SAFEGUARDING CHILDREN
Protocols and resources for Cornwall and Isles of Scilly

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1. Child protection procedures – the basics

If you have a concern about a child/family: refer to the local authority in which the child/young person lives.

CORNWALL:
- Multi-agency Referral Unit: 0300 123 1116
- Out of Hours Service: 01208 251300

Multi-Agency Referral Unit (MARU)
Referral form: please follow the guidance and complete this form, saving a copy and emailing to the MARU. If you need advice, please contact MARU and they will provide support.

ISLES OF SCILLY:
- Children's Social Care: 01720 424354
- Out of Hours Service: 01720 422699

Referral form: please follow the guidance and complete this form, saving a copy and emailing to ChildrensSocialCareGC@scilly.gcsx.gov.uk

- OSCP Child Protection Procedures – for detailed pathways and guidance refer to: South West Child Protection Procedures – this has links to individual safeguarding boards

https://www.proceduresonline.com/swcpp/

2. Kernow CCG Safeguarding Teams

The safeguarding team provides support and training for primary care clinicians. Please remember that we cannot offer urgent advice but we are happy to talk through complex issues. Link to CCG Safeguarding.

Designated professionals for safeguarding can be contacted on 01726 627971.
Judy Mace, Designated Nurse
email: judy.mace@nhs.net

Named GP for Safeguarding Children:
Dr Mark McCartney, General Practitioner
Tel: 07557 641423 email: mark.mccartney@nhs.net
Designated Doctors for Safeguarding Children:
Dr Roger Jenkins,
email: roger.jenkins@nhs.net

3. Link/Lead GPs

Every practice has a lead GP for safeguarding children. The role of this lead GP is to ensure that members of the practice team have relevant training and resources, to disseminate newsletters and information and to ensure that the practice has an up-to-date safeguarding children protocol. GP leads attend meetings organised by the Named GP or CCG safeguarding team at which current topics and issues in child protection are discussed. Lead GPs are expected to have additional training - please refer to training matrix in section 10 and the link below to the latest intercollegiate document on the roles and competencies for health care staff in safeguarding children:

https://www.rcn.org.uk/professional-development/publications/

4. Referral Thresholds

The decision on whether to refer children and young people for early help or for safeguarding intervention depends on whether a threshold has been crossed. This involves assessing the impact of the family situation on the child.

Professionals can seek consultation about a child they are in contact with from the Early Help Hub or the MARU. This should always be with the knowledge and consent of the parent/carer and child if appropriate, unless there is an exceptional reason not to.

OSCP inter-agency Continuum of Need (threshold guidance) provides the detail behind threshold decisions.

5. Allegations against people who work with children

Allegations of abuse of children by adults who work with children are becoming increasingly common especially following recent high profile cases. This may include allegations against patients who are teachers, foster carers, youth and community workers and other professionals and volunteers. It may also involve allegations against NHS staff including practice staff.

These are investigated by the Local Authority Designated Officer (LADO). Information about the role, the referral form and LADO information leaflets about the role and process for employers and employees can be found at the following web link:

6. Identification of Risks and Concerns

Practices can improve identification of risk and care of vulnerable families by ensuring consistent coding and by scanning relevant documents into the records of children and other family members.

The RCGP has issued Coding Guidance in the safeguarding toolkit.

7. Action taken when a child is referred to LA children's social care services.

Local guidance on assessment is within The Cornwall Framework for the Assessment of Children, Young People and their Families

All local authorities follow procedures required under the Children Act 1989 which are set out in Working Together to Safeguard Children: 2018.

Enquiries are often referred to by social care colleagues using this legislation, for example – the initial assessment following a referral is often labelled a “Section 17 assessment”. When it is thought that the child may be suffering from, or at risk of suffering from significant harm, a strategy discussion takes place to decide whether further assessment needs to be undertaken (under section 47 of the Children Act).

Strategy discussions are coordinated by the children’s social care manager and should involve police, education and health professionals. The outcome of this discussion should be communicated to all relevant professionals.

8. Case Conference Reports and Meetings

When a child protection case conference is held to discuss and assess concerns about a child, GPs are asked to complete a report for the chair of the case conference. GMC guidance highlights the requirement for GPs to complete these reports. GPs are usually invited to attend case conferences but in practice it is unusual for them to attend. This makes it particularly important that conference reports are submitted.

Following a case conference, all relevant professionals should receive a report with relevant action plan highlighted. This should include a decision as to whether the child is made subject to a child protection plan. The report should also include the date of the next follow-up conference so that follow-up reports can be submitted in a timely fashion. Case conference reports are sent by secure email or paper mail.
9. Signs of Safety

Cornwall and Isles of Scilly use the ‘Signs of Safety’ approach to social work. This system aims to work collaboratively with families using a solution focused approach.

The NSPCC has published a review of this system for those interested in further information:


10. Child safeguarding practice reviews (formerly serious case reviews)

Under the revised Working Together 2018, the process for review of serious cases has been amended.

Child safeguarding practice reviews provide a detailed significant event analysis.

Serious cases are referred to the Safeguarding Partnership for consideration in a Rapid Review. Relevant agencies, including GPs, will be asked to provide an overview of their engagement with the child concerned to inform the panel in making a recommendation for further review to the Independent Safeguarding Chair.

The Independent Chair will launch a Local Child Safeguarding Practice Review (LCPSR) in cases that meet nationally agreed criteria. Usually these involve cases where a child or young person has come to serious harm or died. The purpose of the LCPSR is ‘to identify improvements to be made to safeguard and promote the welfare of children’ (WT 2018)

Information from local reviews will be made available on the OSCP website. Learning from reviews will be integrated into local GP and multi-agency training and local briefing events will be held following the completion of a review to ensure that the context and learning is understood.

The NSPCC publishes a summary of all national serious case reviews on its website;


11. GP Practice Safeguarding Children Protocol

Each practice should have a Safeguarding Children Protocol. The RCGP toolkit is generally recognised as the best available guide for GPs. It is a comprehensive and lengthy document which can be made available on practice intranets and contains guidance on how to set up a practice specific protocol (T1) and how to undertake a practice based self-assessment audit (T5)
The RCGP toolkit provides sections and links to resources and information on a wide variety of safeguarding issues.

Practices may use this toolkit to produce a more concise practice specific safeguarding protocol.

12. Training Requirements for Primary Care Staff

All GPs and primary care staff needs to ensure that they have adequate training in safeguarding children which is appropriate to the role. This is quite a complex area which often causes some confusion.

The joint colleges have produced an intercollegiate document on the roles and competencies for health care staff which gives definitive guidance – Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff

GMC guidance for doctors

The GMC has produce guidance for practitioners outlining their responsibilities in protecting children and young people:

http://www.gmc-uk.org/guidance/ethical_guidance/13257.asp

13. Guidance for GPs on specific topics

Recent local and national reviews have highlighted recurrent themes in safeguarding children and young people. The following sections aim to sign-post to current guidelines and information.

a. Child Sexual Exploitation (CSE)

Child sexual exploitation is a form of sexual abuse. Children in exploitative situations may receive gifts, money or drugs for performing sexual activity or maybe tricked into believing they are in a consensual loving relationship. They may be groomed online, at school or during out of school activities. Exploitation may be by individual abusers who may be part of a peer group or by much older individuals. Exploitation may be by organised groups of abusers.

Following recent high profile cases and reviews, a tool has been produced to help clinicians identify young people at risk of CSE.

Spotting the Signs of CSE:


The NSPCC website has useful information and links:
Resources and support for parents:

http://paceuk.info

Child Sex Abuse:

Child sexual abuse (CSA) can have enduring consequences for the survivors. For many the impact is significant and life-long. These can include acute feelings of betrayal and mistrust, powerlessness, stigmatization, guilt, self-loathing and traumatic sexualisation, physical and mental health problems, and difficulties in forming and maintaining healthy relationships.

Useful resources:

b. Online safety

Several case reviews, including some into CSE, have highlighted the dangers that some young people experience using social media, smartphone apps and Internet sites.

The following resources may be useful to clinicians and young people and their families.

OSCP website Online Safety

CEOP’s website: https://www.thinkuknow.co.uk/ gives the advice and information for a young people, families and professionals to help young people stay safe online. It has guidelines and regulations about sending indecent images (selfies and sexting) and has training and resources for professionals.

ChildLine: has developed a website for young people with they can access advice and counselling https://www.childline.org.uk/

Pace (Parents Against Child Sexual Exploitation) offers support and advice for parents/carers and professionals http://paceuk.info/

c. FGM – Female Genital Mutilation

FGM is a form of child abuse and is illegal in the UK. There is a national drive to protect young people from FGM. When a young person is identified as being at risk of FGM a referral should be made through local safeguarding procedures.
There are also specific legal and contractual requirements regarding reporting and recording of FGM. Guidance around these issues has been sent to practices and can also be accessed through the following links;

Good source of information and background data: http://www.dofeve.org

Government FGM guidance for professionals:

NSPCC guidance:

Mandatory reporting of FGM – government guidance:

Mandatory recording of FGM: http://digital.nhs.uk/fgm

d. Injuries to non-mobile babies

Guidance for assessing and investigating injuries to non-mobile babies can be found in the SW Child Protection procedures here, where it is also possible to download body maps for recording marks and injuries.

e. Domestic Violence and Abuse (DVA)

DVA is strongly associated with child abuse – it is therefore particularly important that professionals consider children whenever they are made aware of domestic abuse situations.

Responding to domestic abuse: a resource for health professionals

Devon & Cornwall Police provide links to useful local Cornwall agencies

Cornwall Domestic Abuse links

f. Prevent Strategy

The government is promoting a national strategy to identify young people at risk of radicalisation – this includes radicalisation of young women and girls involving sexual exploitation:

g. Neglect and Child Abuse

Neglect is the ongoing failure to meet a child’s basic needs and is the most common form of child abuse. However it can be the most difficult to recognise and assess.

One minute guide

OSCP has published a Neglect Strategy and provides free one day L3 training for professionals

The NSPCC also has an overview document on neglect:


Graded Care Profile: The NSPCC has developed a tool to measure and assess possible neglect known as the Graded Care Profile.

https://www.nspcc.org.uk/services-and-resources/childrens-services/graded-care-profile/


NICE published updated Neglect guidance in October 2017

https://www.nice.org.uk/guidance/ng76

For more local topic specific information:


h. Early Help Hub (EHH) referrals

What is the EHH?

- An Integrated single point of access to children’s community based health and early help services. Managed under a single manager: Early Help Coordinator, Principle Health Lead, CAMHS lead, Education Lead, Parenting Lead and 10 Contact Workers.
- Co-located with the MARU. Voluntary sector engagement coordinator from volunteer Cornwall based in same office.
- Aim to identify problems at an early stage and provide purposeful and effective help as soon as possible, working with families to prevent escalation to more specialist services.
- From pre-birth to 18, or to 25 if complex/additional needs or care leaver.
Referral info

What to include:

- Picture of what situation the child is in, e.g. Home, parents/sibs, jobs, sig social issues. See Signs of Safety below.
- School
- Is there already support in place, which services tried previously?
- Ideally gather info from family +/- young person and school
- Gain consent from the family and young person to make referral and ensure they will engage with the service being requested.

Signs of safety:

- What are you worried about?
- What is working well? – important to include the positives
- What needs to happen? – what service are we asking for (see below)

What happens when EHH get the referral?

- Referral is triaged to ensure it’s appropriate
- Information is gathered from referrer/parents/school as appropriate
- Work is processed by contact workers and sent out to the localities for allocation
- If no service is offered (or inappropriate), Signposting is provided to other/voluntary services
- Referrer and family informed in writing/email of outcome

Services offered via this pathway:

Health visiting: 2y-4yr10months, toilet training, eating, tantrums, growth etc
School nursing: 4yr10months +, unmet health needs, day/night enuresis,
Early support SCIP: supporting change in partnership for complex disability using specific child-led goals to make improvements
Early support TAC: team around the child – to co-ordinate support if a child has additional needs and 2 or more professionals involved in their care
Portage: 6m – 3yrs, who have significant and complex additional needs. Support in the home
Early Years inclusion service: for pre-school age struggling to access an EYFS setting due to behavioural probs/autism/additional needs
Parenting support courses: age 0-19, both generic courses and specific for ADHD/ASD offered

Family Support/Behaviours that Challenge drop-in sessions held locally and regularly

Family support worker: targeted support working closely with a family to improve the lived experience of the child, using parenting strategies, and onward signposting amongst others.

Targeted youth support: emotional and social support, reduction of risk taking behavior, homelessness and improving family relationships

Family group conferencing – requires a professional to lead

Video interactive guidance: video family interaction to spot positives in parent/child interactions and feedback to parents to encourage them etc. (referral from allocated professionals only)

CAMHS and CAMHS LD and BLOOM: Please complete the CAMHS referral form

Please ensure criteria for the service is met via www.cornwall.gov.uk/earlyhelphub

All courses/drop-ins can be found at www.supportincornwall.org.uk along with the SEND Local Offer

Also EHH receive and forward on referrals for:

Autistic spectrum disorder assessment team

Speech and Language Therapy

Paediatric epilepsy nurse specialists

Children’s community nursing

What the EHH doesn't do:

• Provide a face to face service or any ongoing direct work
• Provide counselling services
• Hold any risk for EH requests
• Pass information to professionals on open cases
• Refer to third sector organisations
• Provide any funding
• Manage housing, respite, childcare
Other services to meet the needs of the young people, to whom the GP or EHH can also signpost to (not exhaustive):

**WILD**: young parents project

**YZUP**: young people’s drug and alcohol services – part of Addaction

**First Light**: Domestic Abuse counselling and support for adults and children

**CAB**: Citizens Advice Bureau

**Brook**: sexual health and CSE

**Young People Cornwall**: wellbeing practitioners for 1 to 1 support, CBT. Good website. Mentoring. Self-referral for 11 – 25 yr olds or refer via GP

**Headstart**: lottery funded project to support 10-16yr olds aiming to help young people cope in difficult circumstances and do well in school and in life, and to build resilience to help to prevent onset of common mental health problems. Access directly, via school or YPC

**Kooth**: online available to all. Face-to-face counseling, CBT and IPTA (interpersonal psychological therapy for adolescents) via CAMHS

**OSW**: individual/ group therapies – self referral for age 16+

**Mind and body**: run by Addaction/YZUP for self-harming but no immediate risk, GP can refer directly

**Valued lives**: can cost, Crisis service is free

**Schools**

**CAP**: Clinically applied Psychologist in every secondary school in Cornwall – starting training now, will be in place within the year…

Treviglas/Tretherras GP clinic fortnightly, alternating schools from Sept. Initially for 6th formers, but possibly younger people if demand/ appropriate consent

**Sowenna**

Child and adolescent mental health unit in Bodmin. 14 bed. Up to 18yrs.

**CAMHS**

If awaiting assessment and priority changes then let CAMHS know.

If asking for an ADHD assessment, parents MUST have completed a parenting support course. For ASD assessment, it may be best for school to complete but this MUST be done by a professional.