Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Safeguarding Children Policy

This procedural document supersedes: PAT/PS 10 v.6 – Safeguarding Children Policy

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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7	3 March 2017	• Updated contact details for Nottinghamshire • FII Guidelines • New report template (Doncaster) • Updated team structure • New CSE Definition	Elizabeth Boyle Named Nurse & Safeguarding Team Manager
Version 6	22 February 2016	• Policy format changed and re-written. Includes a broader range of topics and guidelines to ensure a user friendly approach. • Note change in title.	Elizabeth Boyle Named Nurse
Version 5	24 April 2014	• **7.** Changes to the definition of safeguarding children, which reflect new "Working Together" Statutory Guidance (HM Gov 2013). • **3. 1** - changes regarding leadership roles, assurances and contact details • **3. 2** - changes made to management responsibilities as reflected within the new "Working Together Guidance" (HM Gov 2013) and in line Trust requirements. • **3.3**- Changes made to individual staff responsibilities regarding access to safeguarding procedures. Child protection checklist- replaced by Child Protection prompt list for use within Children's Service CSU. Additionally, changes also relate to information sharing, use of interpreters and individual responsibilities. There is particular reference to individual responsibility with regard to any safeguarding concerns about the behaviours of volunteers and visiting celebrities. • **4.5 -** Changed contact details for LADOs in both Doncaster and Nottinghamshire. • **6.** Changes made with regard to monitoring compliance with this policy • **9.** Information added to the policy re- associated Trust procedural documents.	Gill Genders, Named Nurse

Contents

1. INTRODUCTION

Everyone who comes into contact with children and families has a role to play. Working with children is complex and all staff should be aware of boundaries between themselves as adults and children they come into contact with in a professional manner. As defined by law:

"A Child is anyone who has not yet reached their 18th birthday"

The Children Act 1989

The fact that a child is 16 years of age, is living independently, in further education, is in the armed forces or in custody does not change their entitlements to services or protection.

Local authorities have overarching responsibility for safeguarding and promoting the welfare of all children and young people in their area. Whilst they play the lead role, safeguarding children and protecting them from harm is everyone's responsibility. Local agencies, including the police and health services, also have a duty under section 11 of the Children Act 2004 to ensure that they consider the need to safeguard and promote the welfare of children when carrying out their functions. Under section 10 of the same Act, a similar range of agencies are required to cooperate with local authorities to promote the well-being of children in each local authority area. This cooperation should exist and be effective at all levels of the organisation, from strategic level through to operational delivery. All children and adults have equal rights to protection and access to services

Professionals working in agencies with these duties are responsible for ensuring that they fulfil their role and responsibilities in a manner consistent with the statutory duties of their employer (HM Government 2015), in this instance Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust.

2. PURPOSE

The purpose of this policy is to ensure all staff employed by the Trust have a point of reference and clear guidance in respect of their responsibilities to safeguarding children. It provides relevant information and processes for managing risks associated with safeguarding children and child protection within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust. This policy assists each individual member of staff and volunteer to be aware of their duty to recognise and respond to safeguarding children issues by following local procedures. The policy sets out safeguarding issues which staff may encounter and actions that should be taken.

3. DUTIES AND RESPONSIBILITIES

3.1 Leadership Roles

Within the Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust, the Director of Nursing, Midwifery and Quality is the Executive Director with responsibility for Safeguarding Children. This role is supported by the Deputy Director of Nursing, Midwifery and Quality and the

Named Nurse. The Named Nurse is the Professional Lead for Safeguarding across the Trust. These roles involve championing the importance of safeguarding and promoting the welfare of children throughout the organisation, providing assurance to the Board of Directors and external bodies, that systems and processes are in place to ensure any concerns about the welfare of children and young people are identified, taken seriously and acted upon appropriately. The Heads of Nursing within the Trust also have a responsibility to assure the safeguarding of patients in their specific areas.

The Trust has other specific Safeguarding Children professionals; Named Doctor, Specialist Nurses and Named Midwife working alongside the Named Nurse. The Named roles are Statutory as directed by the Government. These professionals have a key role in promoting good practice within the Trust, providing advice and expertise for fellow professionals, auditing safeguarding arrangements and working with other agencies to review and improve practice to ultimately safeguard and protect children. The Named Nurse manages the corporate safeguarding team (children and adults).

3.2 Safeguarding Children Team

The Named Nurse and Specialist Safeguarding Nurses are part of the Corporate Safeguarding Team. The Named Doctor and the Named Midwife are part of the Child and Family Care Group. The roles cover all sites of the Trust.

All the Safeguarding Children Professionals work closely with designated professionals (Doctor and Nurse) in the Doncaster and Bassetlaw health communities and commissioning groups. The designated professionals take a strategic and professional lead across the health communities where the Trust is located.

The Corporate Safeguarding Team has an office in the Basement Corridor at Doncaster Royal Infirmary. See appendix 1 for Safeguarding Professionals and their contact details.

3.3 Manager's Roles

Managers have a responsibility under Section 11 of the Children Act 2004, to ensure that their staff are aware of and comply with the local safeguarding children procedures. They must also ensure there is appropriate safeguarding supervision (See Safeguarding Supervision Policy), support and protected time to undertake safeguarding training and ensure they attain competences appropriate to their role (HM Government, 2015). Managers are required to provide assurances that staff within their individual practice areas are competent to undertake safeguarding duties and activities and that safeguarding obligations and standards are fulfilled. This is reportable to the safeguarding team on a quarterly basis via the Strategic Safeguarding People Board (SSPB).

3.4 Individual Responsibilities

Safeguarding is everyone's responsibility. Trust staff at all levels; from strategic roles to operational roles have a part to play in the work of the Local Safeguarding Children's Boards

within Doncaster and Nottinghamshire according to their location of work. Individual staff have a duty to follow local procedures when they have a concern about a child. There is a line of accountability for safeguarding from an individual employee up to the Chief Executive. All staff members have a line manager or supervisor to whom they report. This is part of a management and governance structure within the Trust made up of Corporate Directorates and Care Groups.

All staff members can also escalate safeguarding concerns directly to the Trust Safeguarding Professionals.

3.5 Safeguarding Assurances

The Safeguarding Team within the Trust are required to provide assurances relating to the arrangements in place aimed to safeguard and promote the welfare of children to the following organisations;

- The Care Quality Commission is the regulator of health and adult social care services, their primary role is to make sure that providers have appropriate systems in place to safeguard people who use the service, and that those systems are implemented and followed in practice to ensure good outcomes for people who use the service.

- The Doncaster Clinical Commissioning Group (CCG) are the lead commissioners for safeguarding and the Trust are required to demonstrate compliance with safeguarding contractual obligations in line with Section 11 of the Children Act 2004. The Doncaster CCG ensures the Bassetlaw CCG is informed of the Trust's Safeguarding assurance status and relevant associated issues.

- The Doncaster and Nottinghamshire Safeguarding Children Boards. This is to demonstrate that as a partner of the Local Safeguarding Children Boards, the Trust is committed to safeguarding children and meets the section 11 (Children Act 2004) obligations. The Trust has executive representation on each of the Local Safeguarding Children Boards.

- Safeguarding assurances are also provided to The Trust's Board of Directors through the Clinical Governance and Quality Committee and to Monitor (regulators of Foundation Trusts) compliance framework.

- The Trust has a Strategic Safeguarding People Board which provides leadership and strategic direction for maintaining, developing and implementing safe and reliable safeguarding systems and processes within the Trust.

- Provide the Trust Executive Group and the Board of Directors with assurance of the Trusts compliance with statutory regulations, obligations and standards in relation to safeguarding.

3.6 Safeguarding Children when Dealing with Complaints

When applying the Complaint's Policy within the Trust, with respect to either adults or children, staff should be aware that safeguarding of patients is an imperative consideration. All staff should ensure that where needed, actions are taken to safeguard children and this must not be delayed due to the complaint's process.

4. GUIDANCE

4.1 Voice of the Child

A review into child protection services in England was conducted by Professor Eileen Munro and in her 2011 report she highlighted the importance of listening to the voice of the child and that effective safeguarding systems are child centred. Failings in safeguarding systems are too often the result of losing sight of the needs and views of the child or placing the interests of adults ahead of the needs of children (HM Government, 2015). Every assessment must be informed by the views of the child as well as the family. Children should, wherever possible, be seen alone and local authority children's social care has a duty to ascertain the child's wishes and feelings regarding the provision of services to be delivered.

4.2 Sharing Information

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision with regard to safeguarding children and early sharing is the key to providing effective early help where there are emerging problems. Learning from Serious Case Reviews (SCRs) has indicated that poor information sharing has contributed to the deaths or serious injuries of children. A recent triennial review highlighted despite thousands of serious case reviews the most common issue is lack of information sharing. Therefore, fears about sharing information must not be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements, no professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care (HM Government 2015). The Caldicott review in 2013 made it clear that:

The duty to share information can be as important as the duty to protect patient confidentiality.

Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.

Considering the above combining health and safeguarding children it is vital as health care staff we understand the importance of information sharing and overcome historical persistent and complex barriers. A Government response to recent horrific cases of child abuse is clear that

nothing should stand in the way of sharing information in relation to child abuse. They go on to address local authorities, children's services, police, safeguarding boards, health and wellbeing boards and GPs as leaders responsible for developing a culture where the interests of the child are put first through championing the appropriate sharing of information and dealing robustly with staff who block, hinder or fail to share (HM Government, 2015).

Sometimes staff may need to share information with other professionals that only work during office hours (Appendix 2). If staff need to share information outside of Monday to Friday 9-5 which is often the case you can use the 'Information Sharing Form' (Appendix 3) to Fax or post to the relevant professionals. There may also be a voicemail facility or single point of access where you can leave a message. Do not leave patient identifiable information on a voicemail system.

Information Sharing: Advice for practitioners providing safeguarding services to children, young people, parents and carers (DfE, 2015) supports frontline practitioners working in child or adult services, who have to make decisions about sharing personal information on a case by case basis. The document can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419628/Information_sharing_advice_safeguarding_practitioners.pdf and includes the seven golden rules for information sharing (Appendix 4).

If individuals are in any doubt about sharing information please contact the safeguarding team who will be happy to advise.

4.3 Death of a Child or Young Person

Working Together to Safeguard Children (HM Government, 2015) outlines the process to follow in the event of a child death. Local Safeguarding Boards are responsible for ensuring a review of each child death is undertaken. Procedures should be in place to ensure a coordinated response which includes board partners and other relevant persons to an unexpected death, this inevitably includes hospital staff. A multi-agency Rapid Response to Unexpected Child Deaths is a requirement to investigate the circumstances relating to all unexpected child deaths and to ensure the provision of support to families. The Trust has a Rapid Response to Unexpected Child Deaths Team that is accessed via the switchboard in the event of the death of a child under the age of 18 years.

For further information and guidance please see policy PAT/T 62.

4.4 Child Sexual Exploitation

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

The Department for Education (2017)

The Health Working Group (2014) note that health staff can identify children who have been or are being sexually exploited. They can also recognise physical, psychological and emotional health consequences of such abuse and help them with their recovery. As well as government guidance (DCSF, 2009) a report specifically for health professionals' has been designed to ensure a competent and confident response from all health services. There are tools available to help professionals recognise and respond to child sexual exploitation. Although this work highlights many positive attributes there is still work to be done to recognise and respond to child sexual exploitation.

Nottinghamshire and Doncaster Safeguarding Children's Boards are both addressing CSE with sub groups reporting to the board. The Trust incorporates CSE into its safeguarding training. If you suspect a child is being sexually exploited and is in immediate danger please contact the police. If there is no immediate risk social care referrals should be made using the normal process. There are also two 'exception' referrals specific to CSE (see Appendices 5a & 5b); these are NOT designed to replace the original social care referral but to help agencies collect intelligence in their bid to combat CSE. Please contact the safeguarding team if you require further advice on responding to concerns about CSE.

4.5 Female Genital Mutilation

The practice of Female Genital Mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons. The practice is irreversible and has no health benefits for girls or women and the procedure can cause physical morbidity and even mortality. An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.

FGM is not an issue that can be decided on by personal preference – it is an illegal, extremely harmful practice and a form of child abuse and violence against women and girls.

The practice became illegal in the UK in 1985 (The Prohibition of Circumcision Act 1985) and more recently the law was updated with the Female Genital Mutilation Act in 2003, whereby it is now also illegal to take a child abroad to have the procedure performed. FGM is recognised internationally as a violation of the human rights of girls and women.

There are mandatory reporting duties in place for professional that identify young girls and women with FGM.

Please refer to policy PAT/T 64.

4.6 Child Missing

When a child goes missing they are at potential risk and therefore safeguarding children arrangements includes preventing or protecting them from going missing from their home or local authority care.

Whilst the police and children's social care take the lead with the issue of children who go missing from home or care, there is a responsibility on all relevant agencies to support services when a young person goes missing; for example, school, health or specialist services. Going missing can be a symptom of something going wrong in a child or young person's life. They may be being 'pushed' away from their home or 'pulled' away to something outside of their home or a combination of both known as 'push/pull factors'. Issues often relate to relationship or boundary difficulties with parents or carers, placement quality or being placed too far away from home. It can be about peer and friendship relationship issues, conflict or bullying or because of difficulties within school. They may be being harmed in a number of tangible or intangible ways. Children, who go missing for the first time, or for short periods of time, can still face a number of risks and dangers which can impact on their life.

Government guidance can be found at:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/275701/Statutory_guidance_missing-children.pdf

4.7 Private Fostering

When children and young people are looked after by someone who is not their parent or close relative, this could be private fostering. This is a private arrangement between the parent or person with parental responsibility and someone else. Local Authorities do not facilitate these arrangements, but have a duty to assess and monitor to safeguard the child.

Private fostering is when a child or young person is under 16 (18 if they have a disability lives with someone outside of their immediate family). This could be a friend, neighbour or 'great' relatives e.g. great auntie.

If the arrangement is for more than 28 days or expected to be for more than 28 days children's social care should be notified. There is more information about private fostering on the safeguarding intranet page.

4.8 Domestic Abuse

The cross-government definition of domestic violence and abuse is:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

Statistics supplied by the Home Office suggest 200,000 children are living in homes where there is domestic violence / abuse. There are long and short term consequences to the child from the impact of domestic violence. These manifest themselves in various ways depending on the age

or development of the child. Frontline practitioners have a key role to play in identifying children at risk of harm as a result of domestic violence.
Please refer to Trust Domestic Abuse Policy - PAT/PS 12

4.9 Considering Children when Working with Adults

Staff working within the Trust should routinely ask all patients about their dependants and whether there are children within the family home where they live. Then the practitioner can consider the impact of these health needs upon parenting capacity which can raise the risk of abuse to the child or children. Should this activity highlight safeguarding concerns, for example in cases where there is domestic abuse, substance misuse or mental health needs and there are children within the household a full holistic assessment should be made using local safeguarding board multi-agency thresholds, if the child or children are assessed as being in need of a referral to Children's Social Care and/or other agencies this should be made following local safeguarding board procedures. The responses should be documented within the health records.

4.10 Volunteers and Visiting Celebrities

Following investigations into child abuse by Jimmy Savile a number of recommendations have been made for health services. Should Trust staff observe concerning behaviours from visiting celebrities or volunteers, immediate action should be taken in order to ensure that patients are protected. Staff should ensure their individual managers are aware of the concerns and the issue should be reported to the safeguarding team and escalated to senior hospital managers. All volunteers should access Safeguarding training.

If you have any concerns do not hesitate to contact the Safeguarding team for advice.

4.11 Assessing Capacity to Consent to Treatment

Please refer to policy: PAT PA 2 Consent to Examination or Treatment Policy and the Trust MCA and DoLS policy for 16/17 year olds.

4.12 Children that are not brought to healthcare appointments

Children that are not brought for their health appointments maybe at increased risk of harm. This can either be non-attendance and failure to inform the hospital they were not attending. Or where a parent or carer has contacted the hospital to inform the child will not be coming and changed the appointment. Although changing appointments may seem plausible the serious case review into the death Peter Connolly (HSCB, 2009) highlighted extreme disguised compliance where his mother would change appointments until Peter's injuries inflicted on Peter had disappeared. In some instances it may be necessary to liaise with community practitioners such as Health Visitor, School Nurse or GP.

Please refer to the new policy: Referral to Hospital Access Policy – including did not attend (DNA) and could not attend (CNA) PAT PA1 (September 2014).

4.13 Fabricated or Induced Illness (FII).

The fabrication or induction of illness in children is a relatively rare form of child abuse. Where concerns exist about fabricated or induced illness, it requires professionals to work together, evaluating all the available evidence, in order to reach an understanding of the reasons for the child's signs and symptoms of illness. The management of these cases requires a careful medical evaluation which considers a range of possible diagnoses. At all times professionals need to keep an open mind to ensure that they have not missed a vital piece of information. By their nature these types of cases require expert input from a range of disciplines, in particular paediatricians. It is, therefore, essential that all professionals who come into contact with children whose signs and symptoms may be being induced or fabricated are aware that this form of abuse exists and know what to do and who to speak to within their own organisation or a statutory one such as the police or local authority children's social care services. See appendix 6.

There are three main ways of the carer fabricating or inducing illness in a child. These are not mutually exclusive and include:

- Fabrication of signs and symptoms - this may include fabrication of past medical history.
- Falsification of hospital charts, records and specimens of bodily fluids. This may also include Falsification of letters and documents.
- Induction of illness by a variety of means.

Government guidance can be found at:
https://www.gov.uk/government/publications/safeguarding-children-in-whom-illness-is-fabricated-or-induced

Local guidance can be found by accessing the DSCB or NSCB procedures. If you have any concerns please contact the safeguarding team.

5. PROCEDURE

5.1 Local Arrangements & Safeguarding Board Procedures

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust provides services to children and families living within Doncaster, Mexborough, Bassetlaw and surrounding areas. All staff are expected to be aware of appropriate policies and procedures on safeguarding children and be able to apply them in their practice.

In Doncaster - staff working across all agencies are expected to follow the Doncaster Local Safeguarding Children Board Procedures. In Bassetlaw - staff are expected to follow the Nottinghamshire Safeguarding Children Board procedures. Each LSCB has their own multi-agency thresholds which should be consulted when you are concerned a child is being abused. The full procedures for each LSCB can be accessed via the internet, intranet or clicking the links below:

http://www.nottinghamshire.gov.uk/caring/protecting-and-safeguarding/nscb/

http://www.doncastersafeguardingchildren.co.uk/

5.2 Early Help

Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life. Early help can also prevent further problems arising, for example, if it is provided as part of a support plan where a child has returned home to their family from care. Children and families may need support from a wide range of local agencies. Where a child and family would benefit from coordinated support from more than one agency (e.g. education, health, housing, police) there should be an inter-agency assessment. These early help assessments should identify what help the child and family require to prevent needs escalating to a point where intervention would be needed via a statutory assessment. Consent IS required for referral for early help services. Examples of early help are practical support for families, substance misuse in children or supporting children whose parents misuse substances.

Any professional can identify a child or family that could benefit from an early help assessment. Within the Trust the majority of staff are expected, with consent, to share this with professionals in the universal services i.e. Health Visitor Liaison in Doncaster or Single Point of Access in Bassetlaw.

Professionals working on the Children's Wards, SCBU/NNU, community midwives and community paediatric therapists are expected to commence the appropriate form for the area where the patient resides, then a lead professional needs to be identified, ideally someone in universal or specialist services that is more familiar with the child or assigned to a specific plan of care for the child. Support is available, please see contacts below.

Bassetlaw
Referral for early help can be made using an EHAF (Early Help Assessment form) available electronically on the NSCB website (Appendix 7a). Practitioners must log the start and completion of the EHAF form with the Early Help Unit who will confirm if there has already been an EHAF opened. The form can be e-mailed to early.help@nottscc.gov.uk or faxed to 01623 483295. The Early Help Unit can be contacted on 0115 8041248 for help and support.

Doncaster
The Early Help Hub is the new first point of contact for all enquiries from practitioners working with children and young people who are seeking advice and information about possible resources and/or advice on supporting children and families. The Hub can be contacted by telephone: 01302 734110 or e-mail: **earlyhelphub@doncaster.gov.uk**. The team is available from 8.30am to 4.30pm, Monday to Friday, and telephone messages will be responded to within one working day. There is an Early Help Enquiry form available (Appendix 7b).

5.3 Making a Referral to Children's Social Care

Although similar there are some differences between Doncaster and Bassetlaw (Nottinghamshire) processes when making a referral. If you are unsure please refer to the appropriate Local Safeguarding Children Board procedures via the links in 5.1. There is also a step by step guide (Appendix 8) and flowchart (Appendix 9) which you may want to print and

display in your clinical area. There are different referral forms for each LSCB which can be accessed via the internet and the intranet.

In Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust we have our own organisational referral form for children's social care (Appendix 10) which is more user friendly for busy departments with little information. As all three sites within the Trust are on geographical borders of neighbouring authorities there may be need to refer to an out of area authority. If you are unsure contact your local authority primarily. To ensure your referral is appropriate you may wish to consult with the LSCB multi-agency thresholds which will enhance your decision making. It is also good practice to reference the thresholds in your referral.

If you are the one who identifies the child is at risk of abuse YOU need to make the referral to children social care (HM Government, 2015). Do not pass on for someone else to do on your behalf. They are your concerns and you know all the details.

If you are unsure please contact the safeguarding team for advice and support. If the child is in immediate danger contact the police on 999.

Bassetlaw:
Referrals should be made to Nottinghamshire Children's Social Care via the MASH (Multi-Agency Safeguarding Hub). For more information please access the NSCB Website.

If you believe a child urgently needs specialist support from children's social care, phone the MASH and give as much information as you can. Your information will be passed immediately to a social care manager who will decide the action needed and will normally respond to you within one hour. You must follow up your telephone call by sending a completed referral form to the MASH within 48 hours preferably by fax or secure e-mail.

If your referral is not urgent but the child is in need of social care services complete the MASH referral form and send by fax or secure e-mail.

E-mail: mash.safeguarding@nottscc.gcsx.gov.uk

Fax: 01623 483295

Phone: 0300 500 80 90 – Monday – Thursday 8.30am-5.00pm. Friday 8.30am-4.30pm.

Out of Hours EDT (Emergency Duty Team): 0300 456 4546

Doncaster:

Referrals should be made to the Referral and Response Team in Doncaster. For more information please access the DSCB Website.

To make a referral, telephone in the first instance. This should be followed up in writing within 48 hours using the referral form for Doncaster Children Social Care. A referral out of hours should be made to the same team using the same process.

Phone: 01302 737777 Monday to Friday 8.30am-5.00pm.

Fax: 01302 736089 E-mail: childrenassessmentservice@doncaster.gcsx.gov.uk

Out of Hours EDT: 01302 796000

5.4 Safeguarding Meetings

There are a number of different safeguarding meetings which you may be required to attend. If you have important information about a child it is important you prioritise your attendance at these meetings. Make your manager aware of your attendance so they can ensure adequate cover is provided to enable you to attend the meeting. You will be required to provide a report for case conferences. You can use the template provided (Appendix 11a/b). The safeguarding team are happy to support staff with report writing. Below is a list of meetings which you may be asked to attend.

Strategy Meetings

The strategy discussion/meeting should involve children's social care and the police, relevant health professionals and other bodies as appropriate (for example, children's centre/school and, in particular, any referring agency). In the case of a pre-birth strategy discussion/meeting this should involve the midwifery services. Where a child or young people may require a medical examination as part of the child protection enquiries, in hours, the Consultant paediatrician running the CP clinic on that day and out of hours the on-call Consultant Paediatrician will be part of the initial strategy discussion/meeting. The meeting will inform the need for section 47 enquiries.

Initial Child Protection Conference (ICPC)

An **ICPC** must be convened following a section 47 enquiry to safeguard and promote the welfare of a child who is suspected of, or likely to be, suffering significant harm.

The initial child protection conference should take place within 15 working days of:

- The first strategy meeting / discussion when the section 47 enquiries were initiated; or
- Notification by another local authority that a child subject of a child protection plan has moved into Nottingham City or Nottinghamshire.

Review Child Protection Conference (RCPC)

A **RCPC** is intended:

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against the child protection plan outcomes;
- To consider whether the child protection plan should continue or should be changed.

Every review should consider explicitly whether the child remains at the risk of abuse and continues to require safeguarding through adherence to a formal child protection plan. If the child is considered to be suffering significant harm, the local authority should consider whether to initiate family court proceedings.

For ICPCs and RCPCs you will need to take copies of your report for other agency representatives to read. For further advice please consult the safeguarding team.

Core Groups

The core group is the Interagency Forum for achieving the outcomes of a child protection plan. It is comprised of the professionals responsible for delivering particular aspects of the plan, and is attended by parents and children, where appropriate.

The membership of the core group is agreed at an initial child protection conference, although this may be amended to include all relevant individuals jointly responsible for delivering the child protection plan. For example if a child on a child protection plan is treated in the acute trust you may be required to be part of the core group.

Multi-agency Meetings

You may be asked to attend various other multi-agency meetings such as professional's only meetings or pre-birth planning meetings. Your contribution is extremely important and information provided is used to determine plans to ensure the safety on the child. Children are best protected when professionals are clear about what is required of them individually and how they need to work together (HM Government, 2015). Staff have a responsibility to work effectively in partnership with other key agencies including voluntary and statutory agencies to prevent children and young people suffering harm and to achieve positive outcomes.

5.5 Procedures for Managing Allegations against People Who Work with Children

A framework has been developed by both Nottinghamshire and Doncaster Safeguarding Children Boards to manage cases where allegations are made against people who work with children. Specific roles are identified when an allegation is made against a member of staff or volunteer. The Trust is required to identify a Named Senior Officer which is the Deputy Director of Nursing, Midwifery and Quality on behalf of the Director of Nursing, Midwifery and Quality. A Senior Manager is identified for each individual case. An investigation will be carried out by the Senior Manager in conjunction with a representative of Human Resources Team after taking advice from the Local Authority Designated Officer (LADO). The safeguarding team provide the liaison with the LADO.

Nottinghamshire LADO: 0115 8041272

Doncaster LADO: 01302 737748

Any enquiries for the LADO should be directed to the Deputy Director of Nursing, Midwifery and Quality or in their absence the Named Nurse.

5.6 Serious Incidents

Serious Incidents relating to safeguarding children are reported to Doncaster Clinical Commissioning Group (DCCG) as the lead CCG for safeguarding children.

All Serious Incidents relating to children should be reported to the DCCG in line with the Trust's Serious Incidents (SI) Policy (CORP/RISK 15). This document provides definitions of Serious Incidents, including those relating to abuse or children. The safeguarding team should be informed of any serious incident relating to a child so that any safeguarding concerns can be identified.

5.7 Safe Recruitment

Working Together to Safeguard Children (HMG, 2015) dictates organisations should have specific policies in place to ensure that safe recruitment practices are robust and criminal record checks are completed when employing individuals whom the organisation will permit to work regularly with children. The Trust ensures that a safe recruitment process is in place for all new staff and volunteers expected to have contact with children and families. This involves a Disclosure and Barring Service check and uptake of references prior to appointment **(See Trust Policy: Working with Vulnerable Adults and Children – Disclosure and Barring Service (DBS) - CORP/EMP 17 and Getting the Best Person for the Job recruitment guidelines).**

The Trust is required to report any concerns regarding the suitability of employees, agency workers and volunteers who work with adults or children to the Disclosure and Barring Service.

5.8 Internal Adverse Events

Internal adverse events relating to safeguarding children are managed in line with Trust's Central Alerting System Policy - CORP/RISK 6**.** Specific reporting codes relate to Safeguarding Children adverse events which all Trust staff should utilise. Externally raised adverse events relating to safeguarding children are managed by the Designated and Named professionals or the relevant Clinical Care Group on a case-by-case basis.

6. TRAINING/ SUPPORT

6.1 Training

The level of training required by staff members will be determined by their role (RCPCH, 2014).

- All staff employed by the Trust will attend an induction when they commence employment. All new staff will receive a leaflet outlining their responsibilities in safeguarding and where they can get help and advice if they are concerned about the welfare or safety of a child in or out of work (LEVEL 1).
- Following the induction all staff should complete the SET booklet which includes safeguarding children and adults (LEVEL 1).
- For all CLINICAL staff there is further face-to-face training or e-learning for safeguarding children and adults (LEVEL 2).

All these sessions run regularly throughout the year across the three hospital sites and can be booked via the Education and Training Department.

- Additionally for practitioners working directly with children on a daily basis (e.g. nurses and support workers on children's wards and Emergency Department) a LEVEL 3 safeguarding session should be attended. These can be accessed internally or externally with another organisation; mainly Local Safeguarding Children Boards (see appendix 12 - Useful Contacts). Training will be circulated when it is available by the Safeguarding Team.

Specialist safeguarding children professionals require LEVEL 4 & 5 (dependent on their role) which needs to be accessed externally.

All professionals should have regular reviews of their own practice and safeguarding training need as part of their PDR (Performance Development Review). Safeguarding training of any level should be updated every three years.

Training attendance is recorded by the Education Department on OLM (Oracle Learning Management) database.

If you are unsure which level of training you require please see the Safeguarding Training Guide (see appendix 13) or contact the Safeguarding Team who will be happy to advise you.

6.2 Learning & Improvement

Professionals and organisations protecting children need to reflect on the quality of their services and learn from their own practice and that of others. Good practice should be shared so that there is a growing understanding of what works well. Conversely, when things go wrong there needs to be rigorous, objective analysis of what happened and why so that important lessons can be learnt and services improved to reduce the risk of future harm to children (HM Government, 2015). There are various models of learning across organisations and dependent on the case being reviewed. These are not always external reviews there can be facilitated learning within the Trust. Organisations should embed a culture of continuous learning and improvement. Professionals should be involved and invited to contribute their perspectives without fear of being blamed. Staff who are required to take part in such reviews will be fully supported by their management and the safeguarding team. Serious Case Reviews are a requirement of LSCBs when abuse or neglect of a child is known or suspected and the child had died or been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child (HM Government, 2015).

6.3 Supporting Staff

A significant responsibility of the Trust's Safeguarding professionals relates to facilitating safeguarding support and supervision. The role of the Named professionals is clear in Government documentation that supporting others to recognise the needs of children and rescue from possible abuse is a key aspect of their work. The Safeguarding Team are available Monday to Friday during office hours to advise and support staff with safeguarding concerns. If staff require support out of hours in addition to management processes it is recommended they contact the appropriate Children's Social Care Team Out of Hour's service.

All staff are reminded that should they be approached by Solicitors, CAFCASS, or others requiring legal statements, it is necessary to contact the Safeguarding Team to facilitate the process. Further, should staff require assistance writing reports relating to Safeguarding issues the Named Professionals provide support and they should refer to Trust's Policy for Supporting Staff Involved in Incidents, Complaints and Claims - CORP/RISK 4.

Regular supervision systems are in place for Trust staff in line with the Trust' Safeguarding Supervision Policy (PAT/PS 13).

Good quality safeguarding supervision can help to:
· keep a focus on the patient
· avoid drift
· maintain a degree of objectivity and challenge fixed views
· test and assess the evidence base for assessment and decisions
· address the emotional impact of work

All staff are responsible for accessing supervision as relevant to their role and as guided by the Safeguarding Supervision Policy.

The process of supervision is underpinned by the principle that each practitioner remains accountable for his/her own practice and as such his or her own actions within supervision.

If required the Safeguarding Team can facilitate child protection supervision to staff within the Trust on an ad-hoc basis, either on a one to one, in teams or a group.

7. MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

7.1 Evaluating Practice

The Trust has a duty to evaluate safeguarding practice in order to provide assurance to the Board of Directors and to the Local Safeguarding Children Boards. This is also evidence of compliance with the Health & Social Care Standard 7 for the NHS, which is required for registration with the Care Quality Commission. Relevant performance indicators are evaluated annually and actions plans formulated as appropriate. Additionally, audits of safeguarding practice are completed in line with the Trust's Strategic Safeguarding People Board annual work plan and the Safeguarding Team Audit Calendar. Whilst the Safeguarding Team within the Trust ensure the Annual Safeguarding Audits are completed, representatives are required to assist with audit activities applicable to their area care groups and directorates.

The Named Nurse produces quarterly and annual Safeguarding Reports for the Trust's Clinical Governance and Quality Committee and to Clinical Commissioning Groups to provide assurance of compliance with all relevant standards. Doncaster CCG as the lead for safeguarding holds a regular Safeguarding Assurance Group where safeguarding assurances are provided.

Issues Monitored	Monitoring conducted by;	How often	Reviewed/ Reported to
Ongoing Monitoring of the quality of referrals to Children's Social Care	The Safeguarding Children Professionals	Quarterly overview	Issues are addressed with individual staff members and their managers.
Evaluation of Safeguarding Children Training	The Safeguarding Children Professionals	Following each training session	Results inform training development and planning.
Implementation of the Annual Safeguarding Audit Calendar – includes audits relating to safeguarding activities within the Trust and includes knowledge of learning from Serious Case Reviews, knowledge of issues such as Domestic Violence etc.	The Safeguarding Team in conjunction with care groups and directorates.	Annual Safeguarding Audit Calendar	Results are reviewed by the Safeguarding Team within the Trust.
Audit of Trust compliance regarding Section 11 of the Children Act 2004 / Markers of Good Practice Audit	The Safeguarding Team	Determined by local safeguarding children boards.	Results are reported to the Doncaster Clinical Commissioning Group and the Doncaster and Nottinghamshire Safeguarding Children Boards.
Markers of Good Practice Audit	The Safeguarding Team	Two yearly Basis	Results are reported to the Bassetlaw Clinical Commissioning Group and the Nottinghamshire Safeguarding Children Board

8. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See appendix 14).

9. ASSOCIATED TRUST PROCEDURAL DOCUMENTS

- Domestic Abuse Policy - PAT/PS 12
- Interpretation and Translation Services Policy - PAT/PA 34

- Mental Capacity Act 2005 Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19
- Privacy and Dignity Policy - PAT/PA 28
- Referral to Hospital Access Policy – including did not attend (DNA) and could not attend (CNA) - PAT/PA 1
- Restrictive Interventions: Principles and Guidance - PAT/PS 15
- Safeguarding Adults Policy - PAT/PS 8
- Safeguarding Supervision Policy - PAT/PS 13
- Rapid Response to Unexpected Child Deaths and Child Deaths Function – Standard Operating Procedure – PAT/T 62
- Policy for Supporting Staff Involved in Incidents, Complaints and Claims – CORP/RISK 4
- Central Alerting System Policy – CORP/RISK 6.

10. REFERENCES

Department for Children, Schools and Family (2009) Safeguarding Children and Young People from Sexual Exploitation. HM Government, London.

Department for Education (2011) Tackling Child Sexual Exploitation: Action Plan. HM Government, London.

Department for Education (2015) What to do if you are worried a child is being abused. DfE, London.

Department for Education (2015) Information Sharing: Advice for practitioners providing safeguarding services. DfE, London.

Department for Education (2017) Child Sexual Exploitation Definition and a guide for practitioners, local leaders and decision makers working to protect children from child sexual exploitation. DfE, London.

Haringey Safeguarding Children Board (2009) Baby P Serious Case Review. HSCB, Haringey.

HM Government (1989) The Children Act. HMG, London.

HM Government (2004) The Children Act. HMG, London.

HM Government (2015) Working Together To Safeguard Children. HMG, London.

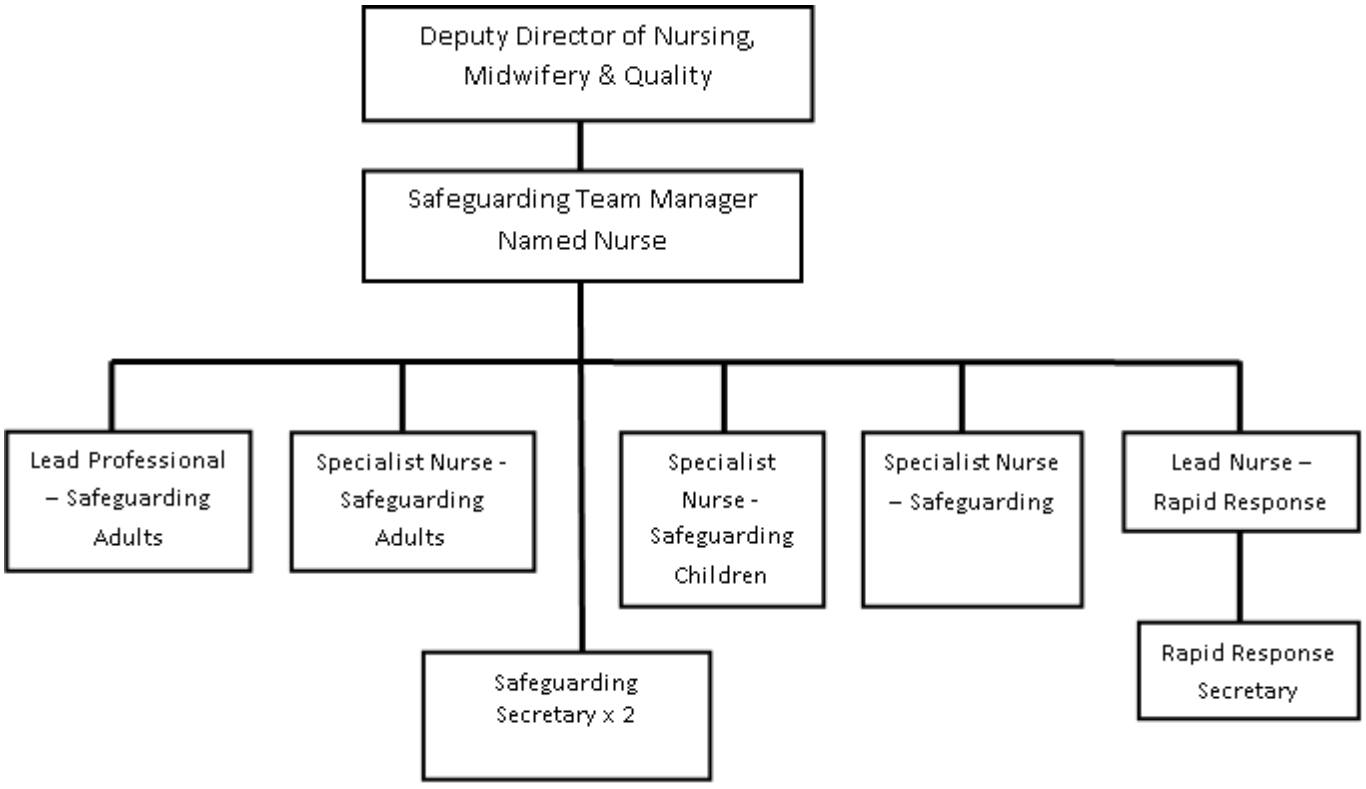
Munro, E. (2011) The Munro Review of Child Protection, Interim Report: The Child's Journey. DfE, London.

Royal College of Paediatricians and Child Health (2014) Safeguarding Children & Young People: Roles and Competencies for Health Care Staff. RCPH, London.

Health Working Group (2014) Report on Child Sexual Exploitation. HWG, Derby.

APPENDIX 1 – SAFEGUARDING TEAM CONTACT DETAILS AND ORGANISATIONAL STRUCTURE

Contact Name	Contact Numbers
Safeguarding Office & Secretaries	Ext: 642437 Fax: 01302 381491 Email safeguarding@dbh.nhs.uk Confidential email: dbhtr.safeguarding@nhs.net
Elizabeth Boyle Named Nurse for Safeguarding Children & Safeguarding Team Manager	Ext: 642436 Mob: 07768033175
Anne Lundy Specialist Nurse for Safeguarding Children	Ext: 642432 Mob: 07771345500
Lindsey Mounfield Specialist Nurse for Safeguarding Children & Adults	Ext: 642432 Mob: 07917554594
Pat Johnson Lead Professional for Safeguarding Adults	Ext: 642434 Mob: 07810683409
Amanda Timms Specialist Nurse for Safeguarding Adults	Ext: 642435 Mob: 07880055321
Gill Genders Lead Nurse Rapid Response (Child Deaths)	Ext: 642433 Mob: 07557845149
Valerie Cadwallander-Willoughby Safeguarding Secretary (Child Deaths)	Ext: 642433
Debbie Rees-Pollard Named Midwife for Safeguarding Children	Ext: 642791 Mob: 07979906347
Dr Lavleen Chadha Named Doctor for Safeguarding Children	Via DRI switchboard 01302 366666
Dr Bushra Ismaiel Designated Doctor for Safeguarding Children	Via DRI switchboard 01302 366666



APPENDIX 2 – INFORMATION SHARING GUIDANCE

Sharing Information about Children

You need to alert another professional involved in the care of a child admitted to your ward / department but it is not a social care referral.

Although information about children attending hospital is routinely shared with community health practitioners such as Health Visitors, School Nurses and GPs this is often electronic and there may be a time delay. If you need to alert another professional to a child's attendance or admission you can contact them yourself by phone or e-mail or fax using the 'Information Sharing' form.

If you become aware that a child in your care already has social worker and this attendance has not raised a new child protection concern you can ring the social worker direct or fax information. If you do not know the name and number of the social worker ring:

Doncaster:

Ring 01302 737777 and press option 3 (you are not referring).

Bassetlaw:

Ring 0115 8041131 with the child's details.

If this visit to your department requires a follow up by a health professional in the community for example the health visitor:

Doncaster:

You can leave information for the Liaison Health Visitor who will share the information with the appropriate team. Or you can ring Single Point of Contact on 01302 566776.

Bassetlaw:

You can contact Single Point of Access (SPA) at Retford on 01777 274422 from 7am to 9pm every day and leave a message for the relevant practitioner. If you do not know the name of the practitioner SPA will locate them by the name of the child from their system and send a message or put you through to the correct person.

APPENDIX 3 – INFORMATION SHARING FORM

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust

SAFEGUARDING CHILDREN INFORMATION SHARING FORM

Please use this form to share information with other professionals when a child attends hospital (but does not meet the threshold for referral to children's social care) e.g. to an existing Social Worker, Health Visitor or School Nurse.

SECTION 1. Staff details	**Date:**	**Time:**
Name:		
Job title:	Phone No:	
Work address:		
Name of social care practitioner: **Form faxed** ☐ **or** **Telephone call and form faxed** ☐		
SECTION 2. Patient details:		
Name of patient:	Date of birth:	
Address:	Ethnicity & Religion: Interpreter required: **Yes** **No**	
Telephone number:	Disability or communication issues: **Yes** **No**	
Reason for attendance/admission:		

APPENDIX 4 – SEVEN GOLDEN RULES OF INFORMATION SHARING

Seven Golden Rules of Information Sharing

1. Remember that the Data Protection Act is not a barrier to sharing information but provides a framework to ensure that personal information about living persons is shared appropriately.

2. Be open and honest with the person (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so.

3. Seek advice if you are in any doubt, without disclosing the identity of the person where possible.

4. Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in the public interest and this includes the protection of adults and children. You will need to base your judgement on the facts of the case.

5. Consider safety and well-being: Base your information sharing decisions on considerations of the safety and well-being of the person and others who may be affected by their actions.

6. Necessary, proportionate, relevant, accurate, timely and secure: Ensure that the information you share is necessary for the purpose for which you are sharing it, is shared only with those people who need to have it, is accurate and up-to-date, is shared in a timely fashion, and is shared securely.

7. Keep a record of your decision and the reasons for it – whether it is to share information or not. If you decide to share, then record what you have shared, with whom and for what purpose.

APPENDIX 5a – CSE REFERRAL FORM - DONCASTER

The Doncaster Child Sexual Exploitation referral form for young person's

It is important that where information in the following areas is known that those sections are completed as fully as possible			
Young Person's Personal Information:			
Full Name		Full Address including City and postcode	
Any Middle Names			
Likes to be Known As			
Any Aliases			
Age			
Date of Birth		Address Perm or Temp?	
Ethnicity		With Parents, In Care or Secure?	
Sexual Orientation			
Physical Disabilities		Phone Number	
Learning Difficulties		Mobile Number	
Rural Address?		Email Address	
Refugee/Asylum Seeker		Contact Preference	

Name of Parent/ Guardian	
Relationship to Young Person	
Parent/Guardian's Contact Details	

Referral Information:			
Date Form Completed		Date Referral Made	
Referring Organisation		Phone Number	
Contact Name		Mobile Number	
Job Role		Email Address	
Why are we worried about this young person?			
What needs to change to not be worried about this young person?			

Agencies Involved: **Please include details of all agency's working with young persons including school and social care**			
Name of Agency	Contact Name	Phone Number	Email Address

Young Person Aware of Referral?	Yes		No	
Young Person's Parent/Guardian Aware of Referral?	Yes		No	
Comments				

How do you believe this person will engage with the Doncaster CSE Team?						
Difficult to Engage	1	2	3	4	5	Good Engagement

Risk Assessment

Please ensure each category below is completed before submitting the referral. If there are no concerns in relation to a particular category please put 'no concerns'.

1. Housing / Accommodation:

Please list any concerns here, including **how satisfied** the young person is with his accommodation, any patterns of street homelessness, stability of placement and any other concerns:

2. Education:

Please list any concerns here, including poor attendance, truancy, exclusion, **young person's attitude** to education and any changes in performance at school:

3. Missing:

Please list any concerns here, including **frequency** and **length** of missing episodes, and the explanation given by the young person:

4. Internet/Mobile Phone Use:

Please list any concerns here, including known or suspected inappropriate use of internet/mobile phones and known or suspected use of adult websites/apps:

5. Alcohol/Drug Use:

Please list any concerns here, including known or suspected dependencies:

6. Physical Health:

Please list any concerns here, including any physical symptoms suggestive of physical or sexual assault:

7. Emotional Health:

Please list any concerns here, including any issues relating to self-esteem, self-harm, eating disorders, low confidence and attempted suicide:

8. Sexual Health:

Please list any concerns here, including any sexually risky behaviour, and any sexually transmitted infections:

9. Sexual Activity:

Please list any concerns here, including any known or suspected sexual activity, known or suspected sexual partners, any concerns relating to clipping (offering to perform sexual acts, asking for the money upfront and then running) and any disclosures of physical/sexual assault which is then withdrawn:

10. Places:

Please list any concerns here, including known or suspected visits to adult venues such as pubs, clubs and saunas, any reports that young person has frequented areas of concern, and any issues relating to cottaging sites (public toilets where men visit for sex with other men) and public sex environments (known as cruising grounds):

11. Relationship with Parents/Carers:

Please list any concerns here, including any issues relating to communication, hostility and aggression, known or suspected domestic violence, history of abuse and any other concerns:

12. Other People/Relationships:

Please list any concerns here, including known or suspected relationships with children/young people involved in sexual exploitation and/or peer grooming, known or suspected gang activity, known or suspected meetings/contact with unknown adults, known or suspected sexual relationships with older people, unexplained relationships with older adults and associating with known or suspected perpetrators:

13. Income:

Please list any concerns here, including any known or suspected accounts of social activities with no explanation of the source of funding, and possession of any items such as expensive gifts and mobile phones with no plausible explanation:

14. Other Concerns/Relevant Information:

Please list any concerns here, including change in appearances, secretive behaviour, any reports of sexual exploitation from others, and anything else you think we need to know:

Details Of Others In The Household:

Name	Relationship To Young Person	Date Of Birth

Brief Medical History/Prescribed Medication:

Please Detail Any Risks/Problems Practitioners May Encounter When Working With This Young Person, Including Risks To Professionals And Other Young People:

CSE TEAM ACTION ON RECEIPT OF REFERRAL:

(For Completion by CSE Social Worker)

Information Gathered Including Feedback To Referrer:
Manager Rational:
Outcome Box 1: To be completed within 24 hours
☐ Strategy Discussion ☐ Child in Need ☐ Advice And Information To Referrer ☐ Triage ☐ Outreach

Outcome Box 2: (Completed By Triage Meeting)
To be completed within 72 hours

☐ Strategy Discussion

☐ Child In Need

☐ Early Help (please specify) Single Agency ☐ Multi Agency ☐ Intensive ☐

☐ Advice And information To Referrer

☐ Outreach

APPENDIX 5b – CSE INFORMATION SHARING FORM - BASSETLAW

CSE Information Sharing – Bassetlaw Only

Child Sexual Exploitation (CSE) Concerns Network Information Operation STRIVER

Please complete and submit this information sheet if you have concerns regarding CSE. This form should be used by you to identify information concerning people, places, activities, or vehicles which you believe may be involved with, or connected to CSE.
Please complete and submit this information sheet if you have concerns regarding a young person at risk of child sexual exploitation.

- **This is not a referral form and should not replace your usual practice of referring to social care, SEIU or CAIU**
- **Anything of immediate risk should be reported via 999 or 101 to the police control room**
- **This is an intelligence sharing form for LOW level non-emergency information**
- **Please be aware this inbox is monitored 24/7**

The information contained herein will be shared with Nottinghamshire Police to:

- **Develop disruption strategies to be implemented by a multi-agency panel**
- **Collate intelligence concerned with children and young people exposed to or at risk of CSE**
- **Inform current/future investigations concerning the sexual exploitation of children and young people**

Summary of concern: (Please give a brief account of the information), for example; Names of perpetrators (including nicknames), addresses of interest, areas, locations, Vehicles (registration, colour, make etc.), Patterns of behaviour (connecting either YP/Perpetrators), hotels, parks, shops takeaways etc.….
Please be SPECIFIC

Is information supplied by a person other than self, if so using a scale of 1-5 how reliable are they? (1= Always reliable, 5= Unknown/Unreliable)

Please provide details of any child/young person or adults involved (if known):

NAME (including nick names/pseudonyms)	DOB	V/S (Victim/ Suspect)	M/ F	Address	Any other agencies involved if so who

Your Details	
Name	
Agency	
Contact Telephone number	
Email address	

Have the police been notified about this matter: Y/N
If yes, please provide incident number/details/date:

CSE, please identify which of the risk indicators you think apply: (If there are High level indicators, discuss with your manager and any safeguarding issues should be referred to social care).

Low Level Risk Indicators

- ☐ Frequently returning home late and or going missing
- ☐ Overt inappropriate and sexualised clothing
- ☐ Sexualised risk taking behaviour, including internet use
- ☐ Unaccounted for/unexplained monies or goods
- ☐ Associating with adults (unknown or identified as risky), or other sexually exploited children or YP
- ☐ Lack of or infrequent contact with family, friends or other support networks
- ☐ Sexually transmitted infections
- ☐ Experimenting with drugs and/or alcohol
- ☐ Low self-esteem, poor self- image, eating disorders and/or self-harm

Medium Level Indicators

☐ Getting into cars with unknown adults
☐ Associating adults known to be/have been involved in CSE
☐ Being groomed on the internet
☐ ”Clipping” i.e. offering sex for money or other payment, but running away before sex takes place
☐ Disclosing a physical assault without sufficient evidence to support a S47 enquiry and later refusing to make or withdrawing a complaint
☐ Involved in CSE e.g. being seen in known houses, recruiting grounds or other “hot spots”
☐ Having an older boyfriend/girlfriend
☐ Poor school attendance or excluded
☐ Staying out overnight without explanation and or details of whereabouts
☐ Breakdown of residential placements due to behaviour
☐ Unaccounted for/unexplained money or goods, e.g. including mobile phones, drugs and alcohol
☐ Multiple or frequent sexually transmitted infections
☐ Episodes of self-harming requiring medical treatment
☐ Repeat offending
☐ Gang member or association with gangs

High Level Indicators

☐ Child under 13 engaging in sexual activity
☐ Episodes of street homelessness, or staying with adults believed to be sexually exploiting them/other YP
☐ Child under 16 meeting different adults and exchanging or selling sexual activity
☐ Found in and removed from known ‘red light’ district by professionals, due to suspected CSE
☐ Being taken to clubs and hotels by adults and engaging in sexual activity
☐ Disclosure of serious sexual assault and then withdrawal of statement
☐ Abduction and forced imprisonment
☐ Being moved around for sexual activity
☐ Disappearing from the ‘system’ with no contact or support
☐ Being bought/sold/trafficked
☐ Multiple miscarriages or terminations
☐ Indicators of CSE in conjunction with chronic alcohol and drug use
☐ Indicators of CSE alongside serious self-harming
☐ Receiving rewards of money or goods for recruiting peers into CSE

APPENDIX 6 – FII GUIDELINES

NHS Bassetlaw Clinical Commissioning Group

NHS Doncaster Clinical Commissioning Group

Doncaster & Bassetlaw Health Preliminary Pathway for when Health Professional Suspects Concerns about Possible Fabricated or Induced Illness

Aim of this pathway is to ensure that health professionals are supported in their decision making process for when they have concerns that a child may possibly be subjected to fabricated or induced illness.

The pathway is not intended for when a health professional:

- **Is concerned that the child is suffering or at risk of significant harm: in these circumstances a referral to social care is required.**
- **Has made an assessment that they suspect FII: in these circumstances a referral to social care is required.**
- **Has been invited to attend an FII strategy meeting.**

Health professionals are encouraged to use this pathway when:

- **They do not feel the child is suffering or at risk of significant harm, and**
- **They want to explore with the wider health community the possibility that the child may be being subject to FII with their health colleagues due to the health concerns they have.**

Cathy Burke
Nurse Consultant Safeguarding

Dr Bushra Ismaiel
Designated Safeguarding Doctor

Suzannah Cookson
Designated Safeguarding Nurse

March 2015 (review March 2016) ***Update November 2016***

Doncaster & Bassetlaw Health Preliminary Pathway for when Health Professional Suspects Concerns about Possible Fabricated or Induced Illness

Health Professional suspects **possible concerns re** FII: Liaise with their organisational Named Professional; (Named GP; Named Doctor; Named Nurse; Safeguarding Lead)

Named Professional supports staff to assess, analyse risks in line with the current DH (2008) HM Gov (2015) & NSCB or DSCB guidance and procedures & RCPCH(2013). Including a **DISCUSSION** with Children's Social Care/MASH to ascertain if any further information available to support analysis and next steps.

Preliminary Concerns Persist **or Possible** FII

Possible FII Concerns mitigated

Named Professionals to support the pulling together of a health chronology and facilitate a health professionals meetings.

Follow local safeguarding and early help support

Designated Professional will co-ordinate & chair the **health multi-disciplinary meeting**. Attendees to include all health practitioners involved and Named Professional from the organisation raising the concern (see page 2).

Possible FII Concerns are mitigated

The Named Professional raising the case will identify & provide the contact details for the health professionals who need to be involved. Attendees to include all health practitioners involved in the case, others may be invited with agreement of the chair.

Preliminary health concerns re **Possible** FII are identified

If concerns escalate & child is thought to be suffering harm or at risk of significant harm refer immediately to social care at any time during this process as per LSCB procedures.

If child is not known to a paediatrician a medical may be requested under S47 CA by social care.

Doncaster & Bassetlaw Health Preliminary Pathway for when Health Professional Suspects Concerns about Possible Fabricated or Induced Illness

Arranging the Health Professionals Multi-Disciplinary (HPMD) Meeting

- The Named Professional from the health organisation raising the FII concern will contact the Designate Safeguarding Professional for their area (Doncaster or Bassetlaw) and explain why there are requesting the HPS meeting and brief them of the case.
- A date, time and venue for the meeting will be agreed.
- The Named Professional will identify the health professionals that require inviting to the meeting.
- The Designated Professional's (CCG) secretary will arrange the meeting, send out invites and the agenda and will attend to take the minutes.

Expected Minimal Attendance for the HPMD Meeting

- The Chair will be either the Designated Safeguarding Nurse or Doctor for the area.
- If the Designated Doctor is the child's Paediatrician then the meeting must be chaired by the Designated Nurse.
- The Named Professional from the organisation raising the concern
- The Professional who raised the concern
- The General Practitioner of the child and if different of the parents (if known)
- Community Practitioners involved in the family (health visitor, school nurse, and others as identified)
- The child's Paediatrician (if they currently have one)
- CCG minute taker
- Others as identified by the Named Professional from the originating organisation and the Chair.

Fabricated or Induced Illness HPMD Meeting: Agenda Template

(To be used for all these meetings across Doncaster & Bassetlaw)

1.	Welcome & Introductions	Chair
2.	Context for the Case	Health Practitioner raising the concern
3.	Establish the known facts	Chair
4.	Recognition / Identification of emerging FII concerns	All
5.	Next Steps & Agree Actions	All

References:

BCCG (2015)	Safeguarding Policy
DCCG (2014)	Safeguarding Vulnerable People's Policy
HM Gov (2008)	Safeguarding Children in whom illness is fabricated or induced
HM Gov (2015)	Working Together to Safeguard Children
NHS Choices (2015)	Fabricated or induced Illness web page (www.nhs.uk: last accessed 20 February 2015)
RCPCH (2009)	Fabricated or Induced Illness by Carers: a practical guide for paediatricians
RCPCH (2013)	**The Child Protection Companion**
RCPCH/NSPCC (2014)	Safeguarding Children and Young People: The RCGP/NSPCC Safeguarding Children Toolkit for GP
NSCB	Practice Guidance Fabricated or Induced Illness
DSCB	Practice Guidance Fabricated or Induced Illness

APPENDIX 7a – EHAF FORM (BASSETLAW)

Early Help Assessment Form (EHAF)

This form should be used alongside the guidance within the Pathway to Provision
www.nottinghamshire.gov.uk/pathwaytoprovision

Section 1 – PRACTITIONER AND CONTACT INFORMATION

Details of the person completing this form:			
Name:		Telephone number:	
Job title:		Service / organisation:	
Email:		Date:	

Reason for EHAF completion – please tick all appropriate boxes	Please tick below
Assessment of child's or young person's needs	
Referral to an early help service	

Child or young person's information: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)					
Name:		Also known as / Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:			
Disability / communication issues: **Yes / No**		Religion:			
Name of Children's Centre / Early Years Service / School attending (if applicable):		Date enrolled:		**NHS Number:**	

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	
Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes / No / Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

Section 2 – FAMILY AND ENVIRONMENT

Briefly describe the family – who are the family members, where do they live, what do they do (employment/interests), what support networks do they have, what professional support do they currently receive, is there a history of significant events?

Section 3 – PARENTS AND CARERS

Answer the questions below and provide supporting evidence
Are the parent(s) able to provide basic care ensuring safety and protection? **Yes / No** Why have you come to this conclusion? Are the parent(s) able to provide emotional warmth and stability? **Yes / No** Why have you come to this conclusion? Are the parent(s) able to provide guidance and boundaries? **Yes / No** Why have you come to this conclusion?

Section 4 – THE CHILD / YOUNG PERSON

Briefly describe the child / young person - what are their strengths; what are the needs that you have identified which have led to a first assessment? Please refer to the Pathway to Provision www.nottinghamshire.gov.uk/pathwaytoprovision

Section 5 – WHAT NEEDS TO CHANGE?

What do the family/ parents / carers think needs to change?
What does the child / young person think needs to change?
What do you think needs to change?

Section 6 – PLANNING FOR CHANGE

What will you / your organisation do to help the family / child / young person make positive changes?
What referrals will you make to other services?
What do you hope the other services will do / achieve?

Section 7 - CONSENT FOR INFORMATION SHARING AND INFORMATION STORAGE

If the young person (aged 13 -15) requests that their parent/carer are not made aware of this referral please answer the following questions with regard to the support the young person is seeking: NB it is generally assumed that young people aged 16 or over are able to provide consent on their own behalf.
1. Do you assess that the young person will understand the advice, treatment or intervention? **Yes / No**
2. Can the young person be persuaded to inform their parent(s) that they are seeking advice, treatment or intervention? **Yes / No**
3. Is it very likely that the young person will continue to put themselves at risk without advice/intervention/treatment? **Yes / No**
4. That unless they receive advice, intervention or treatment their physical or mental health or both are likely to suffer? **Yes / No**
5. Do their best interests require you to give them advice, treatment or intervention without the parental consent? **Yes / No**

I am the child / young person named in this form:					
I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used for monitoring purposes, where all identifying information will be removed. The reasons for information sharing have been explained to me. I understand those reasons. I agree to this referral being made and for the sharing of information between the services that will contribute to the assessment for and delivery of an agreed plan of work. I agree to the sharing of agreed information with members of my family if necessary except:					
Signed:		Name:		Date:	

I am a parent / carer of the child / young person named in this form:					
I understand the information recorded in this form. I know that it will be used to provide services to me and may be stored electronically. A copy will be held securely with Nottinghamshire County Council's Children, Families and Cultural Services Department and may be used for monitoring purposes, where all identifying information will be removed. The reasons for information sharing have been explained to me. I understand those reasons. I agree to the sharing of information between the services that will contribute to the assessment for and delivery of an agreed plan of work. I agree to the sharing of agreed information with members of my family if necessary except:					
Signed:		Name:		Date:	
Signed:		Name:		Date:	

Section 8 – OUTCOMES (Complete at Closure)

Date of review
What difference has the plan made?
What do the family/ parents/ child / young person think about the outcomes of the plan
Is there anything else that needs to be done?

A. SAFEGUARDING CONCERNS

If you have safeguarding concerns regarding a child or young person (in line with the Pathway to Provision level 4 guidance) please contact the Multi-Agency Safeguarding Hub (MASH)

Tel: 0300 500 8090
8.30 am to 5.00 pm - Monday to Thursday
8.30 am to 4.30 pm - Friday
Fax: 01623 483 295
To submit an online form, log onto: www.nottinghamshire.gov.uk/MASH

In an emergency, outside these hours please contact the Emergency Duty Team (EDT) on 0300 456 4546

B. LOGGING THE EARLY HELP ASSESSMENT

Please log the EHAF with the Early Help Unit:
Tel: **0115 8041248**
9am to 4.30pm Monday to Friday
Fax: **01623 433245**

Email: early.help@nottscc.gcsx.gov.uk **(if from a secure e-mail address), or please use** early.help@nottscc.gov.uk **and password protect any confidential information**

MAKING A REFEFFRAL TO EARLY HELP SERVICES

Please send the completed assessment with the additional information section (Section 9 see below) to the Early Help Unit or to the local Children's Centre (if known).

Early Help Unit
Tel: 0115 8041248
Fax: 01623 483295
Email: early.help@nottscc.gcsx.gov.uk **(if from a secure e-mail address), or please use** early.help@nottscc.gov.uk **and password protect any confidential information**
Address: Early Help Unit, Piazza Building, Sherwood Business Park, Annesley, NG15 0EB

SECTION 9: ADDITIONAL INFORMATION REQUIRED FOR A REFERRAL TO THE EARLY HELP UNIT

Are you aware of any risks to staff undertaking home visits?	**Yes / No / Unknown**
If **yes**, please describe:	

Other children / young people in the family, if known: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)					
Name:		Also known as / Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:		Is this sibling a subject of the referral: **Yes / No**	
Disability / communication issues: **Yes / No**		Religion:			
Name of Children's Centre / Early Years Service / School attending (if applicable):		Date enrolled:		**NHS Number:**	

Other children / young people in the family, if known: (If child is an unborn baby, specify name as 'unborn baby' and mother's name)					
Name:		Also known as / Previous names:			
Address: Postcode:		Telephone number:			
		Date of birth:	Age:	School Year:	Gender:
Ethnicity:		Nationality:		Is this sibling a subject of the referral: **Yes / No**	
Disability / communication issues: **Yes / No**		Religion:			
Name of Children's Centre / Early Years Service / School attending (if applicable):		Date enrolled:		**NHS Number:**	

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	
Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes** / **No** / **Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

Parent / carer or other significant adult in the family e.g. grandparents:			
Name:		Also known as / Previous names:	
Address:		Telephone number:	
		Date of birth:	
		Parental responsibility?	**Yes** / **No** / **Unknown**
Postcode:		Nationality:	
Ethnicity:		Religion:	
Disability / communication issues: **Yes / No**		Relationship to child or young person:	

APPENDIX 7b – EARLY HELP REFERRAL FORM - DONCASTER

Children / Young People and Parent Carer Details

Please state the relationship to each other

Doncaster Safeguarding Children Board

Working to make our children's lives safer

Early Help Hub Enquiry Form

Main Contact Telephone Number(s) for the family	**Home:**	
	Mobile:	
	Work:	

Relationship and Name Please name the child who you are referring in 1st on the form followed by other family members	DOB	Gender	Ethnicity & First Language	Pleas tick child / children you have concerns about	Address	Parental Responsibility

Are the any disabilities within the household / family? If yes, please give details of person and disability
Is an interpreter required? If yes, please give details of person requiring interpreter

Consent

Name of Child / Young Person	**Is the Child / Young Person aware of the enquiry?**	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
Name of Parent / Carer	**Is the Parent / Carer aware of the enquiry?**	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
Has written consent been obtained from all children / young people or parent / carers to make enquiry?	**☐ Yes ☐ No**	***If yes, please attach consent form for each individual child / young person / parent / carer***
If no consent, why?		

Person / Organisation Requesting Enquiry

Date & time of enquiry	
Contact name & job title	
Organisation Address	
Telephone number / email	
Does the person with to remain anonymous?	

School / Nursery Details

Are any of the children/young people concerned currently attending school / nursery? ☒ Yes ☐ No

If yes, Child / Young Person's Name	School / Nursery Name and Address	School / Nursery Contact & Role	School Year	Is the child / young person on the SEN register?	Latest school attendance figure? %
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	
				☐ Yes ☐ No	

Presenting Issues

Child / Young Person's or Parent / Carer's Name	Low Level Neglect	Behaviour	Parenting	Anti-Social Behaviour	CSE	Domestic Abuse
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐
	☐	☐	☐	☐	☐	☐

Enquiry

Risk - What are you worried about? *Please state the relevant child / young person's / parent / carers name next to where information is in relation to that individual.*
Resilience – What are the protective factors? / What's going well? *Please state the relevant child / young person's / parent / carers name next to where information is in relation to that individual.*
Resistance – Are parents / carers complying with enquiries and willing to access help? *Please state the relevant child / young person's / parent / carers name next to where information is in relation to that individual.*
Child's Voice – what does the child or young person say and wants to change to improve their life? *Please state the relevant child / young person's name next to where information is in relation to that individual.*
Parents Views - *Please state the relevant parent / carers name next to where information is in relation to that individual.*
Brief details of any relevant work previously provided? (include any early intervention, social care, school, health parenting courses, counselling and service interventions) *Please state the relevant child / young person's / parent / carers name next to where information is in relation to that individual.*

Analysis – How can risk be managed / alleviated for the child or young person - *Please state the relevant child / young person's name next to where information is in relation to that individual.*

Other agencies currently working with the family

Is there any other agency known to be working with the family? Please specify

Agency	Workers Name	Role	Contact Details

Has an Early Help Assessment been completed for any child / young person in the family?	☐ **Yes** ☐ **No**		
If yes, please state all children / young people's names where the assessment has been carried out.		**By whom:**	**Date:**
Has a Single Assessment been completed for any child / young person in the family?	☐ **Yes** ☐ **No**		
If yes, please state all children / young people's names where the assessment has been carried out.		**By whom:**	**Date:**

Does the family meet the 'Stronger Family' criteria?

Doncaster's Stronger Families Programme is based on 6 family themes of which families must meet two to be eligible for the support available under the programme. These family themes are:

Families involved in crime and Anti-social behavior	Yes / No / Don't Know
Families where children do not attend school regularly	Yes / No / Don't Know
Families who need help early	Yes / No / Don't Know
Families affected by health issues	Yes / No / Don't Know
Families who are affected by domestic violence and abuse	Yes / No / Don't Know
Families who have adults claiming out of work benefits, are at risk of financial exclusion or where young people are at risk of worklessness	Yes / No / Don't Know

APPENDIX 8 – REFERRAL TO CHILDREN'S SOCIAL CARE GUIDELINES

Safeguarding Children Social Care Referrals

You have child protection concerns during this attendance about this child or parent with children:

During office hours:

Doncaster – Telephone Referral & Response Team 01302 737777

Bassetlaw – Telephone MASH 0300 500 8090

Follow up with a completed referral form and send by FAX or secure e-mail:

Doncaster – 01302 736089 childrenassessmentservice@doncaster.gcsx.gov.uk
Bassetlaw – 01623 483 295 mash.safeguarding@nottscc.gcsx.gov.uk

If you do not require an immediate response a FAXED or SECURE e-mail referral will be sufficient DO NOT POST.

Out of Hours:
Referrals which do not require an immediate response please FAX or SECURE e-mail to the relevant area. Referral requiring an immediate response such as disclosure of abuse or significant injuries please contact the Emergency Duty Team by telephone.

Doncaster – 01302 796000 Bassetlaw – 0300 456 4546

REMEMBER
Consult local Guidance and Thresholds to ensure your referral is appropriate.

Complete the referral with as much information as you have, you may have to ask your patient or liaise with other professionals e.g. GP, School Nurse or Health Visitor for more information.

Document in the patient record you have made the referral.
Send copies of the referral to the GP, Bassetlaw - School Nurse/Health Visitor, Doncaster – Liaison Health Visitor & The Safeguarding Team.

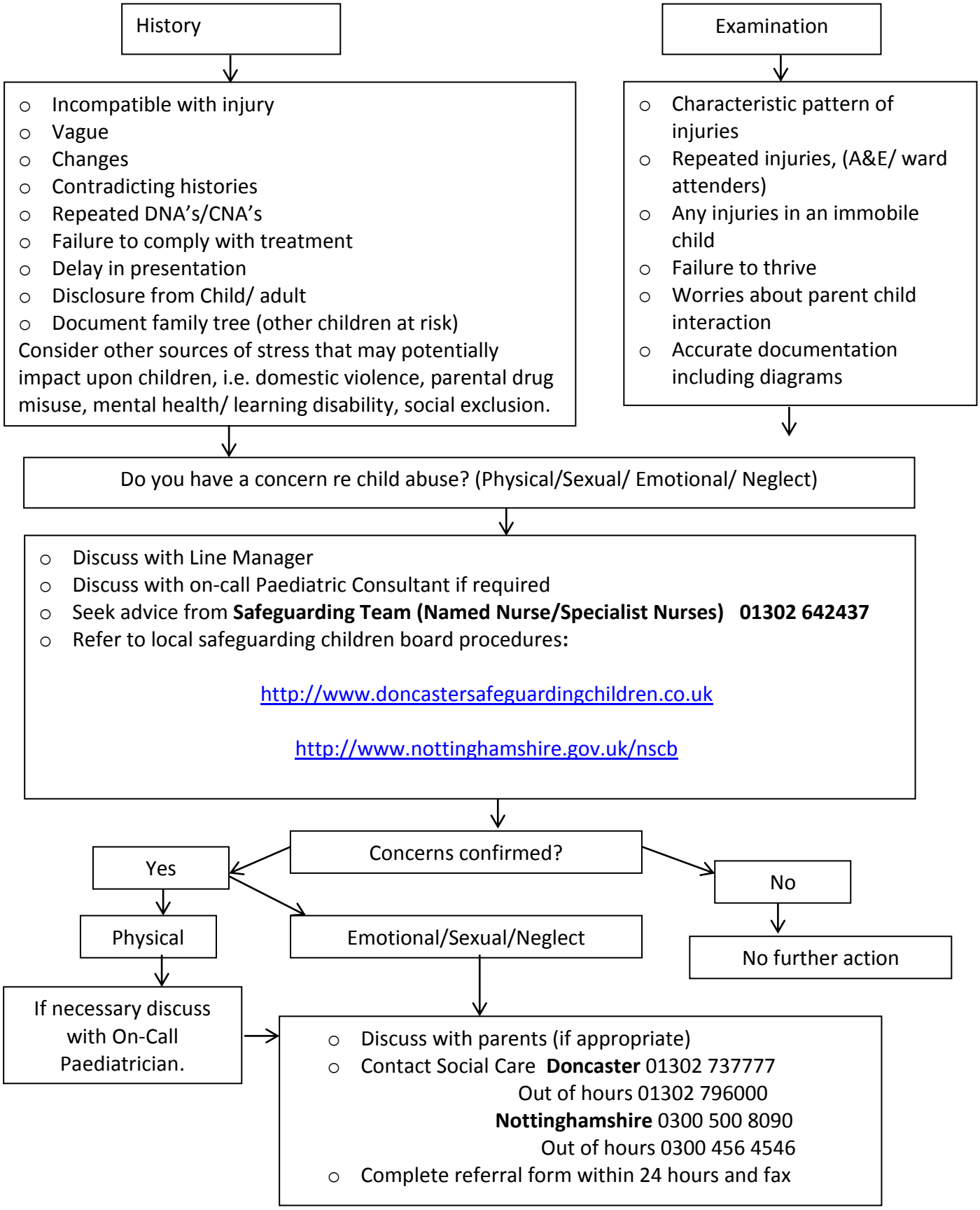
If it is Monday to Friday between 9-5 call the Health Visitor or School Nurse direct to share information.

If your referral does not meet the threshold for level 4 (Child Protection) consider an Early Help Referral or other service such as Project 3 (Doncaster only), CASH or CAMHS.

IF YOU ARE SHARING INFORMATION ONLY PLEASE COMPLETE THE SHARING OF INFORMATION FORM AND FAX OR SEND BY SECURE E-MAIL.

APPENDIX 9 – REFERRAL TO CHILDREN'S SOCIAL CARE FLOWCHART

Child Protection Referral Guidance Doncaster and Bassetlaw Teaching Hospitals



APPENDIX 10 – REFERRAL TO CHILDREN'S SOCIAL CARE FORM

NHS
Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

REFERRAL FORM FOR CHILDREN'S SOCIAL CARE

1. If immediate protective action is required, a referral must be made to a social worker via telephone. This referral form must always be completed following a telephone referral and forwarded (by fax or secure e-mail) to Children's Social Care. If the child is in immediate danger call 999.
2. For non-urgent referrals it is appropriate to complete this form and fax or secure email to the appropriate Children's Social Care.

SECTION 1 Referrer details

Date: _____ Time: _____

Name: _____

Job title: _____ Phone No: _____

Work address: _____

Name of social care practitioner contacted via telephone: _____

☐ Form faxed following telephone call ☐ Fax only ☐ Secure email

SECTION 2 Patient details

Name of patient: _____ Date of birth: _____

Address: _____

_____ Telephone number: _____

Ethnicity & religion: _____

Interpreter required: ☐ Yes ☐ No Disability or communication issues: ☐ Yes ☐ No

Reason for admission: _____

What are your concerns: _____

Is the child/children/siblings safe?: _____

SECTION 3 Significant others (e.g. children/siblings/parents/grandparents/carers):

Surname	Forename	DOB	M/F	Relationship

Who has parental responsibility?:

SECTION 4 Further information:

Agencies currently involved with this family: (Consider if a copy of this form should also be sent to key practitioners)

I have made the child/parent/carer aware of this referral. ☐ Yes ☐ No

If **no**, please state why:

Child/parent/carer's view of this referral:

Are you aware of any risks to professionals undertaking home visits? ☐ Yes ☐ No ☐ Not known

If **yes**, please describe:

SECTION 5 Recommendations following telephone call:

Please summarise the discussion with Children's social care and agreed actions:

Please ensure a copy of this referral form is sent to Children's Social Care, the Safeguarding Team, GP, Health Visitor Liaison (Doncaster)/Single Point of Access (Bassetlaw) and a copy filed in the patient's notes.

Doncaster secure email: childrenassessmentservice@doncaster.gcsx.gov.uk Tel: 01302 737777
Bassetlaw secure email: Mash.safeguarding@nottscc.gcsx.gov.uk Tel: 0300 500 8090

APPENDIX 11a – CASE CONFERENCE/REPORT TEMPLATE – NOTTINGHAMSHIRE (BASSETLAW)

Nottinghamshire SAFEGUARDING CHILDREN Board

Agency report to Initial / Review Child Protection Conferences

Name of Agency		**Date of Conference**	
Your Name		**Job Title**	

Confidentiality statement:

The contents of this report are confidential and provided for the purpose of the above meeting only. Any wider dissemination of the information contained within the report will be agreed at the conference. Copies of the report must not be taken away from the conference without the permission of the author/organisation

The report should be discussed with the child, if appropriate and the family prior to the conference unless there are specified reasons for not doing so.

Child(ren) subject of conference

Name of child	DOB	NHS No.	Ethnic Origin	Disability	1st Language	Religion	Address	School/ Nursery/ Children's Centre

Name of Parents/Carers/Significant Others

Name and relationship to child	DOB	Ethnic Origin	Disability	1st Language	Religion	Address	Parental Responsibility

1. Reason for, and Summary of Agency involvement:
2. Please comment on Child(ren)'s developmental needs / Parenting Capacity / Family & Environmental factors.
3. What are the protective factors in relation to the child?
4. Views of the child *(if known)*
5. Views of parents/carers *(about current situation/concerns)*
6. **Analysis of risk and any impact on the child/ren** *What is your view about the identified risk bearing in mind the threshold criteria for a child protection plan?*

Signed: **Date:**
(Author)

APPENDIX 11b – CASE CONFERENCE/REPORT TEMPLATE - DONCASTER

Multi-Agency Report for Child Protection Conference

CONFIDENTIAL

Notes for use: Please complete this form **electronically**; the text boxes will expand to fit your text.

The completed form contains personal data to be protected and processed in line with the Data Protection Act 1998

Name of Child/Children & D.O.B	
Planned Date of Conference	
Agency Completing Report	
Address	
Name of Worker	
Name of Manager (where applicable)	
Date CP Multi Agency Conference Report Completed	

Overview of Agency Involvement with child/children and family including information of attendance/engagement with your service. (This can be information provided by another professional within your agency. Name and designation must be included) **Please use assessment tools to ensure all relevant aspects of your involvement/assessment are included.**	
What are you worried about?	**Please include current worries, past harm and any complicating factors.**
What is going well?	**Existing Safety**: proven and tested to keep the child/ren safe over time, what is currently keeping the child/ren safe and **Strengths**
The voice of the child and observations of the child in their daily life. **Their wishes and feelings** **Their routine** **The way they get on with family, friends and professionals.** Please include any direct work undertaken with the child/ren (for example, *three houses and fairy and wizards tool),* observations of the child/ren; and may include observations of an adults attitudes about and towards the child/ren and their interactions	

What needs to happen?	**Safety Goals:** what do you need to see for the child/ren to be safe? What does safety look like for each child/ren for Children's Social Care to no longer be involved. **Next steps:** what can you offer to support the child/ren and family?

Danger Statements:

Please state your concern and what you think is likely to happen if the above worries continue. Please use short sentences and free from jargon, and always start with "*I am worried that… will happen if….continues"*.

Safety Scale Based on your current assessment:

On a scale of 0 - 10, where 10 means everyone knows the child/ren are safe enough for the child protection authorities to close the case, and 0 means that things are so bad and there is little to no safety and the children cannot live at home, in this situation where do you think safety is?

0 | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10**

On a scale of 0 – 10 I scale:

Parent/Carer's	
Have you shared this report with the parents/carers? (yes / no)	
Date Shared	
How was it shared?	
If it was shared, what are their views? (wishes and Feelings)	
If it was not shared, please explain why?	
Child/Young Person	
Have you shared this report with the Child/Young Person? (Yes/No)	
Date Shared	
How was it shared?	
If it was shared, what are their views? (wishes and Feelings)	
If it was not shared, please explain why?	
Signature of person completing report	
Signature of Line Manager: (where applicable)	

It is the responsibility of all agencies who have participated in the enquiry or who have relevant information to make this available to the conference in the form of a legible and signed report. The report should be provided to parents 2 working days in advance of initial conferences and at least 5 working days before review conferences. If this is not achievable for any reason, please contact the chair to discuss in advance.

Please ensure that reports are sent to the Safeguarding & Standards unit 48 hours prior to conference.

Please ensure you arrive 30 minutes prior to the conference to share your report with other agencies and ensure parents are aware to also attend 30 minutes before in order to have a pre meeting with the Child Protection Chair.

Thank you

Completing the Multi-agency Child Protection Conference Report

Doncaster Children's Services Trust (DCST) has adopted Signs of Safety as the basis of work with children across all partner agencies engaged in providing services and as the core philosophy for working with children and families across Doncaster.

Families will become increasingly familiar with the concepts and vocabulary of Signs of Safety as it is used routinely in all our work with children and families from their first contact with practitioners in universal services and where necessary right through to child protection, children in public care and back to universal services

The attached Multi-Agency Child Protection Conference Report Template should be completed by all professionals to provide information to the conference. The format of the report reflects the Signs Of Safety approach.

The report should be provided to and discussed with parents, and children when appropriate, in advance of the conference. It is important that families do not hear new information at the conference and it is the responsibility of all agencies that have relevant information to make this available to the conference in the form of a written, legible and signed report.

Once the report has been discussed with the parents, it should be provided to the Safeguarding and Standards Unit at least 48 hours prior to an Initial conference and 5 working days in advance of a Review conference.

These timescales are to give families sufficient time to prepare for such important meetings about their family life.

Completed Reports should be sent by secure e-mail to: Safeguarding@doncaster.gcsx.gov.uk

Confidentiality

Information shared verbally or in writing in the Conference must only be shared outside the meeting if it is to safeguard and promote the welfare of children. Conference reports and

minutes are confidential and should not be passed to a third party without the consent of the parents or order of court.

Guidance on completing the Conference Report

Please write the report based on your professional knowledge and understanding of the child and family. As this is a generic form you must ensure all the relevant information from your agency or specialism is included.

You may wish to refer to relevant SoS tools to aid you in completing this report:

The Signs of Safety: Child Protection Practice Framework. September 2011 – 2nd Edition.

https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf

Turnell, A. and Edwards, S. (1999). Signs of Safety: A safety and solution oriented approach to child protection casework, New York: WW Norton.

The following sections will be the core of the conference and you will be expected to have analysed your information when contributing to conference. - It needs to be brief and to the point - (you will be asked specifically by the Chair for a focused response)

Past Harm/ Current worries

This should include any significant events in the child/children's life which may have caused them harm and/or any significant events within the family (I.e. parents own experience of being parented, previous Child Protection Plans, information from other Local Authorities and criminal history.)

- What are the past and current dangers and risks for the child/children?
- What behaviour/events/actions are placing the child at risk of immediate and significant harm?
- What is, or has been, the impact on the child?
- What evidence is there that means the child is being ill-treated or their health and development is being impaired?

Complicating Factors

This should include factors that are contributing to, or causing difficulty to the child/children. This could be such as a disability; additional health or educational needs, any experience of bullying, parent's mental health being exacerbated by alcohol, or additional information required to reliably assess risk, family; and environmental factors such as resources, community integration, family's social income, employment, housing and wider family and functioning. This should also include any outstanding assessments or investigations.

What is going well?

Safety - Things that are currently in place and that have been shown, over time, to directly address areas of the risk and reduce danger for the child.

Strengths - Positive attributes of the child/children, parents and resources within the family. Consider Signs of Safety that over time could be built on to provide a safer environment, e.g. a family member looking after the child/children, or a parent ceasing a certain behaviour, and a parent engaging in such as parenting courses, assessments or treatment programmes.

The Voice of the Child and Observations of the child in their daily life

- Their wishes and feelings
- Their routine
- The way they get on with family, friends and professionals

This is an essential part of the report as it provides an insight into the child's world and your professional judgment of how they present to you. This may be different depending from what perspective you are observing the child. However it will though this observation that will support a child focused assessment that will reflect the child and their individual needs. The child's needs in relation to their own identity and diversity will need to be considered in all aspects of the child's world. Acknowledge that all children have differing needs.

There may be occasions that the agency completing this report may not have direct involvement with the child. It is important to comment here on any observation of an adult who may have a direct impact on the child. For example in relation to their presentation or any behaviour that may place a child at risk of harm. Please note that this needs to include any direct work completed (i.e. Three Houses Tool and the Fairy/Wizard Tool), observations of the child; and may include observations of an adult's attitudes about and towards the child/children and their interactions. It is important that the voice of the child and their understanding about their world is reflected in all our work completed and that they are fully included in all assessments.

Assessment Findings and Outcomes

An analytical record as to the outcomes of the assessment, particularly in relation to the extent to which a child is suffering or likely to suffer significant harm, the types and levels of risk involved, the likely severity of the impact of such harm and the extent to which change is required and likely to be achieved. This section of the Child and Family Assessment should identify clearly the areas in which further work with the child / family is required, how we can build on Signs of Safety and how the impact of such work might be further evaluated and within what timescale. Information in this section must factual and based on evidence. Please ensure it is focused and is relevant to the needs of the child.

Danger Statements (Who is worried, what are we worried about, and the possible impact of any of these worries on the child/children.) This should be in family friendly language that is jargon free.

Safety Goals

What would it look like if we were not involved and everything was working well and the child/children were happy, safe and supported to be achieving and healthy? These need to balance each Danger Statement and should describe what it would look like (what we would see) it was a 10 on the Signs of Safety Scale.

Safety Scale

Based on your current assessment where would you scale the child/children on the Safety Scale where 10 means everyone knows the child/children are safe enough for the Child Protection authorities to close the case and zero means things are so bad, there are little to no safety and the child/children cannot live at home. Place your agency in the appropriate part on the scale.

What can you contribute to a plan to keep the child safe?

In your report you need to be clear about your contribution to keeping the child safe. Being part of a multi-agency meeting is not enough. There needs to be a specific contribution. If you are unsure what you can do then acknowledge it.

In conference think about what you can do? You will be asked.

Chronology (this is mandatory requirement for CYPS)

This section should include details of any incidents, injuries or significant events that your agency is aware of along with the date and a brief summary of the event.

Genogram (this is a mandatory requirement for CYPS)

Reference

Practice Guides

http://www.doncastersafeguardingchildren.co.uk/about_dcsb/about_dscb.asp

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

https://www.dcp.wa.gov.au/Resources/Documents/Policies%20and%20Frameworks/SignsOfSafetyFramework2011.pdf

APPENDIX 12 –USEFUL CONTACTS & LINKS

Useful Contacts and Links:

Referrals to Children's Social Care

Doncaster – 01302 737777
Bassetlaw – 0300 500 8090
Out of hours:
Doncaster – 01302 796000
Nottinghamshire – 0300 456 4546

External Safeguarding Training

Doncaster
http://www.doncastersafeguardingchildren.co.uk/

Bassetlaw/Nottinghamshire
http://www.nottinghamshire.gov.uk/nscb/training

FGM

NSPCC FGM HELPLINE – 0800 028 3550
fgmhelp@nspcc.org.uk

CSE

Doncaster CSE team – 01302 737200.
CSE Nurse – 01302 862012
CSE social worker – 01302 736929

Domestic Violence

Bassetlaw Women's Aid: 01909 478065
Doncaster Domestic Abuse Helpline: 0800 4701 505

Safeguarding Team Intranet Page

http://intranet/Corporate-Directorates/Nursing-Quality/Safeguarding_Homepage.aspx

APPENDIX 13 – TRAINING GUIDE

Safeguarding Training Guide

Introduction:

Safeguarding training is delivered in various levels depending on specific roles and responsibilities. This can be confusing because it will also depend on the area where you work. For example: a Staff Nurse working on an adult ward will require Level 2 Safeguarding Adults and Level 2 Safeguarding Children training but a Staff Nurse working on a children's ward will require Level 2 Safeguarding Adults and Level 3 Safeguarding Children training.

The requirements and levels are dictated by the Intercollegiate Document: Safeguarding children and young people: roles and competences for health care staff (RCPCH, 2014).

If you require Level 3 training you need to complete Level 1 & 2 first then maintain your Level 3 with updates.

National Government Guidance (HMG, 2015) enables organisations to ensure their staff receive the correct level of safeguarding training to ensure they are competent to recognise and respond to abuse. As a health organisation we have a duty to protect and safeguard our patients under Section 11 of The Children's Act 1989 & 2004.
If you are unsure which level of training you require please contact the safeguarding team on 01302 642437 who will be happy to advise.

Training needs to be updated every 3 years at the level you require.

References:

HM Government (1989)& (2004) The Children Act. HMG, London.
HM Government (2015) Working Together To Safeguard Children. HMG, London.
Royal College of Paediatricians and Child Health (2014) Safeguarding Children & Young People: Roles and Competencies for Health Care Staff. RCPH, London.

Guidance:

Level 1 Children & Adults Training (Joint)

SET Booklet

To be accessed by ALL STAFF joining the Trust, then to complete yearly (includes all other SET subjects).
Volunteers: the Safeguarding Team will provide training as required.

Level 2 Children & Adults Training (Joint)

Half day in-house course (seminar or carousel style)

E-learning

To be accessed by ALL CLINICAL STAFF, e.g. Doctors, Nurses, Occupational Therapists, Radiographers.

Level 3 Safeguarding Children Training

Full Day In-house or externally provided by Local Safeguarding Children Boards (Nottinghamshire or Doncaster).

To be accessed by all staff who works predominantly with children including ALL QUALIFIED EMERGENCY DEPARTMENT STAFF e.g. Children's Nurses, Paediatricians and other grades working with children, Midwives, Children's Physiotherapists.

Level 3 Safeguarding Children Training – Updates

Local Safeguarding Children Boards (Nottinghamshire or Doncaster) - subject specific sessions. In-house sessions may be available.
Other external providers where available.

Alternative methods may also be used e.g. learning reviews, e-learning (must be verified as suitable).

Level 4 Safeguarding Training
(External Training)
ALL SPECIALIST SAFEGUARDING PROFESSIONALS e.g.: Named Nurse, Named Doctor, Specialist Nurse and Named Midwife.

How to find sessions:

Level 1: SET Booklet to be completed via line manager.

Level 2: Intranet, Safeguarding Team, Education Centre, Safeguarding Newsletter, DBH Buzz.

Level 3: Intranet, Safeguarding Team, Education Centre, Local Safeguarding Children's Boards, Safeguarding Newsletter, DBH Buzz. External training is circulated by the Safeguarding Team when received from external agencies.

Level 4: Training information is regularly circulated by Safeguarding team. Local Safeguarding Children Board websites. Often specialist training is targeted to the Safeguarding Team locally and nationally.

How to book:

Level 2 & 3 (in-house): Book your place by contacting the Education Centre on 01302 642055

Level 3 & 4 (external): Book your place through the local Safeguarding Children Board (Doncaster or Nottinghamshire) or via guidelines by other external training providers.

DON'T FORGET!
SAFEGUARDING IS EVERYONE'S RESPONSIBILITY!!

APPENDIX 14 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Safeguarding Children Policy	Safeguarding Team	Elizabeth Boyle	Existing Policy	3.1.17

1) Who is responsible for this policy? Safeguarding Team

2) Describe the purpose of the service / function / policy / project/ strategy? All Trust Staff

3) Are there any associated objectives? Compliance with Section 11 Children Act – Duty to Safeguard and Protect Children

4) What factors contribute or detract from achieving intended outcomes? None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation]

6) Is there any scope for new measures which would promote equality? N/A

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	NO	
b) Disability	NO	
c) Gender	NO	
d) Gender Reassignment	NO	
e) Marriage/Civil Partnership	NO	
f) Maternity/Pregnancy	NO	
g) Race	NO	
h) Religion/Belief	NO	
i) Sexual Orientation	NO	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form in Appendix 4

Date for next review: January 2020

Checked by: Elizabeth Boyle Date: 3rd January 2017