Livewell Southwest

Safeguarding Children Policy

Version No 1.5
Review: October 2017

Notice to staff using a paper copy of this guidance

The policies and procedures page of Livewell Southwest Intranet holds the most recent version of this document and staff must ensure that they are using the most recent guidance.

Author: Named Nurse Child Protection

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Author contact details	By post: Local Care Centre Mount Gould Hospital, 200 Mount Gould Road, Plymouth, Devon. PL4 7PY. Tel: 0845 155 8085, Fax: 01752 272522 (LCC Reception).

Document review history

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1.1	Include additional information	30.04.14	Integrated Safeguarding Lead for Adults and Children	Include arrangements for sharing minutes at 4.1
1.2	Minor amendments	15/12/14	Named Nurse Child Protection	Change wording from ePEX to SystmOne, training changes
1.3	Minor amendments	29/04/15	Nurse Advisor Child Protection	Minor amendments following update in government guidance
1.4	Update	30/07/15	Nurse Advisor Child Protection/ Named Nurse Child Protection	Minor amendments regarding regional safeguarding contact information
1.5	Update	15/06/16	Named Nurse	Changes to names of

			Child Protection	organisations and contact numbers To include information about Female Genital Mutilation, child sexual exploitation, radicalisation and modern slavery

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Section 1: Supporting Information

1.0 Aim

The aim of this policy is that all Livewell Southwest (LSW) staff will be able to, within their working role, recognise any child where there is a safeguarding concern and respond by accessing and following the agreed safeguarding procedure(s) in order to protect that child and to fully comply with all aspects of their responsibility. A child is defined as anyone who has not yet reached their 18th birthday; this extends to the unborn child. For guidance on unborn children please refer to the document 'Working with Mothers and Their Unborn Babies Where There Are Concerns for the Welfare of the Unborn Child.' Follow hyperlink: - www.swcpp.org.uk

1.1 Glossary

LSW	Livewell Southwest
CAF	Common Assessment Framework
LSCB	Local Safeguarding Children's Board
PSCB	Plymouth Safeguarding Children's Board
NHS	National Health Service
SWCPP	South West Child Protection Procedures

1.2 Background

This policy has been written to comply with the guidance and requirements of "Working Together to Safeguard Children" (2015) and Section 11 of the Children Act (2004).

Safeguarding is a broad term which incorporates both promoting the welfare of children and protecting children from harm. It is defined for the purpose of statutory guidance under the children Acts 1989 and 2004 respectively as:-

- protecting children from maltreatment
- preventing impairment of children's health or development
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care
- undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully

1.3 Key guidance and legislation

The key national guidance and legislation for LSW regarding the discharge of safeguarding children responsibilities is contained within;

- The Children Act 1989
- The Children Act 2004
- Statutory guidance on making arrangements to safeguard and promote the welfare of children under section 11 of the Children Act 2004
- Working Together to Safeguard Children 2015
- Safeguarding Vulnerable People in the Reformed NHS 2013

1.4 Roles and Responsibilities within Livewell Southwest

5.1 Chapter 2 of 'Working Together to Safeguard Children" 2015 sets out the roles and responsibilities of all organisations with regard to safeguarding children. All health care professionals who come in to contact with children, parents and carers in the course of their work need to be aware of their responsibility to safeguard and promote the welfare of children and young people. This is important even when health professionals do not work directly with a child, but may be caring, providing treatment or assessment for their parent, carer or significant adult

1.5 The Named Doctor and Named Nurse

Named professionals take a professional lead within LSW and have a key role in promoting good professional practice within the organisation, providing advice and expertise for fellow professionals. They have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children. Staff access supervision and advice via the Named Nurse/Supervisor or peer support.

1.6 Managers

Managers are responsible for ensuring that all employees who come into contact with children receive regular up to date Child Protection training. This should be monitored through their Personal Development Plan. Managers will ensure that professional registration is checked before employment and verified annually and for ensuring that all staff are made aware of national, LSCB and local guidelines at induction.

1.7 Staff

All staff employed by LSW should be alert to the possibility of child abuse or neglect. All staff who come into contact with children and their families will have access to and work within the guidance of the PSCB and South West Child Protection Procedures www.swcpp.org.uk

Section 2: What is Abuse and Neglect?

2.0 Abuse and Neglect:

Are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely by a stranger. They may be abused by an adult or adults or another child or children. Forms of abuse are:

- **Physical abuse**: may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to child.
- **Sexual abuse**: involves forcing or enticing a child or young person to take part in sexual activities including prostitution whether or not the child is aware of what is happening.
- **Neglect**: persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.
- **Emotional abuse:** persistent emotional maltreatment of a child such as to cause severe and persistent adverse effect on the child's emotional development. This includes a child who witnesses domestic violence, overhears domestic violence or an episode of adult abuse.

2.1 Female Genital Mutilation (FGM)

FGM is the removal or otherwise disfigure of female genitalia for non-medical reasons and is also a form of physical child abuse:

- Staff must refer any child that they consider to be at risk of FGM to Children Young People and Family Services (See section 3.4 making a referral to Children Young People and Family services).
- If a member of staff becomes aware of any adult female or child that has been subjected to FGM it is now a mandatory requirement from the Home Office to collect the data as an enhanced data set collection. Staff they must complete the template that has been set up on SystmOne, this can be found on the clinical tree 'FGM enhanced data set template' (see Appendix 1) If the template is not easily visible it can be found using the search box.
- Whether it is the adult or child that has undergone FGM the safeguarding risk to any female children in the family must be considered and a referral should be made to Children Young People and Family Services. (See section 3.4 making a referral to Children Young People and Family services).
- Staff must report any child who has undergone FGM to the police (Police contact number: 101) under the duty to notify (this could be a disclosure or recognising the signs) and the template on SystmOne must be completed.
- Adults who have suffered FGM may also be seen as vulnerable and consideration should be given to supporting them and referring on as appropriate alongside considering the risk to any children in the family

2.2 Child Sexual Exploitation (CSE)

CSE is illegal activity by people who have power over young people and use it to sexually abuse them. This can involve a broad range of exploitative activity, from seemingly "consensual" relationships and informal exchanges of sex for attention, accommodation, gifts or cigarettes through to very serious organised crime. Hidden from view and going unnoticed, vulnerable girls, boys are groomed and

then abused leaving them traumatised and scarred for life (Barnardos 2012) and is a form of sexual abuse

- If staff consider that a child is at risk of CSE or has identified that a child has been sexually exploited they must make a referral to Children Young People and Families Services (See section 3.4 making a referral to Children Young People and Family services).
- Staff are encouraged to use a CSE Risk assessment tool to support identification of a child who is being or at risk if being sexually exploited. A copy of the NWG assessment tool can be accessed on SystmOne.

2.3 Radicalisation:

Where children and young people taught extreme often violent ideas based on political, social or religious beliefs.

Extremist organisations sometimes try to recruit people who are susceptible and vulnerable, in person or through the internet. Radicalisation of vulnerable adults and children is a safeguarding issue and any child who has been radicalised or is at risk of being radicalised should be referred to Children Young People and Families Services (See section 3.4 making a referral to Children Young People and Family services).

If staff have a concern that an child or adult is at risk of radicalisation then they must follow Livewell Southwest Prevent Policy and inform the LSW Head of Corporate Risk who is the Organisational lead for Channel and Prevent. Staff can also report to the Police (101) as part of the Prevent Strategy.

2.4 Modern Slavery

Modern slavery is estimated to affect in the region of 20 -30 million people worldwide. Some of this extends into the UK and the South West of England. Broadly speaking modern slavery consists of four main categories (Modern Slavery Act 2015);

- Sexual exploitation – where children/adults are trafficked and are held under ‘debt bondage’ this is a slick criminal business, involving child abuse and prostitution.
- Labour exploitation – This can involve the agriculture and construction industries.
- Criminal exploitation – Cannabis farming, fraudulent use of charity bags, benefits fraud, forced marriage.
- Domestic servitude – where children or adults are exploited for low paid domestic service

If staff consider that a child is at risk of modern slavery or has been identified as a victim of modern slavery they must make a referral to Children Young People and Families Services (See section 3.4 making a referral to Children Young People and Family services).

2.5 Principles of safeguarding children:

- The child's welfare is paramount.
- Prompt action to help a family in trouble may prevent minor abuse escalating into something more serious.
- Delay in taking action can be prejudicial to the child's welfare.
- The duty of confidentiality is over-ridden by the duty to protect the child from abuse.
- Investigation of the alleged abuse is the duty of the Local Authority Children's Services (Children Young People and Families Services) and the police, but investigation will incorporate medical, legal, educational and other services as appropriate. Child protection is no one agency's responsibility - all agencies have appropriate responsibility and accountability.
- All health professionals will work in partnership with parents/carers unless it conflicts with the interests of the child.
- Children's best interests are served by being cared for within their own families wherever this is possible.

The sustained abuse or neglect of children physically, emotionally or sexually can have major long term effects on all aspects of a child's health, development and well-being. Any abusive incident has to be seen in context in order to assess the extent of harm to a child and to determine the appropriate intervention. Often it is the interaction between a number of factors which serve to increase the likelihood or level of actual significant harm.

2.6 Safeguarding Allegations against staff

There are occasions when significant harm is alleged to have taken place during an episode of care delivered by staff of LSW. This can be against a named member of staff or care team or it could be anonymous. Staff can refer to the Policy: Allegations made against staff in respect to children and young people

Staff members who raise a safeguarding concern that involves a colleague must be aware that they will be supported in doing so by their managers, the Deputy Locality Managers and the Integrated Safeguarding Lead. Staff members who judge that they are not being supported, should discuss their concerns with any senior colleague or use the LSW Whistleblowing Policy.

Section 3: What to do if you are worried that a child is being abused

Doing nothing is NOT an option.

This section contains information about assessment and referral

What to do if you're worried a child is being abused

3.0 **What to do if you are worried a child is being abused:**

Making an Assessment:

The Framework for the Assessment of Children in Need and their Families provides a systematic way for agencies jointly to assess the needs of children. Assessments will normally be co-ordinated by Children Young People and Families Services although any health professionals involved with the child, parent or carer will be expected to contribute to the assessment.

If a child has an injury the following must always be taken into consideration when making an assessment

- is there an explanation for the injury?
- is that explanation compatible with the injury and the developmental stage if the child?
- is it consistent?
- has there been any delay in seeking help?
- is the parent's response abnormal or unusual in any way?

The order in which actions are taken will depend upon the urgency of the situation and the degree of perceived immediate risk or threat to the child.
All non-ambulant children who are seen to have bruising should be referred directly to the on-call Paediatrician for assessment. The General Practitioner and Children, Young People and Families Services should be notified.

All staff should ensure that**:**

- A clear and comprehensive record must be kept of any injuries noted (Body map is available on SystmOne, bar at top go to drawings choose medical drawing then 'child.') disclosures made (as far as possible using the child's

own words) and record any concerns raised about deliberate (non-accidental) harm to a child

- A record must be kept of discussions regarding the child's welfare and decisions made during discussion, detailing any actions to be taken and by whom (this includes face-to-face, telephone, medical/nursing handover)
- When records are not available, staff should ensure that the child's records are updated at the earliest opportunity
- Where there is a difference in opinion in relation to the diagnosis of possible abuse or neglect, a recorded discussion must take place between the persons holding the different views. (see SWCPP: Resolution of Professional Disagreements process)

3.1 Making a Referral:

Help and support can be obtained from a manager, child protection supervisor in the first instance or Livewell Southwest Safeguarding Children Team (435064). If the member of staff is unsure whether the level of concern identified requires referral to Children, Young People and Families Service advice can be sought from CYP&F Services Gateway team in Plymouth (01752 668000), Torbay Safeguarding HUB (01803 208100), Devon MASH (0345 155 1071) or Cornwall MARU (0300 1231 116).

If there is a disagreement between the two colleagues as to the appropriateness of a referral one of the Livewell Southwest Named Professionals must be consulted.

Any member of Livewell Southwest staff must make a referral to Children, Young People and Families Services in the relevant area if they have concerns that a child has been significantly harmed or is at risk of significant harm.

3.2 Livewell Southwest Safeguarding Children Team Key contacts:-

Named Nurse Child Protection	Tel: 435063
Named Doctor Child Protection	Tel: 435064
Designated Nurse Children In Care	Tel: 435057

Children, Young People and Families Services In Plymouth

Multi-Agency Hub	Tel: 305200
Out of Hours Team	Tel: 346984

Secure email: multiagencyhub@plymouth.gcsx.gov.uk

Children, Young People and Family Services in Torbay

Torbay Safeguarding Hub	Tel: 01803 208100

Out of Hours Tel: 01803 524519

Secure email: torbay.safeguardinghub@torbay.gcsx.gov.uk

Children, Young People and Family Services in Devon
Devon Multi Agency Safeguarding Hub (MASH) – Tel: 0345 155 1071

Out of Hours Tel: 0845 6000 388

Secure email: mashsecure@devon.gcsx.gov.uk

Children Young People and Family Services in Cornwall
Cornwall Multi Agency Referral Unit (MARU) – Tel 0300 1231 116

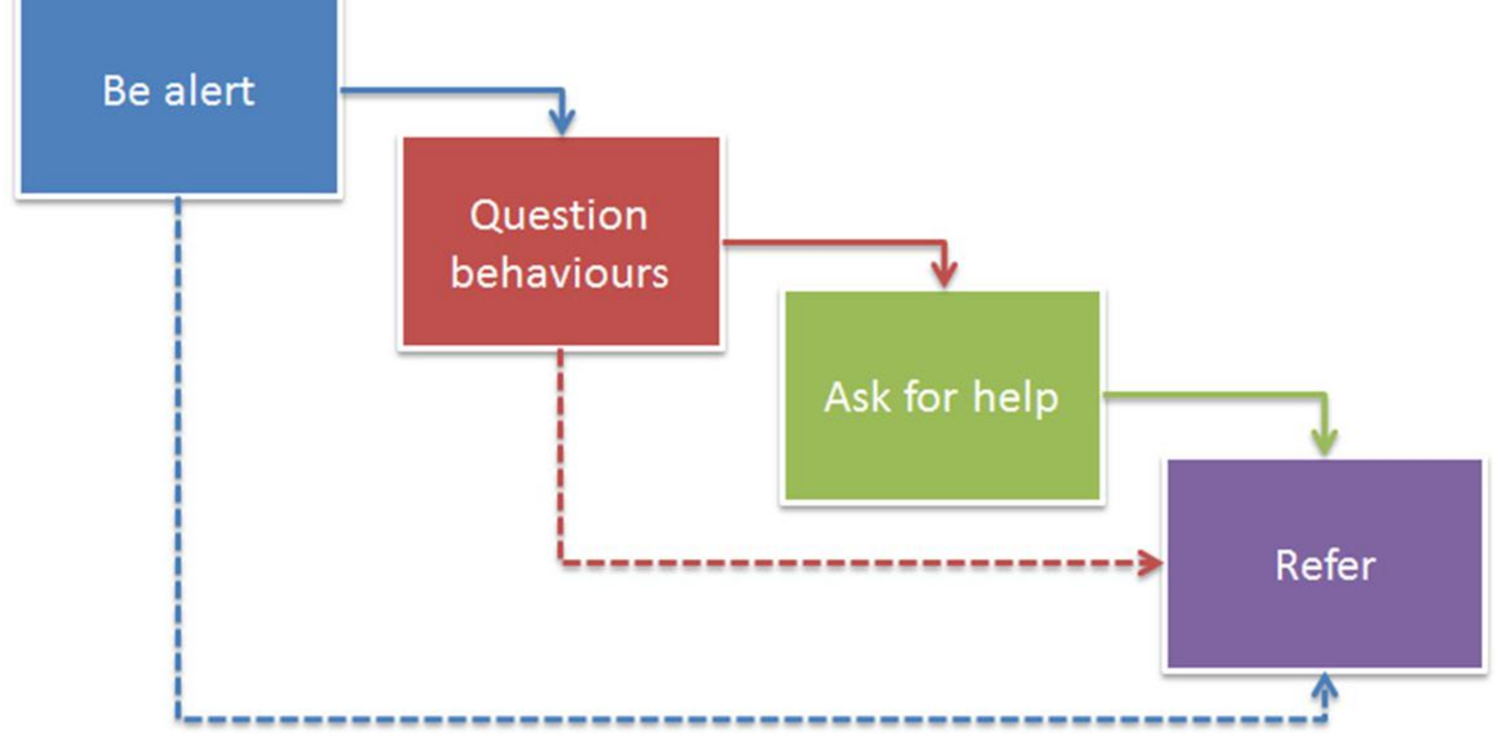
Out of Hours Tel 01208 251300

Secure Email: MultiAgencyReferralUnit@cornwall.gcsx.gov.uk

Contact numbers can also be found in the South West Child Protection Procedures.
Procedures >Getting Help>Contact details

In most circumstances any concerns should be discussed with the parent(s)/carer(s) and, where possible, their agreement gained to a referral to Children Young People and Families Services being made. Where such discussion could jeopardise the safety of the child, a referral should be made without consent. In an emergency situation it may be necessary to contact the police for support.

3.3 **Referral Flow Chart:**



3.4 **Children, Young People and Families Services**

Has a duty to provide services for children in need and to undertake enquiries into situations where children are suffering or at risk of suffering significant harm.

Any concerns about the safety or welfare of a child should be referred to Children, Young People and Families Services - within 24 hours of the concern arising. It is important not to make decisions in isolation, as taking no further action **IS** a decision (the reason for any decision not to make a referral must be clearly documented). Any referral must include where known

- Name
- Address
- Date of birth
- Name of primary carer and person with Parental Responsibility
- GP
- Health Visitor/School Nurse - as appropriate
- Any other professional involved i.e. Social Worker
- Details of ethnicity, and of language or method of communication
- Are there any other children within the family home?

All referrals must be followed up in writing within 48hrs to Children, Young People and Families Services and a copy of the referral scanned onto the child's record on SystmOne (electronic health records)

3.5 Record Keeping:

The standard of record keeping must comply with [LSW Health & Corporate Records Policy.]

Record the facts, your observations and your suspicions ensuring they maintain the following principles of record keeping: All records must be accurate, relevant, be able to provide a history of events and use only agreed abbreviations. Supervision and any plan from supervision should be recorded. Body chart templates on SystmOne can be used to record any injuries as required.

3.6 Diversity:

Due regard should be given to issues of race, religion, culture, language, gender and disability in all child protection work, however respect for difference should not be confused with acceptance of any form of abuse or neglect.

3.7 Safeguarding Concerns where there is police involvement:

If there is police involvement in any of these cases, police enquiries should be directed to the Safeguarding Children Team or Legal Department. They will provide relevant records, support preparation of statements from staff where required, and liaise with the police.

Section 4: What happens once you have made the referral?

This section helps you to prepare the reports that you will be required to write.

(Templates for Child Protection Conference reports can be found on pages 26-29)

4.0 Strategy Discussion:

When concerns are raised that a child is suffering or is likely to suffer significant harm a strategy discussion should take place to share available information, to decide whether further assessment or investigation required and decide if immediate action is required to safeguard the child/children. This discussion will be called by Children, Young People and Families Services - and may involve Police, health and other appropriate agencies. LSW staff may be required to attend if currently engaged in an episode of care with the child or parent/carer.

When there is concern that a parent's mental health is impacting on parenting capacity, the parent/carer's mental health worker may be required to attend a child protection strategy meeting. If they are unable to attend, they should provide information via the Named Nurse Child Protection.

4.1 Child Protection Conferences:

Health professionals are expected to attend all child protection conferences if they have a current open episode to the child or family and have a significant contribution to make. This must be given priority. The welfare of the child is paramount. LSW staff attending an Initial Child Protection Conference or Child Protection Review Conference are required to provide a report detailing their involvement with the child and family, as well as information concerning their knowledge of the child's developmental needs and the capacity of the parents to meet the needs of their child within their family and environmental context.

A copy of the report must be saved in the child's health records on SystmOne and should be shared and discussed with the parents/carers prior to a meeting. It is important that the report is shared in a face to face meeting with the parents/carers in an environment that is conducive to having difficult conversations and is safe for the practitioner. There will be occasions when it is not appropriate or safe to share information in a face to face meeting with the parents/carers. This is acceptable providing that a rationale for not sharing the record has been included in the child's health record and shared with the chairperson. It is never acceptable or appropriate to send a report through the post or deliver by hand without a face to face meeting with the parents/carers.

A copy of the report should be emailed to the appropriate independent reviewing team **at least 48 hours prior** to the meeting**:**

Plymouth Children, Young People and Families Services - (Chairing and Review Team) childprotect@plymouth.gcsx.gov.uk

Torbay Safeguarding and Reviewing Team cpunit@torbay.gcsx.gov.uk

Devon and South Hams Independent Reviewing Unit
iruchildprotectionsecure-mailbox@devon.gcsx.gov.uk

The chairperson should be notified in advance if the report has not been shared with parents.

4.2 Guidance for provision of reports for child protection conferences:

- Any staff required to attend an Initial, Review or Transfer in Child Protection Conference should provide a report
- Managers/supervisors are available to assist staff with the preparation of reports. Reports should clearly state the purpose for which it has been written and be marked confidential to prevent reports being used in other forums.
- Reports should not be used in legal proceedings without first consulting with Named Nurse Child Protection
- Staff must not disclose in their report the names or dates of birth of siblings/family members who have been adopted
- Staff must not disclose in their report the names and address of the child's foster carers
- When complex issues such as safety, risks or information disclosure are identified advice should be sought from the supervisor, manager or the Named Nurse Child Protection
- If the professional writing the report has identified that the family have particular needs, these should be shared with the chairperson prior to the meeting. (e.g. learning difficulty, hearing loss).
- The report should not contain abbreviations or medical jargon and whenever possible "lay" explanations and words should be used.
- The use of 'significant harm' / 'children in need' criteria should be demonstrated in the report using the Framework for Assessment.
- Children's weights should be presented in kilograms with reference to the growth chart used

4.3 Guidance on provision of Reports to Review Child Protection Conferences for all Practitioners

The main text of the report should provide details of:-

- Any changes to family structure
- The outline plan from previous meeting
- Whether plan achieved, or reasons why not
- A chronology of contact since last meeting
- Summary of child/adults, commenting on all aspects of development, relationships etc. using Framework For Assessment.
- Core group meeting dates and action points from meetings

4.4 Specific Guidance on the Provision of Reports to Initial Child Protection Conference – Children's Services (Template on page 26)

For an initial child protection conference a full report is required and each child in the family needs to be considered separately with a report for each child starting on a separate page.

The main text of the Report should provide the following details and the status of all information given should be clearly identified:

- Summary of the history indicating source of information
- Chronology of contact and significant events
- Whether observations are objective or subjective, fact or opinion

- Whether information is hearsay or is provided by another professional. N.B. Information from the GP records should only be given in the report if written/witnessed permission has been given by the responsible GP.
- Focus of work and plan of care based on overall professional experience and assessment.
- Visiting pattern and contacts and level of engagement with service.

The report should address information available on the three domains of the Framework for Assessment:

- Child's Developmental Needs
- Parenting Capacity
- Environmental Factors

Summary of concerns or conclusion: The conclusion should be drawn from professional opinion, analysis of factual information and assessment of risk based on professional judgement from a health perspective
Recommendation:
All staff should give a recommendation to the conference with regard to need for a Child Protection Plan and category for each child, which is underpinned by observation, assessment and professional experience.

4.5 Specific Guidance on the Provision of Reports to Initial Child Protection Conference – Adult Services (Template on page 28)

The status of all information given should clearly state;

- Whether observations are objective/subjective
- Information is hearsay or is provided by another professional
- Whether information is fact or opinion
- Chronology of contact and significant events should be included

The report should give an outline of:

- Diagnosis and prognosis if available
- Treatment plan and compliance
- Probable duration of treatment
- Impact of patient's difficulties and ability to meet needs of child.

Summary of concerns or conclusions:
The conclusion should be drawn from professional opinion, analysis of factual information and assessment of risk based on professional judgement from a health perspective

Recommendations:
All staff should give recommendations to the conference with regard to need for Protection Plan and category underpinned by professional assessment and analysis

By following this procedure there is continuity in the responsibility of LSW staff to provide appropriate information for Child protection Conferences.

4.6 Management of information from child protection conferences:

- Minutes of Child Protection Meetings are the property of Children, Young People and Families Services - and should not be photocopied or provided to other agencies/disciplines/persons without permission of the Children, Young People and Families Services - (Safeguarding Service) Manager.
- A record of the meeting must be recorded in the child/adult records with health plan detailing outcome and child protection plan.
- When the participating professional receives conference minutes by email from the Safeguarding Service it is their responsibility for checking the minutes for accuracy and completeness. the Children, Young People and Families Services - (Safeguarding Service) are to be informed, in writing, of any inaccuracies within 7 days of receipt of minutes and a copy of the minutes are to be saved in the child or parent/carer's health record on SystmOne.
- If a participating professional is of the opinion that another professional, not named on minutes, should receive a copy this should be arranged through the chair of the meeting.

4.7 Contacts with children who are subject to a child protection plan.

All health professionals should document in full any contacts made with the child and/or family. A chronology of significant events must be maintained and shared with the key worker

Any changes or concerns about the family must be reported to the social worker.

Health professionals with children who are subject to child protection plans on their active caseloads will have access to child protection supervision as required.

4.8 Template for Reports for Child Protection Conferences: Children's Services

Strictly Confidential

No part of this report can be used for purposes other than stated without the agreement of **Livewell Southwest**

To: The Chairperson, Safeguarding Service, Midland House, Floor 3, Notte Street Plymouth PL1 2EJ.

Note: Reports for children living in Devon or Torbay will be sent to the independent reviewing teams in the relevant area. Safeguarding Review Service for Torbay or Independent Reviewing Unit for Devon and South Hams)

From: (Professional writing report)

Report for Initial / Review (delete as appropriate) Child Protection Conference to be held on date……

Re: (child/children) DOB:

Family Members: dates of birth and relationship with subject
(do not disclose names or DOB of siblings who have been adopted)

Address: (do not disclose foster carers names or address)

Other significant adults or children and relationship to subject

GP
SW
HV
SN
Other professionals

Involvement with child and family.

Chronology of significant events
Summary of significant contact with child and family including non-attendance and no access visits. (For review meetings include date of Core Group)

Complete for each child:
Child's Name ………………………………..DOB……………………………..

Child’s Developmental Needs:

- Health
- Education
- Emotional and Behavioural Development
- Identity
- Family and Social Relationships
- Social Presentation
- Self-Care Skills

Dimensions of Parenting Capacity:

- Basic Care
- Ensuring Safety
- Emotional Warmth
- Stimulation
- Guidance and Boundaries
- Stability

Family and Environmental Factors

- Family History and Functioning
- Wider Family
- Housing
- Employment
- Income
- Family’s Social Integration
- Community Resources

Conclusion:
Analysis of the implications for the child’s future safety, health and development.

Recommendation:

Future Plan of Care: (this may change following conference decision)

Report shared with parents: Y/ N

If not, reason:

Signed: Designation: Date:

4.9 Template for Reports for Child Protection Conferences: Adult Services

Strictly Confidential

No part of this report can be used for purposes other than stated without the agreement of **Livewell Southwest**

To: The Chairperson, Safeguarding Service. Midland House, Floor 3, Notte Street Plymouth PL1 2EJ

Note: Reports for children living in Devon or Torbay will be sent to the independent reviewing teams in the relevant area. Safeguarding Review Service for Torbay or Independent Reviewing Unit for Devon and South Hams)

From: (Professional writing report)

Report for Initial / Review (Delete as appropriate) Child Protection Case Conference to be held on…date

Re: (child/children) DOB/s:

Family Members: dates of birth and relationship with subject
(do not disclose names or DOB of siblings who have been adopted)

Address: (do not disclose foster carers names or address)

Other significant adults or children and relationship to subject

GP
SW
HV
SN
Other professionals

Involvement with adult and child.

Chronology of contact and significant events
Summary of significant contact with child and family including non-attendance and no access visits.
(For Review Meetings include dates of Core Group Meetings)

(please complete sections where you have information)

Social Circumstances:

- Accommodation Issues
- Financial Issues
- Employment/ Education/ Daytime Activities
- Other adults in household – full names

Risk Assessment:

- History of risk to self, children or others
- Current assessment of risk to self, children or others

Involvement with Mental Health/ Learning Disabilities Services:

- Date of first contact with services
- Diagnosis
- Medication
- Compliance with medication/ engagement with mental health services
- Impact of mental illness on functioning
- Treatment and services currently offered
- Mental health services offered by other organisations

Parenting Capacity:

- Parenting capacity when well
- Parenting capacity when unwell
- Patient's own perception of parenting role
- Professional's judgement
- Any parenting support needs?

Conclusions:

- Services being offered
- Other needs identified

Recommendation:

Should child be subject to Child Protection Plan Y/N

Future Plan of Care **(this may change following conference decision)**

Report shared with parents Y/N If no, reason

Signed: **Designation:** **Date:**

Section 5: The Safeguarding System

This section contains information or signposts you to information about:

- Training
- Incident Reporting
- Information Sharing
- Supervision
- Audit

5.0 Training

Safeguarding children training is mandatory. The safeguarding children training strategy sets out specific requirements for staff groups.

- All staff joining the organisation will have a 45 minute Level 1 Child Protection session within the induction programme.
- All staff will then attend Child Protection training at levels 1, 2 or 3 within 6 months of joining the organisation. The level of training will depend on their role
- Staff who require Level 1 training will undertake a 2 hour Level 1 training within 6 months of joining the organisation and thereafter will then be required to attend Level 1 training every 3 years
- Staff who require Level 2 training will undertake 4 hour Level 2 training within 6 months of joining the organization and will be required to attend Level 2 training every 3 years.
- Staff who have received training at Level 2 will not be required to attend Level 1 training
- Staff who require Level 3 training will undertake the one day Child Protection Foundation Course delivered by Plymouth Children Safeguarding Board (PSCB) within 6 months of joining the organisation and will then access further training of 4 – 8 hours depending on their role within 1 year of joining the organization
- Staff who require Level 3 training will be required to attend Level 3 training every 3 years equivalent to 12 - 16 hours training depending on their role.
- Staff who have received Level 3 training will not be required to attend Level 1 or Level 2 training.
- Managers and staff should contact the Professional Training and Development team for advice regarding training level required.
- Safeguarding children training and course booking information is available on the Professional Training and Development department web page on Healthnet

5.1 Incident reporting

Live well South West uses the Incident Reporting Process to ensure that any incidents relating to safeguarding children issues within the organisation are fully investigated and lessons learnt escalated via Livewell South West Safety, Quality and Performance Committee. Staff are guided to follow Livewell South West Incident reporting process available on the Intranet.

5.2 Information sharing

Personal information about children and families held by health professionals is subject to a duty of confidence and would not normally be disclosed without the consent of the subject (Data Protection Act 1998). However the law allows disclosure of confidential information necessary to safeguard the welfare of children **information Sharing**: Advice for practitioners providing safeguarding services to children, young people, parents and carer)

If there are any doubts about sharing information with other agencies it may be helpful to discuss it with the Named Nurse and/or Doctor for Child Protection.

5.3 Supervision

Ensuring that children are protected from harm requires sound professional judgements to be made. All professionals should have access to advice and support from peers, managers, and from named and designated professionals. Supervision should include reflecting on and evaluating the work carried out, assessing strengths and weaknesses of the practitioner while providing development and pastoral support. The Named Professionals will offer child protection supervision for staff and managers in services where there is no specific child protection supervision available.

5.4 Audit

To ensure that the safeguarding arrangements are satisfactory, monitoring of the safeguarding children/ child protection arrangements will be undertaken by the Safeguarding Children Team on a regular basis. The Safeguarding Children Team will work in conjunction with the clinical audit team to carry out audits. Recommendations will be monitored by the Integrated Safeguarding Committee and Safety, Quality and Performance Committee.

Section 6: Specific Groups of Children

- Missing Children
- Children who do not attend appointments.

6.0 Missing Children, young people and families:

Named Nurse Child Protection, deputy or secretary will register the individual by the following process:

6.1 Process

- Alert notices will be held by Named Nurse for a period of 12 months from receipt.
- Missing person notifications will only be inputted onto SystmOne by the Safeguarding Children Team Secretaries if it is indicated that the missing person may be in Plymouth or neighbouring county.
- A "Reminder: High Priority" with an expiry date of 3 months will then be created on SystmOne by the Safeguarding Children Team which will alert staff of the status of child, young person or family and any actions required.

6.2 Liaison/Tracing/Alert Procedure for Children, Families, Young People Missing From Plymouth Area:

This procedure should be followed in cases where the staff cannot locate children, young people or families or where there are child protection/child welfare concerns.

The children, young people and families who should be considered include:

- Children subject to a Child Protection Plan
- Children who are considered vulnerable (Plymouth Multi-Agency Thresholds of Need, Common Assessment Framework)
- Unborn babies/antenatal mothers where there are potential child welfare issues including parental substance misuse, alcohol abuse, and domestic violence and/ or mental health issues.
- Any child whose health, safety or well-being may be compromised by the failure to receive primary care services.

Staff should use their professional judgement or seek advice if they are not sure about the level of concern.

6.3 Responsibilities upon identifying that a child, young person or family is missing.

LSW staff will:

- Notify Children Social Care if child/ young person is subject to a Child Protection Plan or has an open episode of care with Children Young People and Families Service and make local enquiries to establish whereabouts of family/children.
- Discuss with Child Protection Supervisor/Manager and notify Named Nurse Child Protection immediately.

Named Nurse:
On receipt of information that a child/young person/family is missing the Named Nurse Child Protection will:

- Put a reminder on SystmOne.
- Notify Child Health Information Department.
- Contact relevant Children, Young People & Families Services and Named Nurses outside the area as appropriate

6.4 Guidelines for children who do not attend appointments:
These guidelines should be read in conjunction with LSW Referral to Treatment and Access Policy.

The principles are:

- A child should only be discharged from clinic, appointment or visit after non-attendance if considered they no longer require the service or if a more acceptable service can be provided elsewhere.
- As a minimum the child should either be offered a further appointment or referred back to the referrer.
- If it is likely that the child's health may be compromised by non-attendance or/and if non-attendance may be a pointer to wider concerns about the child's welfare, including possible neglect, the clinician should be proactive in arranging another appointment and helping to facilitate attendance. Families that are struggling are the least likely to respond to a request to contact the department to arrange another appointment.
- Talk to other professionals involved to help you assess the level of risk.
- Following "Policy" should never be cited as a reason for discharging children from health care.
- If it is not possible to engage a family and by non-attendance a family is not meeting the needs of the child, then child protection procedures should be instigated.

6.5 Risks of Non-Attendance Unborn Child/Child /Young Person
In the event that a young person has failed to attend, or the parent/carer has failed to bring a child to an appointment, assess the risk, following the process below.

6.6 Low/medium risk: might be considered for children/young people/pregnant women with a stable condition/ situation or where there are no known concerns. This may be considered for families who are known to engage with services generally. Each case will require individual consideration.

6.7 High risk: will be all children/young people/pregnant women who require assessment/ intervention to prevent permanent or serious deterioration of their condition or that of the unborn child, or for whom there is a risk of significant harm as a result of non-attendance. It is essential to consider all children/young

people/pregnant women who are known to Children Young People and Families Services or those subject to a Child Protection plan.

To aid assessment of risk, the Framework for Assessment may be useful.

6.8 First DNA

- Assess reason for DNA and risk to the child's health and well-being.
- Review record and referral letter.
- Carry out administrative checks.
- Was the appointment sent to the correct address
- Was there a request to inform a third party of appointment details e.g. Social Worker?
- Assess the Risk
- Send letter to parent/young person (For self-referral appointments within the Community Contraceptive and Sexual Health service (CCASH) it may be necessary for the practitioner to telephone the young person to determine the reason for non-attendance) offering further appointment. (Letter template: see pages 39/40)
- Arrange further appointment – If the child/young person is known to Children Young People and Families Services or subject to a child protection plan, inform the social worker of DNA.
- Where there are safeguarding concerns the child/ young person must be flagged with the Safeguarding Children Team
- Document all actions in health record and record DNA on SystmOne.

6.9 Second DNA

- Follow steps one and two above
- Liaise with the referrer and other professionals who have knowledge of the family to obtain more information to enable an informed assessment of the potential impact to the unborn child/ child/ young person of non-attendance.
- Consider a Common Assessment Framework approach.
- If there are concerns for the welfare of the child or the child is subject to a child protection plan notify the social worker.
- Send letter to parent/ young person offering further appointment. For self-referral appointments within the CCASH service it may be necessary for the practitioner to telephone the young person to determine the reason for non-attendance. (Letter template: see pages 41/42)
- Where there are safeguarding concerns the child/young person must be flagged with the Safeguarding Children Team
- Document all actions in records and record DNA on SystmOne.

6.10 Third DNA

- Follow step as for DNA 1 and 2 above.
- Discuss with the referrer. If considered that they no longer require the service or if a more acceptable service can be provided elsewhere send a letter to the parent /carer/young person informing them.
- If it is likely that the child's health care may be compromised by non-attendance or/and if non-attendance may be a pointer to wider concerns about

the child's welfare, including possible neglect a referral should be made to Children Young People and Family Services

- Ensure that the case is discussed in supervision
- Where there are safeguarding concerns the child/ young person must be flagged with the Safeguarding Children Team
- Document all actions in child's records, record DNA on SystmOne

Please Note Whilst the use of a letter is cited as standard form of communication with parents/carers/young person in these situations, additional methods of communications may be used where parents/carers circumstances would make this ineffective or inappropriate (for example; visual impairment, learning disability, low level of literacy or other factors affecting a carer's ability to read or understand the letters instructions).

6.11 Practitioner should consider the following when assessing if neglectful parenting is an issue:

- Had the parents previously agreed to the appointment
- Are there examples of DNA's, disengagement and non-engagement by the parents
- Is the parent/child failing to attend other appointments
- Are their concerns about other aspect of the child's care
- Is their frequent use of NHS Direct or Out of Hours GP services
- Is there a history or A&E or MIU attendance
- Is the practitioner concerned that the non-attendance will lead to detrimental effects on the child's health and development
- Is there a pattern of missed appointments for other children in the family
- Is the child/young person choosing not to attend
- Is the parent aware of an appointment made by a young person
- Are appointments cancelled at the last minute
- Is access being denied to other health professionals
- Are there external factors which affect attendance at appointments i.e. adult health, finances, lack of transport, needs of the child

6.12 Action to be taken

Following a review of the missed appointment against the above questions the practitioner should assess whither the parent's behaviour is seen as neglectful and impacts on the child needs.

6.13 Recording and follow-up

- All DNA's will be recorded in child's record on SystmOne.
- No child or young person should be discharged from the services without full assessment of the impact of not receiving treatment, intervention or assessment by the service.
- The referrer must be notified of the discharge.

- The parent /carer/ young person must be informed of the discharge and given information on how to re access the service.

NB CAMHS operates Choice and Partnership (CAPA) which is a booking system that informs families that they have been referred to CAMHS and asks them to make contact to arrange an appointment. When contact is made in some instances an appointment will be made there and then over the phone.
If the family does not respond to the letter asking them to contact CAMHS within 7 days then a phone call will be made and the invitation will be reiterated. If there is no phone number a further letter will be written asking the family to make contact to arrange an appointment. If there is no response in a further 7 days then this will be considered as a refusal of the service.

The following action should be taken:

- Check administrative processes
- Inform the referrer
- Make an assessment of risk with the referrer
- Follow steps as in **DNA 3**

6.14 Waiting List Management:

For children's services where the Access policy applies it is important to ensure that the service is not penalized for the non-attendance of a child. The Referral to Treatment (RTT) and Access Policy allows for the RTT Clock to be reset if a child DNA's once or cancels two appointments. However, this must not influence the clinical outcome for the child, and, where the child had previously been triaged as "Routine", because the non-attendance may be an indicator of a wider concern, the clinician may re-triage the child as "Urgent". This will ensure that the child remains at the top of the Patient Tracking List.

6.15 Guidelines for All Healthcare Professionals

All practitioners should ensure the following:

- All appointments offered should be recorded in the child's health record on SystmOne.
- Missed appointments should be notified to the GP, health visitor, school nurse or other lead professionals. In the case of Contraceptive and Sexual Health Services such notification should only be made following a risk assessment which indicates the young person or pregnant woman is at high risk.
- Identify if the appointment was routine, requested or advised.
- Practitioners must ensure all children who miss an outpatient appointment for whom there are safeguarding concerns are flagged with the Safeguarding Children Team and if child welfare concerns are identified to consider whether a referral to the Children, Young People and Families Services is required

6.16 Example Letter to Parents / Carers Following the first DNA:

ADDRESS

Ref:

Date

CONFIDENTIAL

Parents/Carers of:

Dear Parent/Carer

Re: Name:
Date of Birth:
NHS No:

I am sorry you were not able to keep our appointment today,…………..time…………date.

It is important that I see Name of child to assess/immunise/etc. I will be talking with other professionals involved with Name of child because as a health professional I have a duty to ensure that the healthcare needs of all children are met.

Please will you contact me on ……………. to arrange another appointment within the next week.

Yours sincerely

Name

Designation

6.17 Example Letter to Young Person Following the first DNA:

ADDRESS

Ref:

Date

CONFIDENTIAL

Dear ……………………….

Re: Name:
Date of Birth:
NHS No:

I am sorry you were not able to keep our appointment today,…………..time…………date.

It is important that I see you to assess your needs. As a health professional I have a duty to ensure that your healthcare needs are met.

Please will you contact me on ……………. to arrange another appointment, or to discuss your needs, within the next week.

6.18 Example Letter to parents / Carers Following the Second DNA:

ADDRESS

Ref:

Date

CONFIDENTIAL

Parents/Carers of:

Re: Name:
Date of Birth:
NHS No:

Dear Parent/Carer

I am sorry you were not able to keep our appointment today…………..date ………..time.

It is important that …………………. is seen to assess etc.

I am concerned we have not been able to achieve this so far and I need you to contact me within the next 48 hours on telephone number …………… to arrange a third appointment.

If I am not able to carry out the ……………………on this occasion I will need to talk to ……………………… who referred you to our service, contact Local Authority Children Young People and Family Services and the Health Visitor/School Nurse.

I hope to see you within the next two – three weeks.

6.19 Example Letter to Young Person Following the Second DNA

ADDRESS

Ref:

Date

CONFIDENTIAL

Re: Name:
Date of Birth:
NHS No:

Dear ……………………..

I am sorry you were not able to keep our appointment today………….date ………..time.

It is important that you are seen to assess your needs.

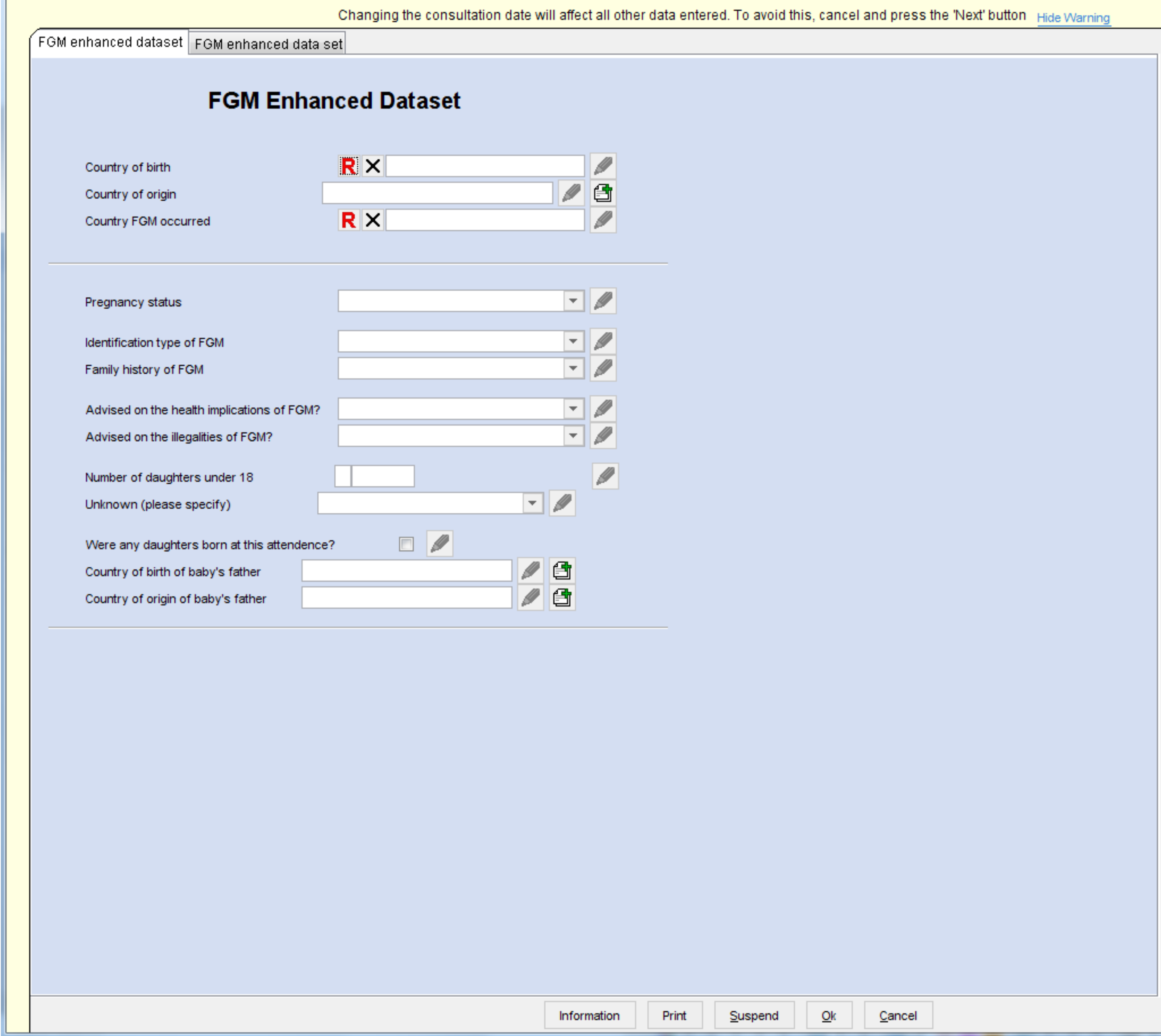
I am concerned we have not been able to achieve this so far and I need you to contact me on telephone number …………… to arrange another appointment.

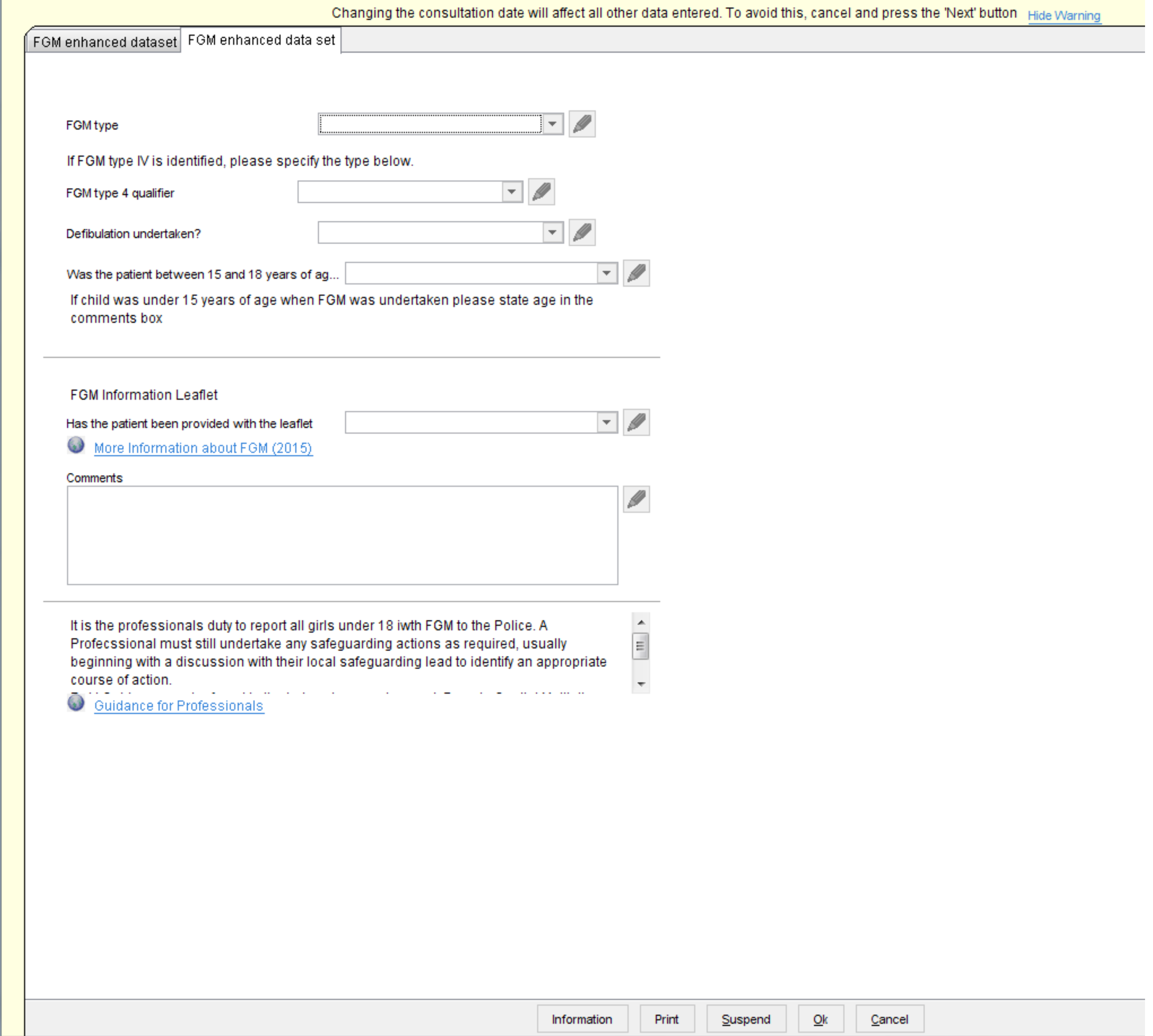
If I am not able to see you on this occasion I may need to talk to your parents/carers or others (e.g. the School Nurse or GP)

I hope to see you within the next two – three weeks.

APPENDIX 1.

Example of FGM Template on SystmOne




Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button
Hide Warning
FGM enhanced dataset
FGM enhanced data set
FGM type
If FGM type IV is identified, please specify the type below.
FGM type 4 qualifier
Defibulation undertaken?
Was the patient between 15 and 18 years of ag...
If child was under 15 years of age when FGM was undertaken please state age in the comments box
FGM Information Leaflet
Has the patient been provided with the leaflet
More Information about FGM (2015)
Comments
It is the professionals duty to report all girls under 18 iwth FGM to the Police. A Profecssional must still undertake any safeguarding actions as required, usually beginning with a discussion with their local safeguarding lead to identify an appropriate course of action.
Guidance for Professionals
Information
Print
Suspend
Ok
Cancel

All policies are required to be electronically signed by the Lead Director. Proof of the electronic signature is stored in the policies database.

The Lead Director approves this document and any attached appendices. For operational policies this will be the Locality Manager.

The Executive signature is subject to the understanding that the policy owner has followed the organisation process for policy Ratification.

Signed: Director of Professional Practice Safety & Quality

Date: 9th October 2015