

<p>Context (What?)</p>	<p>A 14 year old female attended clinic alone for routine screen on the 29/11/2017. Disclosure made that she had sexual intercourse with a male aged 19 years in September 2017. The young person stated that the incident had been reported to the police and that the police were investigating the 19 year old male. The young person stated that her dad was aware and had brought her to clinic for a sexual health screen. Young person reported previous social services involvement 2 year ago whilst she was living with mum , young person said she had a social worker due to “poor parenting” from mum. Young person says she now lives with dad and step-mum. Young person reported age of first sexual intercourse was 13 years old, she informed that she had 2 previous sexual partners that were the same age as her and previous sexual health records confirm this. Support given during consultation and delay tactics and safe and appropriate relationships and contraception discussed. Referral made with young person’s consent to children’s services and CSE risk assessment form sent to the SAFE team.</p> <p>29/11/2017 CSE referral form requested.</p> <p>Feedback from children service’s 01/12/2017 declined as referral did not meet the threshold.</p> <p>CSE form sent 07/12/2017 on return to work following days off.</p> <p>Young person attended clinic on the 11/12/2017 for treatment with seto-mother.</p> <p>Email sent to Safe team for confirmation of receipt of CSE referral form on the 13/12/2017. Confirmation email received from safe team advising case would be discussed on the 15/12/2017 at the allocation meeting.</p> <p>Young person attends clinic for repeat treatment with step-mother on the 14/12/2017.</p> <p>Feed back from safe team 18/12/2017 declined, did not meet the threshold. Advised by the safe team to complete TAC referral for early help worker allocation to work with the young person.</p> <p>TAC referral completed when next at work on the 19/12/2017.</p> <p>Feed back from TAC referral 02/01/2018 more information required and written consent from young person and her parents was also required. Telephone call to Wayne (TAC Consultant) explaining the capacity and role of sexual health team and relationship with the young person. Wayne recommended recalling the young person and her parents to clinic to complete early help referral form together or asking the family to complete the form with school if they would like an early help worker.</p> <p>Case handed over to the SAPP team on the 09/01/2018.</p> <p>No longer able to contact young person and after discussion with</p>
-----------------------------------	---

	<p>safeguarding deputy named nurse not appropriate to contact school. Email sent to Wayne to ask to reconsider referral due to young person no longer engaging with the sexual health team. Awaiting response.</p>
Impact (So What?)	<p>Young person has identified as vulnerable and poses a risk of CSE. Currently not meeting the threshold for children's services or the safe team. Young person attended in 11/2017 and still has not been seen by a professional for support with safe and appropriate relationships, delay, and contraception. Risk continues for CSE and potentially unplanned pregnancy.</p>
Learning (Now What?)	<p>This case was discussed in safeguarding supervision. Meeting is scheduled for sexual health team to discuss the capacity and role of the service to the early help assessment team. We need clear pathways to enable more effective communication between LISH and the Fast teams and an understanding from them the role and</p> <div style="text-align: center;">  <p>Lessons Learned learnt re LISH safegu</p> </div> <p>responsibility of the sexual health team.</p>

Please ensure all case studies relating to service users are fully anonymised as these may be shared more widely within and potentially outside Lincolnshire County Council.

LISH CASE STUDY-June 2018

Our client, who is 18 years old, had a self-test via THT on 29/04 which was later identified as Chlamydia positive. The screening office contacted client, via text as requested, to call the office for the result on Monday 8th May.

The response was very timely, and the client called and was informed of the positive result the same morning. As a later appointment was required, due to work commitments, the screening office made an appointment, to suit the clients work commitments, next day Tuesday 9th May at 18.30 for treatment.

On the morning of Wednesday 10 May, the client called again quite apologetically, as in their words, they were in denial and wanted the positive result reconfirmed. The office staff reassured the client that there was no need to apologise and confirmed result again. Furthermore, the client asked if there was any way to know, from the test, when they came into contact with Chlamydia.

From the tone and questions of the call from the client, it was detected that they were very anxious. So reassurances were made and that for peace of mind, a follow up test of cure in 6 weeks would be advisable. Also, perhaps a more comprehensive screen from the GUM clinic which incorporates; Chlamydia, Gonorrhoea, Syphilis and HIV would be available then, to allay any further worries.

The number of the booking office was given to call to make the appointment if required and if the client needed any further help or advice, to call the screening office number and we would try and help.

LISH

Patient Story 10/10/18

Context (What?)	<p>LN161721f 11/11/2000</p> <p>Patient attended for routine sexual health screen and had some mild symptoms. Asked about domestic abuse and she disclosed she had been in a very controlling relationship with a male 2 years older than her for 2 years on and off. He was physically and emotionally abusive. She had lived with him and his mum for about a year when she was 15/16. He would not let her contact other people, checked her phone. No longer in relationship with him but she did have sex with him 3 weeks ago although she did consent she didn't really want to and worried what he would do if she didn't. Attends college 2 days and works 5 days a week. Now lives with mum who is not supportive, previous social services involvement when she was younger. Tried to kill herself aged 13. Has spoken to someone at college before but said nothing was done to help and did not feel she was taken seriously.</p>
Impact (So What?)	<p>Ensured patient was safe currently and what to do if she does not feel safe. Discussed social media and phone and blocking ex-partner. Agreed to return in one week for longer appointment to do DASH assessment and look at referral to WLDAS.</p>
Learning (Now What?)	<p>Asking DA question enables patients to disclose concerns, current or past. Time constraints of appointments can make support difficult, but arranged for another appointment to ensure correct support offered and patient feels listened to.</p> <p>On going DA training for staff to make aware of available resources/referrals for such cases.</p>

This page is intentionally left blank