HSCB MULTI AGENCY POLICY
MANAGEMENT OF SUSPICIOUS BRUISES/MARKS IN INFANTS UNDER SIX MONTHS
(*previously known as the Bruising Policy)*
For all Frontline Professionals

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Contributing agencies	Hertfordshire Children's Services Herts and West Essex ICB Hertfordshire Community NHS Trust Hertfordshire Police
Review in Nov 2022 by	Amanda Merrett-Jones – Deputy Designated Nurse (Safeguarding Children). Herts and West Essex ICB Sue Staley, Head of Assessment, Children's Services Ben Freeman, Hertfordshire Constabulary Carol Gayle, HCT Treena Beard, Herts and West Essex ICB

SUMMARY OVERVIEW

ALL PROFESSIONALS

Where any bruises/marks are seen on an infant less than six months old, professionals are advised to read this Policy and refer to the Assessment Flowchart (Appendix 3) for your actions.

For all children with suspicious bruises/marks over six months please refer to the HSCP Procedures - Recognising Physical Abuse

THIS DOCUMENT SHOULD ALWAYS BE READ IN CONJUNCTION WITH
THE HSCP CHILD PROTECTION PROCEDURES

Contents

1. Aim

The aim of this Policy is to provide frontline professionals with a knowledge base and clear directions for the assessment, management and referral of infants under the age of 6 months who present with suspicious bruises/marks.

2. Introduction

Bruising is the most common presenting feature of physical abuse in children. National and Local Safeguarding Children Practice Reviews (formally Serious Case Reviews) highlight that frontline staff sometimes underestimate or ignore the possibility that abuse is a likely cause of bruising in young infants who are not independently mobile (those not yet crawling, cruising, bottom shuffling or walking independently or children with disability such that they are not mobile). Particular attention should be given to the risks in those children who are unable to roll over. NICE guidance [2] and research [4] states that bruising in any child who is not independently mobile should prompt suspicion of maltreatment as these infants are the least likely to sustain accidental bruises [3]

The Policy is necessarily directive, and whilst professional judgement and responsibility is recognised as important, research[1] tells us we must act at all times where there are concerns. Therefore, following an assessment of the suspicious mark to exclude birth marks, a referral to Hertfordshire Children Services must be undertaken for all infants under 6 months who have any suspicious bruises or marks.

A multi-agency discussion (Strategy Meeting) must be held to consider any other information on the child and family and any known risks, and to jointly decide whether any further assessment, investigation or action is needed to support the family or protect the child. This multi-agency discussion should always include the health professional who reviewed the child where possible, or delegated to an appropriately trained representative.

Where there is agreement in the Strategy meeting that the infant requires examination by an appropriately trained Paediatrician (child protection medical). The nature and presentation of the bruise will be assessed, as well as any associated injuries, and appraisal of the circumstances of the presentation, including the developmental stage of the child, whether there is any evidence of a medical condition that could have cause or contributed to the bruising, or a plausible explanation of the bruising.

Some marks seen on infants under six months are expected such as: confirmed birth injury, and some marks are normal for example Blue/Grey spot; Haemangiomas; ‘Stork Marks’ and ‘Salmon Patches’ (Neavus Flammeus). (presentation can depend on the infants skin colour),; These may be present from birth, or develop after birth. Assessment of all marks should be undertaken using the Assessment Tool in Appendix 3 and you should always record the presence of these in your agency records and the Parent Held Record (Red book) if available.

3. Target Audience

The UK Government states that ‘Everyone who works with children has a responsibility for keeping them safe. No single practitioner can have a full picture of a child’s needs and circumstances and, if children and families are to receive the right help at the right time, everyone who comes into contact with them has a role to play in identifying concerns, sharing information and taking prompt action.’ [5].

[1] Hertfordshire Safeguarding Children Partnership (HSCP) Definition and recognition of abuse and neglect 5th edition– literature review. (Heckmatt J)

[2] National Institute for Health and Clinical Excellence. When to suspect child maltreatment. NICE clinical guideline 89.London

[3] Maguire S (2010). Which injuries may indicate child abuse? Arch Dis Child Educ Pract Ed 2010; 95: 170-77

[4] RCPCH (2020) Child Protection Evidence. Systematic review on bruising (RCPCH)

[5] HM Government (2018) Working Together To Safeguard Children: A guide to inter-agency working to safeguard and promote the safety of children.

4. Equality and Diversity factors

Consideration should be given to cultural needs of infants and their families and carers, however cultural practices that are abusive are never an acceptable reason for child maltreatment.

Professionals should at all times be aware of and sensitive to any difficulties in communicating this policy to parents/ carers and children. This may be due to learning difficulty / disability, language barriers, disability or a poor understanding of legislation in the UK.

It is important that the infant is seen as swiftly as possible and therefore indicative that additional support and provision is made to assist effective communication, but this should not hinder immediate referral.

5. Presentation and Assessment

Research has shown that even a small bruise on a pre-mobile baby can be a sign of abuse as these infants are not expected to bruise. You should make a referral to Children's Services following the identification of **any** suspicious bruise or mark on any infant under 6 months.

When considering the mechanism of any mark/bruise is important to remember that bruises appear on the skin when tiny blood vessels (called capillaries) break or burst underneath and leak blood into the soft tissue under the skin causing discolouration. These can look blueish or purple but can look darker on some skin colours and will change colour at different rates from one individual to another.

Professionals must always consider that the normal activity of parenting infants who are largely immobile do not cause bruising and also that a degree of force is needed to break or burst capillaries. For these reasons and the fact that babies who cruise rarely bruise, this Policy includes all babies under the age of 6 months.

The professional who identifies the suspicious bruise or mark should initially undertake an assessment. This assessment must firstly take into account if the mark is suspicious or if it is a normal birth mark using the Assessment Tool *(Appendix 3).* This completed assessment tool document should be attached to any referral made to Children's Services along with a completed body map *(Appendix 4)*

Following receipt of this referral, Children's Services should review the information on the referral, contact the referrer by phone where clarity is required and convene a Strategy meeting which should always include a senior Paediatrician (or appropriate delegated Professional) and where consideration for referral of the infant for a Child Protection Medical should be made.

The Child Protection Medical must be undertaken by a specialist safeguarding Paediatrician, therefore referrals for a medical opinion for infants who fall under the remit of this Policy should **not** be made to a GP or any other primary care/walk-in provider unless the infant needs immediate medical attention where they should be immediately referred to and seen in an Accident and Emergency Department (See section 7).

If the Assessment Tool indicates that no further action is required, the professional should ensure the rationale for this decision is recorded on the form and recorded in their agency records along with the

names of any other professional who have contributed to this decision.

6. Risk factors

When making an assessment and referral professionals should always review current and historical information held within their agency records in regards to the child, the siblings and any other adults in the family unit and share any relevant parental/adult/carer/sibling information with Children's Services. You should pay particular attention to any history of domestic abuse, poor parental mental health, poor perinatal mental health, parental learning difficulty/disability, parental drug or alcohol misuse, previous social care history, child disability, difficult adult/child relationships, known disordered attachments and injuries or bruises to the infant (or any other children in the family. This list is not exhaustive, Professionals should refer to their agency guidance for Information Sharing and national Information sharing guidance[6]

Where there are no risk factors you should state that from review of your agency records there are 'no known risk factors' for the parents/ any adult carers, the siblings or the child.

[6] HM Government. Information Sharing Advice for Safeguarding Practitioners (Dept for education)

7. Emergency Medical Conditions or Injury

Any infant with an external injury however minor (e.g. small bruise on cheek), who seems off colour, less alert, not feeding, vomiting, irritable, bleeding from any site or having funny movements, needs to be seen at hospital without delay.

Any infant who is found to have suspicious bruises or marks with symptoms detailed above, who has sustained an injury or is in need of urgent treatment or investigation, **should be immediately referred to hospital without delay**. Professionals should be particularly diligent to the age of the infant as the smaller the child, the greater the risk of internal injury.

If there is a medical emergency the child may have to be taken by ambulance to the nearest available hospital, however it is the referring professional's duty to ensure all information around concerns are shared and highlighted to the receiving hospital in order for them to make an assessment. The referring professional should also inform their safeguarding lead and the Named Paediatrician in Hertfordshire.

Referral to hospital **should not** be delayed by a referral to Children Services as this can be made from the hospital setting, although **it is the responsibility of the person dealing with the case to ensure this referral has been made and also to phone ahead to the hospital to advise regarding the concerns**.

A list of telephone Numbers for each Hospital can be found in *Appendix 1 or searchable on the internet.*

8. Video and recording

Images will be taken with parental consent as part of the Child Protection Medical process. Practitioners should refer to their agency procedures in relation to taking photographs/images/video calling, however professionals should not take images or undertake video clinical assessment using any personal device.

Parents and carers may share photo images and video's with professionals however these should be managed in line with agency procedures in regard to storage and sharing.

9. Referral to Children's Services by Any Agency

Please see *Appendix 2* for Referral Guidance

Where **any** new bruises/suspicious marks are seen on an infant under 6 months, a new referral must

always be made in line with the requirements of this Policy and the HSCP Referrals Procedures, and irrespective of the child already having a Social Worker.

Once the professional identifying the suspicious bruise or mark has undertaken an assessment using the Assessment tool in *Appendix 3a& 3b*, and this indicates a referral to Children Services, the professional should undertake the following:

- Ensure sufficient information is included in any referral to assist Children's Services in responding. This would include basic details such as name, date of birth, address and contact details for all adults and children
- Ensure all other relevant information about the infant and any other children and adults associated with this child is collated from their agency records (see section 6). **Remember, a clear factual safeguarding referral results in pro-active responses from Children's services, and better outcomes for children.**
- Ensure all details are included on the referral with evidence that is factual and descriptive and include an analysis of concerns.
- Ensure any other documents are available to Children's Services which includes a completed Assessment Tool and body map *(Appendix 3(C) and 6)*
- Ensure you immediately follow up a verbal referral in writing via the Children's Services referral portal
- Ensure the main parent / carer is made aware of the referral (where it is safe to do so) however consent to make a referral is not required. [6]
- Give the carer/ parent the Physical Abuse leaflet entitled 'What is going on?' (see section 15)

Once a referral has been made, the Policy requires a response by Children's Services within one hour to enable discussion about next steps. Parents / Carers should always be informed of the progress of this process is and any parental/carer anxiety managed by effective conflict resolution skills.

In the rare occasion that there are any concerns around unwanted parental behaviours a risk assessment of the situation should be undertaken. **Where there are immediate concerns for safety of the child or professional the Police should be contacted on 999**.

10. Children's Services Response

If the infant already has a Social Worker, Children's Services should ensure that the named social worker or a duty Social Worker responds immediately to the referrer and within one hour.

Children's Services should take any referral made under this Policy as requiring further multi agency investigation and should check local systems for any risk factors and consider whether a strategy meeting is required to include the consideration of a child protection medical being undertaken by an appropriate Paediatrician

The decision regarding whether a Child Protection (CP) medical is undertaken or not should be made within a Strategy Meeting (see section 13), which should involve as a minimum Children's Social Care, Health and Police, and the referrer where appropriate (see HSCP Strategy Discussions and Meetings). Details for health contacts for undertake Strategy discussions can be found in the document here

If the decision at the strategy meeting is that a CP medical is not required, the health representative should consider the medical needs of the infant and whether a medical assessment is still required. The infant should still be assessed, for general health, other signs of maltreatment, and to exclude other medical disorders. This should be done at the earliest opportunity by the most appropriate medical professional.

If the matter arises out of hours, the Children's Services Safeguarding Out of Hours Service (SOOHS) should be notified. The referrer should make themselves available to the service to gather further information and consider next steps. The above process will follow. If a Strategy Meeting is required, the SOOHS team will make contact with the Police and the Out of Hours Paediatric Services for the discussion to occur (see out of hours services in the document above)

11. Police Response

The Police on receipt of a referral made under this Policy will conduct a review to consider the need for any immediate safeguarding measures to be implemented in order to safeguarding the child(ren) involved

The Police (JCPIT) will take any referral made under this Policy as requiring further multi-agency investigation.

The Police will notify partner organisations of the referral (if not already aware) and the requirement for a strategy discussion as defined in Working Together (2018).

The Police will in preparation for the strategy discussion collate all available information to share with partner organisations under statutory framework or existing information sharing agreements.

The Police will actively participate in strategy discussions and undertake such actions to ensure the safety of all identified children and if deemed appropriate secure and preserve evidence in accordance with legislation and best practice.

The Police will actively respond and mobilise support to any call from a professional requiring urgent Police attention due to concerns for the safety of any adult or child.

12. Referral for Child Protection Medical (CP Medical)

The decision to undertake a CP medical should be the result of a Strategy /Discussion which should be convened as soon as practicably possible.

Where there is an immediate or urgent (high risk) concern for the infant requiring immediate hospital attendance the strategy meeting should be convened once the immediate medical needs of the child have been managed in the appropriate emergency setting.(See Procedure for Unscheduled Medical)

The attending Paediatrician should take relevant notes which would assist in the consideration for the CP Medical (see HSCP Strategy Discussions and Meetings). This decision should be reached jointly between Children's Services, Police and Health at the strategy discussion. If the outcome of the strategy meeting is for the infant to be referred for a CP medical a discussion must take place to agree a time, date and venue for the CP medical which needs to be arranged for no later than 24 hours (RCPCH Standard) A discussion must take place around which partner will feedback the decision to the parent/carer and, if necessary, assist the family in getting to the CP Medical. The Social Worker should attend the medical with the infant and parent/carer.

Where a referral for Child Protection Medical is delayed for any reason, and when a bruising /mark is no longer visible, the health representative at the Strategy discussion should identify an appropriate medical professional to examine the child to assess, as a minimum, general health, signs of other injuries or maltreatment and to exclude any medical cause.

13. Child Protection Medical by an Appropriate Paediatrician

A strategy discussion should always precede the arrangement for this medical. This medical is always undertaken by an appropriate Paediatrician who is a specialist in Safeguarding Children and only take place in specialist units in Hertfordshire.

Following the Child protection medical the Paediatrician who examined the infant must share a completed summary form detailing the outcome of the medical to the assigned Social worker on completion of the medical, or on the same day. The information will be utilised as part of the assessment process. The form must be stored within the child / young person's records and in line with agency procedures.

14. Cross border children

Infants who are ordinarily resident outside Hertfordshire would come under the remit of this policy and the fundamental principle of responding to suspicious marks and bruises in infants less than 6 months remains and is a requirement of all professionals coming into contact with any child. Therefore the same referral arrangements to Hertfordshire Children's Services should be followed. Initial enquiries and investigations will be conducted by Hertfordshire Social Care, Police and Health partners along with liaison with the Local Authority in which the child is resident.

15. Involving parents and carers

Parents can find this process very distressing and explanation of the referral process **should always** be carried out sensitively and in a private place if at all possible, to avoid further distress.

Parents/carers should always be given the parent leaflet 'What is going on'. the leaflet can also be accessed here and practitioners should always offer to go though the leaflet.

It is particularly important that professionals pay particular attention to explaining to parents/ carers, in a frank and honest way, why additional concern, questioning and examination is required and what will happen next. The decision to refer to Children's Services must be explained along with the potential requirement for a CP medical.

If parents/ carers refuse to co-operate or refuse to take their child, or be available for further assessment, this should be reported immediately to Children's Services and to the Police if there are immediate concerns for the child or staff safety. In these cases, if at all possible, the child should be kept under supervision until steps can be taken to secure his or her safety. Professionals should also consider their own safety at this time.

16. Escalation process

If you are concerned about the lack of response to a safeguarding concern, or of there is professional dispute across agencies you must discuss it with your safeguarding lead and escalate , as appropriate, in line with HSCP Procedures

REFERENCES AND APPENDICES

Hertfordshire Safeguarding Children Board (HSCB) (2017) Definition and recognition of abuse and neglect 5th edition– literature review. (Heckmatt J) [currently under review for 6th Edition) www.hertssafeguarding.org.uk

HM Government (2018) Information sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Inf ormation_sharing_advice_practitioners_safeguarding_services.pdf

Royal College of Paediatrics and Child Health (2019) Child Protection Evidence. Systematic review on Bruising. RCPCH

HM Government (2018) Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the safety of children.

www.workingtogetheronline.co.uk

Maguire S (2010). **Which injuries may indicate child abuse?** *Arch Dis Child Educ Prac*t Ed 2010; 95: 170-77 http://www.ncbi.nlm.nih.gov/pubmed/20926622

National Institute for Health and Clinical Excellence. (July 2009 Last Modified 2017) *When to suspect child maltreatment*. NICE clinical guideline 89. London https://www.nice.org.uk/guidance/cg89/chapter/1-Guidance

NSPCC (2009) *Core Info; Head and spinal injuries in children*. Cardiff University http://www.nspcc.org.uk/services-and-resources/research-and-resources/head-spinal-injuries-core-info/

NSPCC (2008) *Core Info; Thermal injuries on children.* Cardiff University http://www.nspcc.org.uk/services-and-resources/research-and-resources/thermal-injuries-core-info/

NSPCC (2007) *Core Info: Bruises on children.* Cardiff University http://www.nspcc.org.uk/services-and-resources/research-and-resources/bruises-children-core-info/

The Child Safeguarding Practice Review Panel – Bruising in non-mobile infants

Appendices

Appendix 1

REFERRAL TO THE EMERGENCY DEPARTMENT IF YOU HAVE AN IMMEDIATE MEDICAL CONCERN.

- CALL **999** IF AN EMERGENCY AND AMBULANCE REQUIRED

- If it is not a life threatening emergency and you ask the parents / carers to take their child to the hospital because there is an immediate medical concern ensure you phone ahead to the agreed nearest children's emergency department (see below) to ensure they are aware what the reason is for attendance and also request feedback should the child not attend

Contacting Emergency Departments

Watford General Hospital (WGH)	01923 217564
Lister Hospital	01438 284333
Princess Alexander Hospital (PAH)	01279 444455
North Middlesex Hospital	0208 8872000
Barnet General Hospital	0845 111 4000
Addenbrookes Hospital	01223 245151
Stoke Mandeville Hospital	01296 315000

Appendix 2

REFERRALS TO CHILDRENS SERVICES TO INSTIGATE MULTI

AGENCY ASSESSMENT 0300 123 4043

For any referral for a child please note the following:

You should telephone all referrals in the first instance and follow this up immediately in writing via the Children's Services referral portal

Informing Parents/ Carers

- If parents are present, advise them of your concerns and give the bruising leaflet 'What's going on?' for them to read.
- On the rare occasions that a parent/carer is not present **do not contact parents** but refer to Children Services and ascertain the action plan first before you inform parents

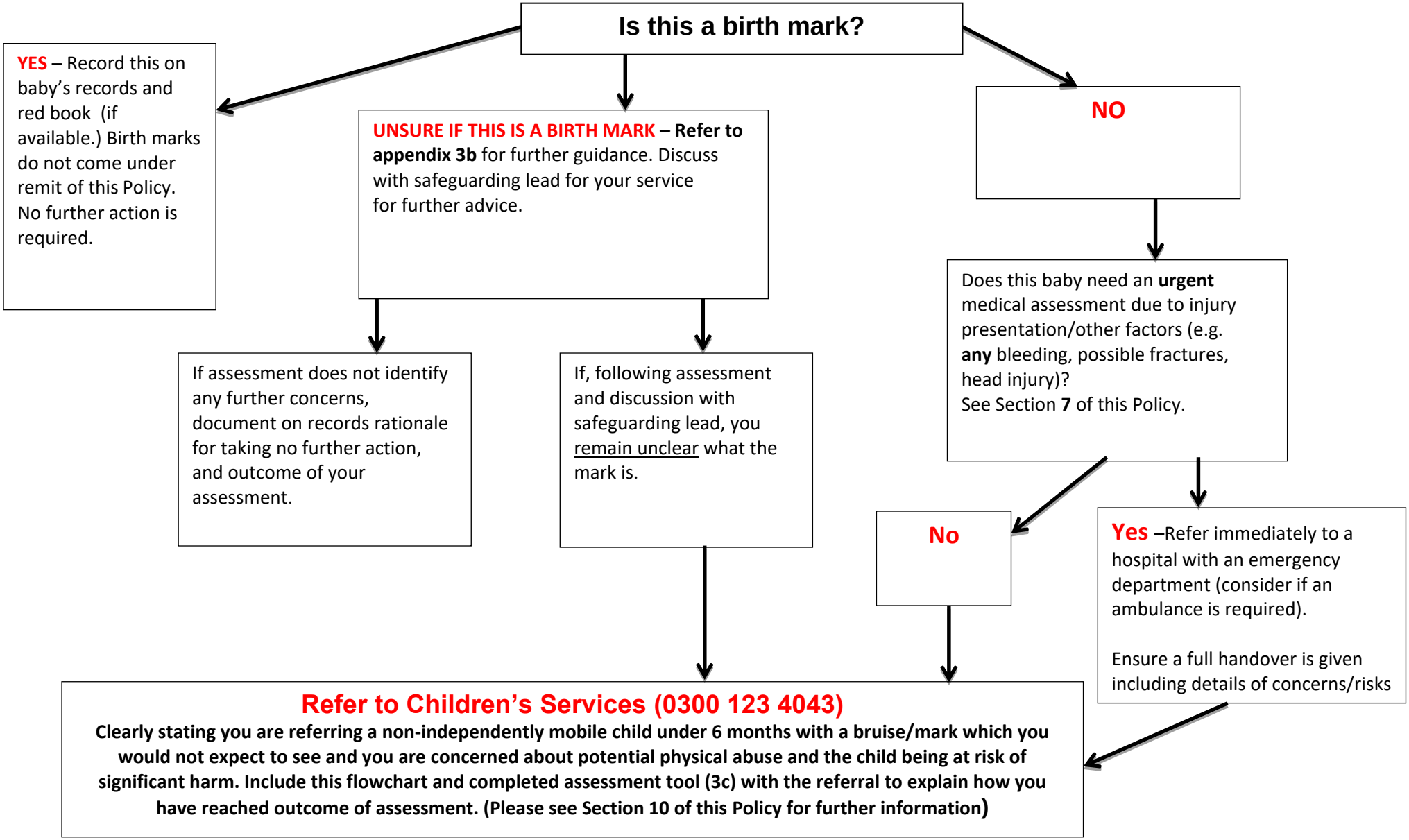
What information do I need before I refer?

- Ensure you have made a thorough assessment of the current information and the historical information held by your agency for all children and adults in the family
- Ensure you have a clear analysis of your concerns before you refer.
- Ensure you have the complete details of all children and parents/carers before you make this referral as you will be asked for these by the Customer Service Centre who need to follow their guidance to ensure your referral goes to the right department in Children's Services.

What do I need to say to the staff in the Customer Services Centre?

- Clearly state your concerns and advise the call centre staff that this is a referral due to suspicious mark / Bruise on a non-mobile child due to age as child is under 6 months.
- Ensure you use this terminology and also to state that you are concerned that the child is potentially at risk of significant harm due to physical abuse. This will ensure the referral is directed to the Joint Child Protection Investigation Team (JCPIT)
- Be aware that parents /cares may find this terminology distressing. You should use your discretion around where you are situated when you make this referral but ensure you explain to the parents you are making a referral to Children's Services.
- Be very clear if there are additional risk factors from your records for any child or adult in the family and state clearly what these are.
- If there are no other risk factors you should state this however you should maintain you are concerned about significant risk of harm to the infant due to the bruise/mark on a non-mobile infant due to age.
- Give your office contact details and availability.
- Ensure you take the **full** names, contact details and time of the calls for the people you speak to.
- Check correct information transfer by asking call centre staff member to repeat back what you have said.
- Clarify the referral is being sent to the JCPIT
- State that your expectation is that a SW from the Joint Child Protection Investigation Team (JCPIT) will call you back immediately and within one hour
- Advise your Safeguarding lead of your actions.
- Always follow up your referral immediately in writing and securely send the email with any attachments (Assessment Tool and Body Map).
- Ensure the referral form is completed **in full**. This should contain all the information shared verbally with the Customer services Centre.
- Email your referral using the specified routes

Appendix 3a
Assessment of Marks in Babies under 6 months



Appendix 3b
Assessment of Marks in Babies under 6 months

- **Does the mark blanch on pressure?** If the mark blanches on pressure, this is not a bruise but could be a birth mark.
- **How long has the mark been there for?** If mark present since birth or early life and persists – This is probably a birth mark. Ask parents to take a picture and review in 2-3 days and/or ask a colleague to review with you as well.
- **Does family have a history of birth marks?** Blue/grey spots are rare in children of white European background, but very common in children of African, Middle Eastern, Mediterranean or Asian background. It is likely they are inherited.
- **Consider how well the baby is with handling**. Are there any other signs of pain and or discomfort or injury? If yes, review and risk assess as necessary.
- **Examine the baby all over** 9If appropriate to role) for any other marks/bruises

Blue/Grey Spot (Dermal Melano Cytoma)	**Bruise**
Blue spots are a type of birthmark that are present at birth or appear soon afterwards, either single or multiple in number. They are flat, blue-grey in colour and can vary from a very dark blue to a lighter grey. The colour is usually the same over the whole birthmark, with no lighter or darker areas as is sometimes seen in brown birthmarks	Doesn't blanch on pressure
Is not painful to touch	Can be painful to touch
Present from birth or early life and persists – can take years to fade	Bruises change colour and shape over a period of days
An irregular shape, with poorly distinguished edges	In most cases of inflicted "precursor" bruise, parents usually concede mark is a bruise, but the explanation suggests unreasonable force, e.g. held while feeding, or is implausible, e.g. lying on dummy, rattle did it.
Blue/Grey spots are can vary in size, but most are a few centimetre's across. They can appear anywhere on the body, but are most common at the base of the spine, the buttocks or on the lower back .Occasionally they are present on the back of the shoulder.	Bruises can be any shape or size but may take the shape of an implement or force. There may be one or many bruises on any different part of the body.

Action from assessment

- If you are considering this is a birth mark seek further advice from your safeguarding lead. Ask family to take a picture if able to (See section 8)
- Review the baby and mark in 2-3 days' time – if no change, this is likely to be a birth mark. If change is seen or the mark has disappeared – discuss with safeguarding advisor in service. Consider if referral is needed to Children's Services for further assessment of concern
- If following assessment and discussion with your safeguarding advisor, you remain unclear if this is a bruise or a birthmark, then you must refer to Children's Services as per flow chart. **NOW COMPLETE APPENDIX 3c**

Appendix 3c Assessment of Marks in Babies under 6 months

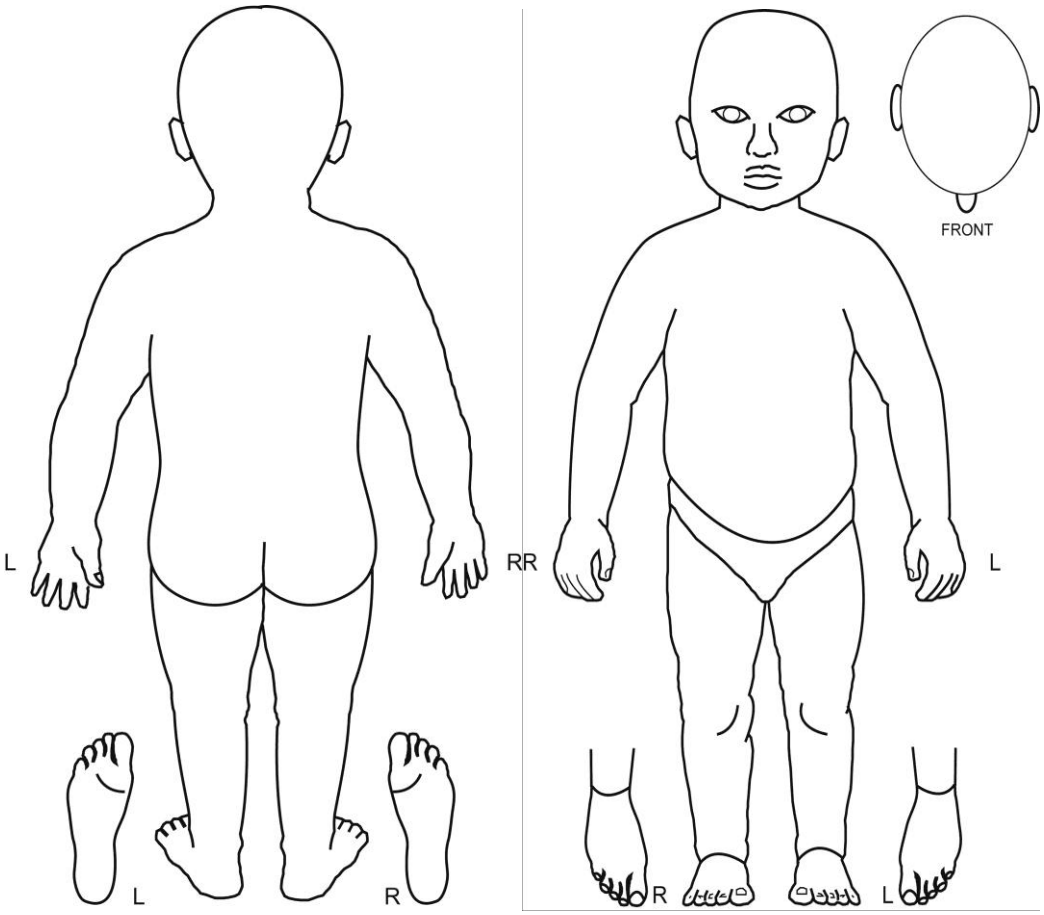
Attach this document to your referral and your agency records for the infant – A word document is available here

Date of referral:		**Child's Name and Dob**	
Referrers Name		**Referrers Agency and contact**	
Referral URL (If known)			

Detailed description of Mark / Bruise (also attach body map appendix 6)	
Detailed description of your assessment of this mark/ bruise	Following assessment does this need referral to Children's Services? **Yes / No -**
Explain clearly the reason for your decision above	

Appendix 4 Body Map

Child's name:		
Date of birth:		
Date/time of skin markings/injuries observed:		
Who injuries observed by:		
Information recorded:	**Date:**	**Time:**
Name:		**Signature:**



Appendix 5

Hertfordshire Health Contacts

HERTFORDSHIRE HEALTH CONTACTS

This document details the following

1. **Health contacts for Urgent Strategy meetings**
    A. Paediatrics
    B. Paediatrics out of hours (for urgent medical concerns)
    C. SARC – 24 hours
    D. Mental Health
    E. Mental Health out of hours (CCAT and inpatient teams)
    F. Maternity
    G. Maternity out of hours (For urgent medical concerns)
    H. Community Health (Health Visiting/School Health Nursing/ Looked After Children and Care Leaver Health Team)

2. **Health Contacts for Scheduled Strategy Meetings**
    A. Hertfordshire Community NHS Trust (Community Services)
    B. East and North Herts NHS Trust (Acute and some Community Services)
    C. West Herts Hospitals NHS Trust (Acute Services)
    D. Hertfordshire Partnership University Foundation Trust (mental health and well being)
    E. Central London Community Health (Sexual Health)
    F. Mountain Health Care Ltd (Sexual Abuse Referral centre)
    G. Spectrum -Care Grow Live (Drug and alcohol Services

3. **Contacts for organising Child Protection Medicals (Physical Abuse and Neglect)**

4. **Contacts for organising Sexual Abuse Medicals**

Health Professional Contact details for arranging URGENT strategy meetings

(Same working day)

(For scheduled Strategy Meetings see below)

For Sexual Abuse, please contact SARC in this directory

(where possible).

EAST AND NORTH HERTS TRUST (Children living in East and North Herts)

- Consultant Community Paediatrician 'On-call rota': **07919396676** *N.B The Paediatrician who is 'on call' for that day may already be involved with a CP medical. In this case a safeguarding nurse specialist may contribute to the strategy meeting.*

HERTFORDSHIRE COMMUNITY NHS TRUST (Children living in West Herts)

The 'on call' paediatricians are from one of the following centres and the 'on call' rota is available.

Peace children Centre	**01923 470 600**
St Albans Children centre	**01727 891 100**
Marlow children centre	**01442 275 679**

HERTFORDSHIRE CHILDREN ALREADY ADMITTED TO A HERTFORDSHIRE HOSPITAL HEALTH TRUST

- Where a child has attended/been admitted to **Watford General Hospital** contact the Safeguarding Nurse - **07990 551647 / 07920 75741**
- Where a child has attended/been admitted to **Lister Hospital** contact the safeguarding team by calling the on-call rota line on **07919396676**

Paediatrics Out Of Hours (including weekends and Bank Holidays)

For urgent medical concerns only

EAST AND NORTH HERTS TRUST (Children living in East and North Herts) Contact the on call Paediatric Registrar via Switchboard **(01438314333).**

WEST HERTS HOSPITALS TRUST (Children living in West Herts) Contact the on call Paediatric Registrar via Children's Emergency (**01923 217 564)**

Sexual Abuse Referral Centre (SARC) Tel: **03302230099 (24 Hours)**

Mental Health

Hertfordshire Partnership Foundation Trust (HPFT)

Monday to Friday 9-5

hpft.safeguardingteam@nhs.net or 01727 804717

Mental Health Out of Hours

For child/young person currently receiving OR requiring care from CCAT/Forest House or Home treatment Team only

Phone Single Point of Access (SPA): 0800 6444 101

Maternity

Monday to Friday 9-5

East and North Herts Trust	01438 286139
West Herts Hospital Trust	01923 217501 (Administrator for Maternity Safeguarding Team)

Out Of Hours for urgent medical concerns only

For new born babies

Please see Paediatric out of hours above

HEALTH VISITORS (HV) / SCHOOL HEALTH NURSES (SHN) (Hertfordshire Community NHS Trust)

09:00-17:00 Monday to Friday

Child under 5 yrs - contact the duty Health Visitor who will make contact with child's HV where possible otherwise the Duty HV will participate.
Child over 5yrs - contact School Nurse in the area that the child is on role in a School, or if not in school where the child lives.

Duty - Health Visitor professional Lines (child under 5)

South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041
Email: watford.3riversandhertsmere@nhs.net

West Quadrant (Dacorum & St Albans)- Tel: 01442 283404
Email: dacorumandstalbans@nhs.net

North Quadrant (Stevenage, North Herts & Royston) - Tel: 01462 427106
Email: northhertsandstevenage@nhs.net

East Quadrant (Broxbourne & Welwyn/Hatfield) – Tel 01992 940841
Email: eastherts.broxbourneandwelhat@nhs.net

The Duty HV wil be able to inform you if the child is receiving care from any other community health services in the Trust

Duty School Nurse professional line *(please select the area in which the child goes to school)*

South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041
Email: hct.W3RH@nhs.net

West Quadrant (Dacorum & St Albans)- Tel: 01442 283404
Email: hct.STADAC@nhs.net

North Quadrant (Stevenage, North Herts and Royston) –Tel: 01462 427106
Email: hct.rsnh@nhs.net

East Quadrant (Broxbourne, Welwyn & Hatfield, East Herts) – 01992 940841
Email: hct.SHWBSWH@nhs.net

The Duty SHN wil be able to inform you if the child is receiving care from any other community health services in the Trust

Looked After Children/Care Leaver Health Team (Medical and Nursing) herts.LACService@nhs.net

Named Nurse for Looked after Children and Care Leavers Amanda Middleditch **07825903523**
Named Dr for Looked after Children and Care Leavers Helen Davies **07807173576**

Health Professional Contact details for arranging SCHEDULED (Planned) strategy meetings (will normally be arranged for at least 24 hours after request sent out)

(For urgent Strategy Meetings see above)

For Sexual Abuse, please contact SARC in this directory

Organisation	Service	Email
Hertfordshire Community NHS Trust.	Community Paediatrics (for children living in West Herts)	Wh.compaeds@nhs.net
Hertfordshire Community NHS Trust	Community Health and Looked After Children/Care Leaver Health Team	See table below
East and North Herts Trust	Children 0-18	strategydiscussions.enh-tr@nhs.net
East and North Herts Trust	Maternity (Unborn and up to 28 days)	strategydiscussions.enh-tr@nhs.net
West Herts Hospital Trust	Children 0-18	Westherts.safeguarding@nhs.net
West Herts Hospital Trust	Maternity (unborn and up to 28 days)	Westherts.lavendermidwives@nhs.net
Central London Healthcare Trust	Sexual Health Services	clcht.hertshealthadvisers@nhs.net Tel:0300 0085522
Mountain Health Care	Sexual Abuse Referral Centre (SARC)	**03302230099 (24 Hours)** *NB. SARC are not commissioned to examine cases in respect of FGM however if there are concerns about sexual abuse in addition to FGM, SARC would participate in a Strategy discussion.*
CGL Spectrum	Drug and alcohol	Herts@cgl.org.uk
Hertfordshire Partnership Foundation Trust	Mental Health (Community and In patient)	See table Below

MENTAL HEALTH (Tier 3&4 CAMHS Teams) Hertfordshire Partnership Foundation Trust		
Single Point of Access (SPA): 0800 6444 101- to check which team a child is under		
Team	**Duty Phone Number**	**Duty Email Address**
CAMHS North	01438 792 600	hpft.camhsnorthadmin@nhs.net (admin team)
CAMHS South	**Borehamwood**020 8731 3050 **Watford** 01923 470 610	hpft.adminborehamwood@nhs.net hpft.watfordadmin@nhs.net
CAMHS East	**Rosanne House, WGC** 01707 364001 **Hoddesdon Health Centre** 01992 465042 **Oxford House, Bishop Stortford** 01279 698 920	hpft.camhseastadmin@nhs.net
CAMHS West	**St Albans** 01727 804806/214 **Hemel Hempstead** 01442 275 669/ 670	Phone and ask for duty on call
C-CATT	01923 633400 (9-5 Monday – Friday) Out of hours via SPA (0800 6444 101)	HPFT.CCATT@nhs.net
CAMHS Targeted Team	01923 633 577	hpft.camhstargetedteam@nhs.net
CAMHS DBT	01923 633 210	camhsdbtteam@nhs.net
CAMHS Eating Disorders	01923 633 396	hpftcamhs.eatingdisorders@nhs.net
Forest House Inpatient Unit	01923 289 940	Phone and ask for Nurse in Charge
Home Treatment Team	01923 289 942	hpft.camhs-htt@nhs.net

HERTFORDSHIRE COMMUNITY NHS TRUST
HEALTH VISITORS (HV) / SCHOOL HEALTH NURSES (SHN)
09:00-17:00 Monday to Friday

Child under 5 yrs - contact the duty Health Visitor who will make contact with child's HV where possible otherwise the Duty HV will participate.
Child over 5yrs - contact School Nurse in the area that the child is on role in School or if not in school the area in which the child lives.

Duty - Health Visitor professional Lines (child under 5) South Quadrant (Watford, Three Rivers and Hertsmere) - Tel: 01923 936041 Email: watford.3riversandhertsmere@nhs.net West Quadrant (Dacorum & St Albans)- Tel: 01442 283404 Email: dacorumandstalbans@nhs.net North Quadrant (Stevenage, North Herts & Royston) - Tel: 01462 427106 Email: northhertsandstevenage@nhs.net East Quadrant (Broxbourne & Welwyn/Hatfield) – Tel 01992 940841 Email: eastherts.broxbourneandwelhat@nhs.net **The Duty HV wil be able to inform you if the child is receiving care from any other community health services in the Trust**	**Duty School Health Nurse professional line** ***(please select the area in which the child goes to school)*** **South Quadrant (Watford, Three Rivers and Hertsmere) - Tel:** 01923 936041 **Email**: hct.W3RH@nhs.net **West Quadrant (Dacorum & St Albans)- Tel:** 01442 283404 **Email**: hct.STADAC@nhs.net **North Quadrant (Stevenage, North Herts and Royston) –Tel:** 01462 427106 **Email:** hct.rsnh@nhs.net **East Quadrant (Broxbourne, Welwyn & Hatfield, East Herts)** – 01992 940841 **Email**: hct.SHWBSWH@nhs.net **The Duty SHN wil be able to inform you if the child is receiving care from any other community health services in the Trust**
Looked After Children/Care Leaver Health Team (Medical and Nursing)	**Email:** herts.LACService@nhs.net Named Nurse Amanda Middleditch **07825903523** Named Dr Helen Davies **07807173576**

Contact details for arranging Child Protection Medicals

Police Or Social Worker to contact health professionals to book a child protection medical (CP medical)

HERTFORDSHIRE COMMUNITY NHS TRUST (Children who live in West Herts)

- We operate a CP medical rota. In office hours Monday to Friday 9am -5pm – we accept calls between these times.
- Last call for CP medical by 14:00 if social care wants the child to be seen on the same day. Child must be in the centre by 15:00 with an adult with parental responsibility.
- If there are siblings (3 maximum) all can be seen if the children present by 13:00 at the centre or can only be seen the following day - times will be agreed with social worker
- The social worker should be in attendance with the child and also an adult with parental responsibility.

Contact details in working hours (No out of hours service)

Paediatrician	Base	Telephone number		Centre
Dr Veronica Govender	St Albans Children's Centre	01727 891100	HCT (West Herts) Safeguarding Hub for arranging medicals Tel: **01923 470680** *(option 2)*	St Albans
Dr Ashmeet Gupta	Marlowes Health & Wellbeing Centre	01442 275679		Hemel Hempstead
Dr John Heckmatt	Peace Children's Centre	01923 470600		Watford
Dr Armeta Nabahi	St Albans Children's Centre	01727 891100		St Albans
Dr Viji Rudran	Peace Children's Centre	01923 470600		Watford
Dr Sharonpreet Sandhu	Marlowes Health & Wellbeing Centre	01442 275679		Hemel Hempstead
Dr Deepa Thakur	Peace Children's Centre	01923 470600		Watford

EAST AND NORTH HERTS HOSPITAL TRUST (Children who live in East and North Herts)

- Monday to Friday 09:00 – 17:00. Consultant Community Paediatrician 'On-call rota' **07919396676** (in working hours)
- Out of hours for urgent medical concerns (including Saturday, Sunday and Bank Holidays) the paediatric team can be contacted via Switchboard **(01438 314333).** Please ask for Paediatric Registrar on call.

Contact details for arranging Sexual abuse medicals

Mountain Healthcare Limited

Sexual Abuse Referral Centre (SARC)

Tel: **03302230099**

SARC are not commissioned to examine cases in respect of FGM however if there are concerns about sexual abuse in addition to FGM, SARC would participate in a Strategy discussion.