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There is also concern that Rosie may be experiencing physical abuse. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | \*Abuse means physical, sexual, psychological, emotional or financial abuse  \* Neglect means a failure to meet a person’s basic physical, emotional, social or psychological needs, which is likely to result in an impairment of the person’s well-being  \* Harm means abuse or the impairment of (a) physical or mental health, or (b) physical, intellectual, emotional, social or behavioural development | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Is the client aware of the referral? | | | | | | | | | | | Yes | | | | | | |  | | | | No | | | | | | | | **X** | | ***Have any members of the family been exposed to any of the following Adverse Childhood Experiences (ACEs)?*** (please tick all relevant boxes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Verbal abuse** | | | | x | | | **Parental separation** | | | | | | | |  | | | | **Alcohol abuse** | | | | | | | | | | |  | | **Physical abuse** | | | | x | | | **Domestic violence** | | | | | | | | X | | | | **Drug use** | | | | | | | | | | |  | | **Sexual abuse** | | | | x | | | **Mental illness** | | | | | | | | x | | | | **Incarceration** | | | | | | | | | | |  | | *Please record your concern regarding this child/ young person/ family, including the detail of any ACE’s identified above*  On the 14th December Sharon Benar attended Middle Town Surgery for an appointment for herself as she was suffering from a very serious bug (sickness). Sharon’s daughter Rosie was also with her. I was at the surgery on the day as I had a day of routine appointments. On entering the surgery Rosie was strapped into the pushchair and appeared very quiet and withdrawn and her appearance was different to how I remembered as she was very thin, her skin very pale and her eyes dark and sunken and it was evident that her hair was heavily matted. Sharon booked in for her appointment and appeared very agitated and was verbally abusive to reception staff.  As Sharon took her place in the waiting room she placed Rosie in the children’s play space within the surgery, it was evident in watching Rosie that while she was mobile through crawling she was making no attempts to walk or even cruise on her feet. I approached Rosie and Sharon to ascertain how they were and to see if Sharon would like me to see Rosie that day given that they were in the surgery. Sharon appeared agitated and reluctant to speak with me spending most of her time on her mobile phone. I did take the time to engage with Rosie but this was limited as it I clear her speech is not developed and Rosie’s vocabulary based mainly around dollies and toys. As I passed a doll out to Rosie she stretched out her arms and it was evident that around her wrists were dark bruise like marks. Before I had an opportunity to explore further Sharon clearly became distressed and without notice quickly picked up Rosie and placed her heavily and with force in the pushchair and left the GP surgery. Sharon did not attend her appointment. I did try to call Sharon later that day on both her mobile and house phone but she did not respond. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Please identify areas of strength and areas of development need under the following three headings**: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **1. Child’s/Young Person’s Developmental Needs**  *Please record positive aspects of the child’s/young person’s development, as well as areas of concern that you have in this area, including concern about the child’s/young person’s welfare and/or safety. Please make reference, if you can, to the child’s/young person’s (a) health; (b) education; (c) emotional and behavioural development; (d) identity; (e) family and social relationships; (f) social presentation; and (g) self-care skills.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rosie is socially isolated from her community as she does not go to playschool or nursery and neither does her mum Sharon take her to local playgroups or community based activities and so Rosie does not have opportunities to socially interact with other children.  When I have been able to see Rosie (as she does not attend appointments and Sharon does not answer the door when I call) she seems very quiet and there is no obvious bond with her mum. In my company Rosie will come over to me and will sit and play but does not verbally communicate and her range of words is minimal and refined to key words to support functioning such as “mummy”, “milk”, “dodo”.  Rosie is not up to date with her immunisations and she does not receive medical attention as mum does not allow her to interact with doctors, myself as health visitor and associated health staff.  During the incident in the GP surgery this week (referred to above) Rosie did seem very thin, pale complexion and dark sunken eyes and her hair appeared matted. There was also evidence of dark bruise like marks around Rosie’s wrists. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **2. Parents’/carers’ capacity to respond appropriately to the child’s/children’s needs**  *Please record parents’/carers’ strengths as well as any difficulties they are experiencing. Please make reference, if you can, to the effectiveness of the parent to meet the following aspects (a) basic care (b) ensuring safety (c) emotional warmth (d) stimulation (e) guidance and boundaries (f) stability* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sharon was a looked after child from the age of 12 as a result of physical and sexual abuse she endured from her father and other extended family members. Sharon did not have a stable childhood with her own mother and father having had a very fractious relationship with domestic abuse having been a strong feature. Before becoming looked after Sharon had various episodes living with her grandparents but this was never consistent. Once looked after Sharon had a history of different placements.  Sharon does have a personality disorder and is prescribed medication but whether her use of the medication is regular and consistent is not clear although she does attend appointments when required to review her medication.  Sharon does have a history of being aggressive and violent and does have convictions related to this which date back to her late teens. The details of the convictions are unclear.  There has been no previous reporting of any abuse by Sharon towards Rosie however the bruise marks on Rosie’s wrists are of significant concern. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **3. Family and Environmental Factors which impact on the child and family**  *Please give details, if known and relevant, regarding the (a) family history; (b) wider family; (c) housing situation; (d) employment and income; (e) family’s social integration; (f) community resources that are available for, or are being used by, the family.* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rosie and her mum live in a seventh floor one bedroom “bedsit” which Sharon has lived in for the past three years and so Rosie still sleeps in the same room with her mum. Mum has been offered advice in the past to help her access a more appropriate house but has not engaged in the advice and support provided.  Living conditions whilst below standard are acceptable (however the home has not been seen in the last three months as far as I am aware). There is however a lack of age appropriate toys with only a few books and a few toys that re suitable for infants up to the age of 1.  Mum does not have support of family members having fled the family home in Exeter following a violent argument with her mother. Sharon does not have a group of friends in the local area as she was new to the area and not long after moving to the area became pregnant following a short term aggressive relationship with a local man (his identify is unclear) and quite quickly isolated herself. As a result Sharon is raising Rosie by herself and has in the past presented impatient with Rosie and has stated that she is over-worked and tired.  Sharon does not have a steady means of income, other than benefits she receives (although it is not clear if she is receiving the correct benefit entitlements) and she does not have a steady job. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Child’s Personal Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **First name** | | | |  | | | | | | | | **Surname** | | | | | | | | |  | | | | | | | | | | | **Preferred name** | | | | Rosie | | | | | | | | **Gender** | | | | | | | | | Female | | | | | | | | | | | **Date of Birth (or expected date of delivery)** | | | | 31.8.2015 | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Ethnicity** | | | | Black | | | | | | | | **Religion** | | | | | | | | | Not known | | | | | | | | | | | **Home address** | | | | 62 Uptown Road  Middle Town  Denbighshire | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postcode** | | | | LL18 6TY | | | | | | | | **Preferred contact no.** | | | | | | | | |  | | | | | | | | | | | **Other address(es)** (if child/young person not living at home) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Postcode** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Any other contact numbers** | | | | 07xxxxxxxx (mother) | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Email address** | | | | Not known | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Spoken language of choice** | | | | English | | | | | | | | **Written language of choice** | | | | | | | | | English | | | | | | | | | | | **Is an interpreter required?** | | | | **YES**  **no x** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Preferred method of communication** | | | | Phone | | | | | | | | **Accessibility support required for the child** (e.g. BSL interpreter) | | | | | | | | |  | | | | | | | | | | | **Barriers to participation** (tick as appropriate) | | | | Understanding information  Retaining information  Weighing up information  Communicating views, wishes and feelings **x** (mother) | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Name of child’s advocate** (if identified) | | | | N/A | | | | | | | | **Relationship to the child** | | | | | | | | |  | | | | | | | | | | | **School** | | | | None | | | | | | | | **Occupation**  (if not in school or education) | | | | | | | | | N/A | | | | | | | | | | | **NHS Number** | | | | N2995935 | | | | | | | | | | | | | | | | | | | | | | | | | | | | **GP** | | | | Dr Neil Bazaar  Middle Town Surgery, Ruthin | | | | | | | | **Health Visitor/ Midwife/ School Nurse** | | | | | | | | | Mrs Jane Williams  Middle Town Surgery, Ruthin | | | | | | | | | | | **If the child is considered to have a disability please provide details.** | | | | | | | | | | | | **None** | | | | | | | | | | | | | | | | | | | | **Does the child consider themselves a carer?** | | | | | | | | | | | | **YES  no x** | | | | | | | | | | | | | | | | | | | | **Details of Persons in Current Household** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Name** | | | | | **Relationship to child/young person** | | | | | | **DOB** | | | **PR Yes/No** | | | | **Ethnicity** | | | | | | **Preferred Language** | | | | | **Disability** | | | Miss Sharon Benar | | | | | Mother | | | | | | 21.7.1995 | | | Yes | | | | Black | | | | | | English | | | | | None | | |  | | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | | |  | | |  | | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | | |  | | | **Significant Others – Not in Household**  (Please list any significant others who are not listed in the household section above) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Name, Address, Telephone** | | | | | **Relationship to child/young person** | | | | | | **DOB** | | | **PR Yes/No** | | | | **Ethnicity** | | | | | | **PreferredLanguage** | | | | | **Disability** | | |  | | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | | |  | | |  | | | | |  | | | | | |  | | |  | | | |  | | | | | |  | | | | |  | | | ***If any of those listed in B or C require an interpreter or advocacy support, please state here. If not, state N/A***  N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Other Agencies Involved** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Name** | | | **Agency** | | | | | | **Role** | | | | | | | | **Contact details** (address and telephone number) | | | | | | | | | | **Period of involvement** | | | | | Dr Neil Bazaar | | | Middle Town Surgery | | | | | | GP | | | | | | | | Vale Road, Ruthin, LL18 24K  01824 713446 | | | | | | | | | | 2 years  (as required) | | | | |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | |  | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |  | | | | | **Details Of Referrer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Referred by**  **(role and agency)** | Mrs Jane Williams  Health Visitor | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Address** | Middle Town Surgery, Vale Road, Ruthin, LL18 24K | | | | | | | | | | | | | **Telephone** | | | | | | | | | | | 01824 713446 | | | | | | | **Email address** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **What is your involvement with the family, child or young person (please include how long you have known them and in what capacity, and what work you have already been doing to support them (such as advice or assistance), interventions tried and/or assessments completed)** (Please ensure you attach with this referral any relevant assessment already made and supporting documents)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | I have been involved with the family since Rosie’s birth although contact has been limited as Sharon (mum) does not actively engage with support and does not routinely bring Rosie to her appointments and so I have to constantly make contact with Sharon , including calls to the house, to ensure that Rosie is seen.  Sharon has been offered advice with regards to local nurseries and playgroups for Rosie but will not take her. Advice has also been provided with regards to housing benefit and housing options but again Sharon has not acted on the advice.  Prior to the incident in the GP surgery (detailed below) I had not seen Rosie in the past three months. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Signature:** | | ***Jane Williams*** | | | | | | | | | | | | **Date:** | | | | | | | | | | 15.12.17 | | | | | | | | **Views of the Child/ Young Person and Family**  (to be identified through a What Matters Conversation that identifies what is important to them, the outcomes they wish to achieve, the strengths and assets they can draw on. This is captured in their words and may differ from the referrer’s analysis) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **What matters to the child** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | It has not been possible to facilitate a discussion with Rosie herself however during her limited interaction in the GP surgery she did refer to playing with dollies.  Sharon will not engage in a conversation about her aspirations for Rosie. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **What matters to the child’s parent(s)/carer(s)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sharon reports that she is generally fine “up and down depending if I take my medication”  Sharon also reported, when I asked how Rosie was doing, “she is getting hard work as she’s getting older but I am making sure I discipline her”. The nature of the discipline is unclear. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Strengths and capabilities of the child/ parent(s)/ carer(s) to achieve what matters to them** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Sharon does attend the surgery to review her own medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Barriers that prevent the child, parent(s)/ carer(s) achieving what matters to them** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rosie does not attend her regular medical appointments with the health visitor and is not up to date with her immunisations.  Rosie does not attend playgroup or nursery and does not have opportunities to socially interact with other children.  Sharon’s mental health is unstable and she does have a history of violence and aggression. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Risks to the child if the child, parent(s)/ carer(s) if they don’t achieve what matters to them** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Rosie’s relationship with her mother does not develop in a positive manner.  Rosie’s development is significantly impaired.  Rosie becomes at increased risk of abuse and neglect. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Consent for Referral** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Consent needs to be obtained for a referral to be made from the parent(s)/ person (s) with parental responsibility and/or the young person if aged 13 years and over. This consent includes information being shared and/or referrals to external agencies being made. Consent is not required in the following circumstances:   * Alleged or proven criminal activity and it is necessary to share information to prevent crime and disorder. This includes wherever there are concerns related to domestic abuse and use of banned substances/drugs. * A child protection concern (as defined in the All Wales Child Protection Procedures 2008 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Parental consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Name of parent(s) / person(s) with parental responsibility:** | | | | | | | | | | | **Name of parent(s) / person(s) with parental responsibility:** | | | | | | | | | | | | | | | | | | | | | **Have they given their consent to the referral being made to Children and Family Services/ Early Help Service?** | | | | | | | | **YES**  **NO x** | | | **Have they given their consent to the referral being made to Children and Family Services/ Early Help Services?** | | | | | | | | | | | | | | | | | **YES**  **NO** | | | | **If consent has not been given please provide the reasons below**  It was not possible to engage mother in a conversation when she visited the surgery and her behavior when she is approached about concerns for Rosie is unpredictable and there is concern about how she may react towards Rosie. | | | | | | | | | | | **If consent has not been given please provide the reasons below** | | | | | | | | | | | | | | | | | | | | | **Child/ young person’s consent** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Has the child / young person consented to the referral being made to Children and Family Services/ Early Help Services?** | | | | | | | | **YES** | |  | | | **NO** | | | x | | | | **If ‘No’ state**  **reason** | | | Child is too young | | | | | | | | | **Privacy Notice** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Your data will be processed by xxx County Council for the specific purposes of children requiring Early Help, Care and Support or Child Protection concerns or any alleged or proven criminal activity. The processing of your personal data is undertaken as a ‘public task’ which is a requirement of the local authority to promote the wellbeing of all individuals under the Social Services and Wellbeing Act (Wales) Act 2014 and to promote the welfare and safety of children under the Children Act 1989 and the All Wales Child Protection Procedures 2008.**  **Xxx County Council may share your data with other local authorities, NHS, Police, Children and Family Services/ Early Help Services if this is necessary to carry out its duties to promote wellbeing and welfare. This may involve transferring your data outside the European Economic Area (EEA) if you have resided in any country outside the EEA**  **xxxxxx County Council will retain your information for 100 years in line with our retention schedule.  If you feel xxxxxx County Council have mishandled your personal data at any time you can make a complaint to the Information Commissioners Office by visiting their website or calling their website or calling their helpline on 03031231113.**  **For further information about how xxxx County Council processes personal data and your rights please see our privacy notice on our website link or request a copy from the Council.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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