This form is to be used when requesting support for a family at levels 2, 3 or 4 of the Surrey Levels of Need document from Surrey Children's Services. If you are unclear whether to make a referral, please discuss this with your Safeguarding lead and / or the Child Protection Consultation Line before completing this form.

### Request Completed by:

Name of person making request: <input type="text"/>		Job title: <input type="text"/>	Agency: <input type="text"/>
Address: <input type="text"/>		Email: <input type="text"/>	Telephone: <input type="text"/>
Date of Contact: <input type="text"/>	Time of contact: <input type="text"/>	<input type="text"/>	

### 1. Consent

Requests for support from Children's Services should be made with the knowledge and agreement of the family members being referred. The only exception to not seeking consent is: When there is reasonable cause to suspect that a child is suffering or likely to suffer significant harm, and/or when sharing information would undermine the prevention, detection or prosecution of a serious crime.

Parents need to know what information has been shared and stored by Children's Services. They must also be aware that Children's Services may need to share information with, and to seek information from other agencies to help them decide if additional services are needed, e.g., schools, health visitors, doctors, police, housing etc. If you have not discussed this request for support with the family, please do so as we cannot progress without their consent. If you consider one of the two exceptions above apply, please call the consultation line for advice.

Does the parent/young person give consent for this support request?  YES  NO If not then why?

Does the parent/young person give consent to information being shared with partner agencies?  YES  NO

Who has given consent?

Has the parent/carer specified that information should NOT be shared with a particular person/agency?  YES  NO If yes, please specify

### 2. Reasons for Request for Support to Surrey Children's Services?

- Information and advice on a case
- Information on services and resources for child / young person / family
- Support to complete an assessment
- Support to develop / review delivery plan
- Support with establishing a Team Around the Family
- Access to support from Level Three Targeted services e.g. Concern the family is destitute or at risk of imminent homelessness; The child is being



**5. Other professionals involved (to include GP, school and details of any voluntary agencies involved)**

Name	Job Title	Address	Telephone/email
█	█	█	█
█	█	█	█
█	█	█	█
█	█	█	█
█	█	█	█

**6. What are the Child and Family's Needs?**

Please outline in as much detail as possible the reason/rationale for the request for support and the needs you have identified for the family, young person or child? Including relevant history where known. Please note that if sufficient information is not provided, your form will be returned to you and this will delay your request for support.

What support do the family currently have? What support have the family tried? Which agency/friend/family members does this include? █

What are the family's strengths and how can these be built on? █

What outcome are you seeking from this request - what support is needed from children's services? █

Have you referred to the [Effective Family Resilience \(Levels of Need\)](#) document for guidance  What is the level of need identified? █

Have you discussed your concerns with a safeguarding lead within your organisation?  Please include name and advice given █

# Effective Family Resilience



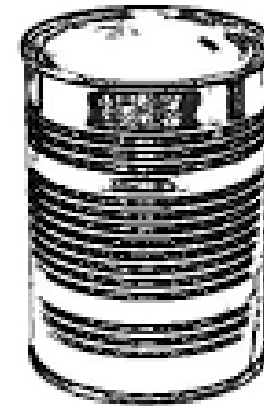


# Early help

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Does exactly....

What It Says On The Tin



Preventative Medicine at its best 😊

Helps children and families to make change at an early stage of difficulty **BEFORE** they meet the threshold for needing statutory intervention and social care

**Level 3 – TARGETED HELP:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Targeted Help can support at this level.

#### **Health**

- Child has some chronic / recurring health problems; not treated, or badly managed
- Regularly misses appointments for serious medical condition
- Developmental milestones are not being met due to parental care
- Regular substance misuse
- Lack of food
- 'Unsafe' sexual activity
- Self-harming behaviours
- Child has significant disability
- Mental health issues emerging e.g. conduct disorder; ADHD; anxiety; depression; eating disorder; self-harming
- Significant risk of child exploitation. Knowledge of a key risk that the child is currently being targeted but not actively involved / exploited

#### **Emotional Development**

- Sexualised behaviour
- Child appears regularly anxious, angry or phobic and demonstrates a mental health condition
- Young carer affecting development of self

#### **Behavioural Development**

- Persistent disruptive / challenging behaviour at school, home or in the neighbourhood
- Starting to commit offences / re-offend
- Additional needs met by Emotional Wellbeing and Mental Health Services
- Prosecution of offences resulting in court orders, custodial sentences or Anti-Social Behaviour Orders or Youth Offending early intervention
- Repeated short incidents of missing from home (less than 3 incidents in 90 days)

#### **Family and Social Relationships**

- Relationships with carers characterised by unpredictability
- Misses school consistently
- Previously had periods of Local Authority accommodation
- Young person is main carer for family member

#### **Self-care skills and independence**

- Disability prevents self-care in a significant range of tasks
- Child lacks a sense of safety and often puts him / herself in danger

#### **Learning**

- Consistently poor nursery / school attendance and punctuality
- Young child with few, if any, achievements
- Not in education (under 16)

#### **Basic care, ensuring safety and protection**

- Parent / carer is failing to provide adequate care
- Parents have found it difficult to care for previous child / young person
- Domestic abuse, coercion or control in the home
- The care and support needs of parents has a significant affect their care of child / young person. This might include mental health problems, substance misuse issues, learning disability, physical disability or physical illness
- Non-compliance of parents / carers with services

**Level 3 – TARGETED HELP:** Vulnerable Children. Children and young people whose needs are more complex. This refers to the range, depth or significance of the needs. A number of these indicators would need to be present to indicate need at Level 3. More than one service is involved, using a Team Around the Family approach, Early Help Plan and a Lead Practitioner to co-ordinate multi-agency support. Targeted Help can support at this level.

#### **Identity and Self-Esteem**

- Presentation (including hygiene) significantly impacts on all relationships
- Child / young person experiences persistent discrimination; internalised and reflected in poor self-image
- Alienates self from others

#### **Guidance, boundaries and stimulation**

- Parents struggle / refuse to set effective boundaries e.g. too loose / tight / physical chastisement
- Child /young person behaves in anti-social way in the neighbourhood

#### **Housing, work and income**

- Chronic unemployment that has severely affected parents' own identities
- Family unable to gain employment due to significant lack of basic skills or long-term substance misuse neglect
- Child has no positive relationships
- Child has multiple carers; may have no significant relationship to any of them
- Child at risk of female genital mutilation (FGM) and other harmful traditional / cultural practices, forced marriage or honour based abuse where a protective parent is engaging with targeted services to seek protection
- Child at risk of modern slavery and / or human trafficking but parents are accessing support and services

#### **Family functioning and well-being**

- Family have serious physical and mental health difficulties impacting on their child
- Community are hostile to family
- Emerging involvement in gang or other activities which risks future exploitation
- Young person displays regular physical violence towards parents



**Surrey Heartlands**

HEALTH AND CARE PARTNERSHIP

take a  
little



break

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# CASE Level of need.

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A mother calls with concerns about her daughter Evie, who is 15 and has been missing from home overnight and missing from school. She has come home dirty and smelling of alcohol. Mum is very worried and asking for help.

- What are the next steps?
- Who would support them under the new arrangements?
- What could your organisation do to help this family?







# Partnership intelligence form

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**Intelligence** – information that allows the police to protect the public.

Interactions personal or professional. Face to face, telephone or on-line.



[Partnership.Intelligence@surrey.pnn.police.uk](mailto:Partnership.Intelligence@surrey.pnn.police.uk)

# CASE Level of need

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Evie attends the surgery on her own. She visits the practice nurse for contraception. She is rude and not her normal self. Her appearance is dishevelled. She discloses she is upset by her parents arguing all the time and does not want to be at home. She has fallen out with many of her friends.

She has a new boyfriend who treats her well and buys her gifts. He is 21.

- What are the next steps?
- Who would support them under the new arrangements?
- What could your organisation do to help this family?

# Child sexual exploitation checklist

	Questions	Yes	No
1	Have you ever stayed out overnight or longer without permission from your parent(s) or guardian?		
2	How old is your boyfriend/ girlfriend or the person(s) you have sex with? Age of partner _____ Age of client/patient _____ Age difference _____ If age difference is 4 or more years then tick 'YES'		
3	Does your boyfriend/ girlfriend or the person(s) you have sex with stop you from doing things you want to do?		
4	Thinking about where you go to hang out, or to have sex. Do you feel unsafe there or are your parent(s) or guardian worried about your safety?		

## OUTCOME

If the child has answered 'yes' to one or more of questions 1-4 then a referral should be made to Children Services as this indicates that the child is at risk of, or experiencing child sexual exploitation





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# Care Leavers Primary Care Powtoon

[HTTPS://WWW.POWTOON.COM/C/GLIMNL5LAYM/1/M](https://www.powtoon.com/c/glimnl5laym/1/m)

# Adult Safeguarding concerns

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Safeguarding adults is *not* the same as safeguarding children.

Adult MASH is still a MASH!  
But then there is the Contact Centre.....

*What's the difference?!?*



# S42 of the Care Act, 2014

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- LA have a duty to undertake an investigation if any adult 18 and over...
- Has care and support needs
- Is experiencing/at risk of abuse/neglect
- And because of care and support needs is unable to protect themselves





# S9 of the Care Act 2014

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- LA have a duty to undertake an assessment of care and support needs
- Sometimes which is needed may not be clear
- And sometimes both may be undertaken simultaneously



# S9 Or S42?

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A District Nurse has come to discuss a patient with the GP. She advises the following:

Mrs S was visited at home yesterday with her CPN from the CMHT. She has a diagnosis of Alzheimer's, she lives alone with no known next of kin.

Mrs S is self neglecting. Physically, she is not very mobile; she uses a frame but is unable to get upstairs to bed. As a result, she lives downstairs. There are concerns she is stock piling medication. Her compliance with medication is poor. Mrs S displays signs of urinary incontinence and noticeable weight loss. When these concerns are discussed with Mrs S, she denies all of the above.

The District Nurse and CPN feel that Mrs S does not have mental capacity to make decisions around risk associated with not taking medication, risk of pressure sores and poor hygiene; she could not repeat back conversations around these topics. She did not appear to have any insight into the risks associated with what was currently happening.

This is not the first time the District Nurse has visited Mrs S and offered hospital bed pressure relief equipment, or nomad boxes to help with medication management, but she constantly refuses. Today, she declined to allow the District Nurse to check her pressure areas today and has done on previous attempts.

The house appears to have less furniture in it each time the District Nurse visits with no explanation. I am concerned that she is being targeted and robbed.

# Adult MASH contact details

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## During office hours

Contact the Multi Agency Safeguarding Hub (MASH)

Tel: 0300 470 9100

Email: [ascmash@surreycc.gov.uk](mailto:ascmash@surreycc.gov.uk)

**Out of Hours** 01483 517898



or complete the MASH Referral Form and email to Adults MASH

# Information Sharing

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Lack of information sharing has often been identified when children have been significantly harmed

Need a good reason NOT to share information



# Seven Golden rules of Information Sharing

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- 1) Remember that the Data Protection Act is not a barrier to sharing information
- 2) Be open and honest
- 3) Seek advice
- 4) Share with consent where appropriate
- 5) Consider safety and well-being
- 6) Necessary, proportionate, relevant, accurate, timely and secure
- 7) Keep a record



# GMC Guidance

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It is vital that all doctors have the **confidence to act** if they believe that a child or young person may be being abused or neglected

Taking action will be justified, even if it turns out that the child or young person is not at risk of, or suffering, abuse or neglect, as long as the **concerns are honestly held and reasonable**, and the **doctor takes action through appropriate channels**

Doctors who make decisions based on the principles in this guidance will be able to justify their decisions and actions if we receive a complaint about their practice



# Who asks you to share?

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Children's services/cSPA: S17, S47, discussion

Adult services : S42, S9,

Health visitors

School nurse

Police

Named GPs Serious Case Review Scoping

Named GP domestic homicide review scoping

Joint Area Targeted Inspection (JTAI)

Child Death Overview Panel (CDOP)

Looked After children's nurses

# Safeguarding children's partnerships

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Replace SSCB

LSCB and CDOP arrangements in place from 29<sup>th</sup> Sept 2019

## 4 Partners

- Local Authority
- Health
- Police
- Education (non-statutory)





## What's going on? Information for parents and carers

### Bruising in infants who are not independently mobile

#### Why is bruising in babies and infants such a concern?

It is difficult to cause bruising in babies and infants that are not able to move around independently during normal day-to-day activities such as feeding, nappy changing and normal handling.

#### I have explained what caused the bruising don't you believe me?

Even where babies fall or get knocked it is unusual for them to bruise. There are also some important causes of bruising which may seriously affect the child's health.

The child may bruise easily, for example, due to haemophilia, or be suffering from a blood disease such as leukaemia or an infection such as meningitis.

Very occasionally bruising may be due to deliberate injury.

Even where there is an apparently simple explanation it is important for professionals to make further enquiries.

#### Why do I need to be referred to Children's Services?

Although rare, bruising is occasionally caused by deliberate injury. It is important that, where this occurs, it is picked up as soon as possible in order to support the family and to protect the child.

Referral to Children's Services is not an accusation of wrongdoing, but a way of looking for causes of bruising in the same way that the doctor looks for illnesses. Even when bruising is due to falls and knocks the family may benefit from advice on accident prevention and home safety.

#### What will happen next?

Arrangements will be made by Children's Services for you to have an appointment with a Paediatrician as soon as possible and within 24 hours.

This may mean attending your nearest hospital or community health clinic. There the paediatrician will talk to you about your child, examine your child fully and decide whether or not to do further investigations.

A body map will be completed to show the location, size and severity of the bruise which will remain on the medical record. The paediatrician will talk to Children's Services.

#### Why does my child need to see a Paediatrician?

It is rare for babies and infants to have a bruise. A bruise can be a sign of an underlying health condition, a blood disease or an infection.

This means that it is important for a Paediatrician to examine your baby and discuss with you why there might be a bruise and to rule out or diagnose these more serious conditions.

It also sometimes takes an expert to tell the difference between a bruise and certain types of birthmark which can look very similar to bruising.

#### What will Children's Services do?

Children's Services will make some enquiries about you and your child. They will check whether you have received services from them in the past, ask for information from your GP and your health visitor and will make arrangements to talk to you.

This may be at the same time as your attendance with the paediatrician or at a separate appointment and they may want to visit you at home. They will then discuss their findings with the Paediatrician who examined your child to decide what further action or treatment (if any) needs to be taken.

All this is very upsetting. I feel as though I am being accused of hurting my child.

#### Why do we have to be put through this?

We know this can be very upsetting. You can be reassured that you will be treated with courtesy and sensitivity and your explanations will be listened to and discussed with you.

You will also be kept fully informed at all times so that you know exactly what is going on and why. You can ask questions at any time and will be given the opportunity to discuss your concerns fully at every stage.

All professionals working with children are expected as part of their professional duties to make enquiries to ensure that children are kept safe from harm.

Where bruising is non-accidental immediate steps can be taken to protect the child from further harm.

# PREVENT REFERRALS

## Radicalisation Concern

[preventreferrals@surrey.pnn.police.uk](mailto:preventreferrals@surrey.pnn.police.uk)

Channel Panel

SABP

# SARC

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## SEXUAL ASSAULT REFERRAL CLINIC

### *Surrey*

Local number 01932869581

24/7 Examination 0300 130 3038

[www.solacesarc.org.uk](http://www.solacesarc.org.uk)

[Surrey.sarc@nhs.net](mailto:Surrey.sarc@nhs.net)

## STARS



CAHMS team focus on wellbeing children and young people

affected by sexual abuse

**0300 5555 222**



# SDAS

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**Helpline for Surrey: 01483 776822**

9am to 9pm, 7 days a week

provided by [yourSanctuary](#)

Call in confidence  
**01483 776822**  
Surrey's 24 hour  
domestic abuse helpline  
**[www.SurreyAgainstDA.info](http://www.SurreyAgainstDA.info)**

Help your friend #TakeTheFirstStep





# CNWL Sexual health services

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<https://www.healthysurrey.org.uk/>

- On line STI screening.
- On line repeat POP from January.
- Pharmacy emergency contraception and STI <25s
- Get in on – C card condom distribution



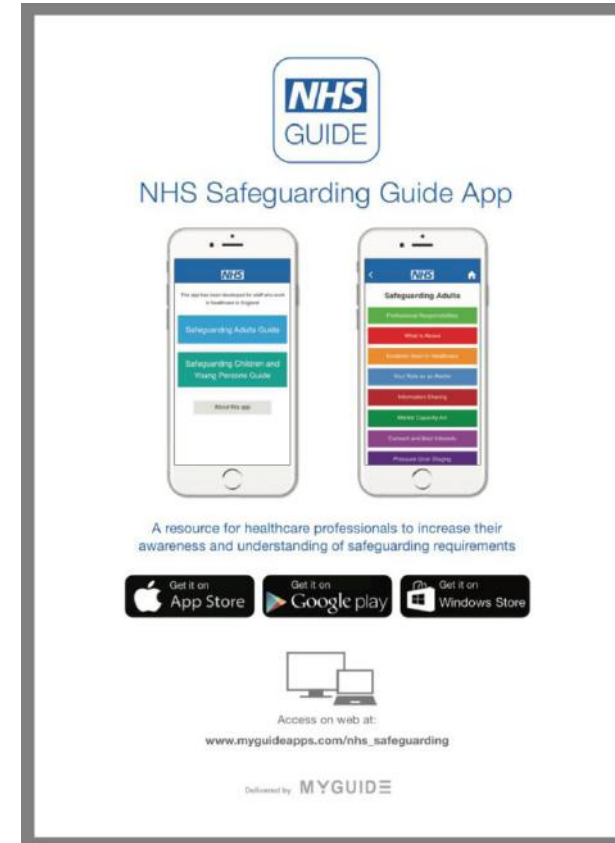
# NHS Safeguarding App

## Android NHS Safeguarding Guide

[https://play.google.com/store/apps/details?id=com.antbits.nhsSafeguardingGuide&hl=en\\_GB](https://play.google.com/store/apps/details?id=com.antbits.nhsSafeguardingGuide&hl=en_GB)

## Apple NHS Safeguarding Guide

<https://itunes.apple.com/gb/app/nhs-safeguarding-guide/id1112091419?mt=8>



The advertisement features the NHS logo and the text 'NHS GUIDE' in a blue box. Below this, it says 'NHS Safeguarding Guide App'. Two smartphones are shown: the left one displays the app's main menu with options for 'Safeguarding Adults Guide', 'Safeguarding Children and Young Persons Guide', and 'About the app'; the right one shows the 'Safeguarding Adults' section with a list of topics including 'Following up on concerns', 'What to do if you're worried', 'Child Protection', 'Mental Health', 'Domestic Violence', 'Child and Adult Abuse', and 'Prevent and Report Suspicious Activity'. Below the phones, it states 'A resource for healthcare professionals to increase their awareness and understanding of safeguarding requirements'. At the bottom, there are three buttons for 'Get it on App Store', 'Get it on Google play', and 'Get it on Windows Store'. Below these is a laptop icon and the text 'Access on web at: www.myguideapps.com/nhs\_safeguarding'. At the very bottom, it says 'Delivered by MYGUIDE'.

# Other useful resources

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**SSCP website** [www.surreyscp.org.uk](http://www.surreyscp.org.uk)

**SSAB website** [Surrey Safeguarding Adults Board \(surreysab.org.uk\)](http://Surrey Safeguarding Adults Board (surreysab.org.uk))

## **RCGP Toolkit**

[www.rcgp.org.uk/clinical-and-research/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx](http://www.rcgp.org.uk/clinical-and-research/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx)

## **Clarity Teamnet safeguarding page**

<https://teamnet.clarity.co.uk/Topics/ViewItem/ce8d7c2a-bf50-42cb-82a0-a9d9010ef203>

# Thanks!

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[Tara.jones@nhs.net](mailto:Tara.jones@nhs.net)

[Sharon.Kefford@nhs.net](mailto:Sharon.Kefford@nhs.net)

Any questions?

