



Gloucestershire Partnership NHS Foundation Trust
Safeguarding Children

“ All those who come into contact with children and families in their everyday work, including practitioners who do not have a specific role in relation to safeguarding children, have a duty to safeguard and promote the welfare of children” (What To Do If You Are Worried A Child Is Being Abused. (DfES 2006)

Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting, by those known to them or, more rarely, by a stranger. They may be abused by an adult or adults, or by another child or children. (Working Together to Safeguard Children. DfES 2006)

Categories of abuse:

Physical abuse · Sexual abuse · Emotional abuse · Neglect

Glossary:

- **Children Act 1989: Section 17** services are required when there are health or development concerns. These are determined through an initial assessment by the **Access Team** and are appropriate when the child is judged not to be at risk of significant harm or any previous concerns have been resolved.
- A **Section 47** enquiry is required because it is judged there is suspected actual harm or likely significant harm to the child - the case is then passed onto the **Children and Families Team**. A core assessment is carried out and it may be decided that Child Protection Conference is required, which should then be held within 15 working days.
- **Children and Young people’s Directorate (CYPD):** Combined Children’s Social Services and Education departments.
- **Logging a Child Welfare Concern:** A Child Welfare Concern (previously a register check) must be logged every time a professional from an agency has a child welfare concern. The concern is logged with the Children’s Safeguarding Service. A database of concerns is built up on the child and family and allows an overview of concerns from different agencies. **Logging a Child Welfare Concern is not a referral to CYPD and may have to be done in addition.**

Useful Telephone Numbers

Gloucestershire Childrens Safeguarding Service	To log a child welfare concern	01452 583636
Police Control Room	To log a concern out of hours	01242 521321
CYPD helpdesk	To make a referral	01452 426565
GPFT Named Doctor: Rosemary Richards	For advice	01242 275015
GPFT Named Nurse: Val Porter	For advice	01452 384961

Val Porter
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Concerned about child abuse?

Physical Injury

Emotional Abuse

Neglect

Sexual abuse

Talk to the family unless it would put the child, or yourself at risk, and inform them you will be speaking to the Children & Young People's Directorate (CYPD)

Log a Child Welfare Concern
Daytime: 01452 583636
After 5pm: 01452 521321
ACT NOW – DO NOT DELAY

If further advice is needed discuss with
Named Doctor Named Nurse
Rosemary Richards Val Porter
01242 275015 01452 384961

Still concerned?

Yes

NO

Contact CYPD Tel: 01452 426565

- Say you have a child protection concern and ask to speak to Social Worker
- Be prepared to share relevant information
- You will be advised of any further action
- Record accurately in clinical notes and on Chronology of Risk sheet.
- Liaise with other professionals working with the family if appropriate
- Follow up with a written referral within 48 hours

- Record information and reason for decision
- Liaise with other professionals if appropriate
- Agree any follow up within own service

Advice from Children Safeguarding Service: day: 01452 583636

Advice from Access Team: day: 01452 426000

Referral to CYPD: day: 01452 426565

Out of hours: police control room: 01452 521321

Information and further guidance:

Gloucestershire Safeguarding Children Board:

www.gscb.org.uk



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Logging a Child Welfare Concern

A Child Welfare Concern (previously a Child Register Check) must be logged every time a professional from an agency has a child welfare concern.

The concern is logged with the Children's Safeguarding Service (part of the CYPD ~ Children and Young People's Directorate). A database of concerns is built up on the child and the child's family and an opportunity to pull together concerns from different agencies is provided, even when a referral to CYPD is not made.

The professional will be asked to provide names, DOB and address of all family members if possible, and details of the concern. They will also be asked for their name, professional role and a contact telephone number (in order that authenticity can be checked and the results of the searches then been given)

The caller will be given the results of the searches and may request advice from a child protection co-ordinator about how to proceed if required. The caller will be given information about previous concerns, current and previous social work input and details about current or previous child protection registration.

All child welfare concerns that are logged will become part of a database that is maintained in the Children's Safeguarding Service.

Logging a child welfare concern is not a 'referral' to CYPD.

Information regarding the welfare concern is passed on to the appropriate Social Care team manager on any second or subsequent concern made on a particular family or where the concern is in relation to a child under one year of age. The team manager will decide if further action is required. If the child or young person has a social care worker (including a key worker if on the child protection register) the details will be passed on to that worker. In serious cases the person logging the concern will be advised to contact the appropriate social care team.

If the professional is making a referral directly to the CYPD Helpdesk regarding a child protection issue, a child welfare concern should still be logged too, information from the concerns database will add to the bigger picture.

Examples of situations where you might consider logging a Child Welfare Concern:

- Where a parent/adult is self harming and this is having an impact on children.
- Where a client with children discloses that an adult who is a risk to children (previously known as a Schedule 1 Offender) has moved into the family home or is having access to children.
- Where a parent discloses Domestic Abuse. (62% of children who witness domestic abuse are likely to be physically abused by the same perpetrator and serious domestic abuse in a family is emotionally harmful to children regardless of whether they are directly involved.)
- Where a parent/adult is misusing substances ~ consider the impact on children not only from the parent, but also from drug paraphernalia and also from other adults going in and out of the house.
- Where children are expected to take on an adult caring role for parents and/or siblings.
- Where a child witnesses bizarre or unusual social presentation by the parent which may impact on their emotional development or physical safety
- Where a client discloses historic abuse and the abuser still has access to children.



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Strategy Discussions/Meetings

Working Together (DfES 2006) says: “ Whenever there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, there should be a strategy discussion involving Local Authority children’s social care and the police, and other bodies as appropriate (eg children’s centre/school and health). In particular any referring agency.” Para 5.45

Strategy meetings are not a new requirement; they just haven’t been used very much in this county. The three local Serious Case Reviews all identified the inconsistent use of strategy discussions. Meetings that may or may not have been multi agency were mentioned but often the outcomes or information shared was not recorded.

A strategy meeting is a much more formalised meeting ~ everyone should be aware of the process and have a written record, in the form of minutes, of outcomes and actions.

A Strategy discussion can be conducted at a meeting or over the phone (depending on how urgent or complex the case is). However it should be a multi agency safeguarding decision making discussion which is recorded. A strategy discussion should not be mistaken for multi agency information gathering. Everyone participating must be aware that it is a strategy meeting, the nature of concerns and any other information gathered must be recorded along with a clear plan of action.

The Access Team will initiate and chair the initial strategy discussion within 7 days (to fit in with the Initial Assessment) the outcome of which might be to hold a Child Protection Conference or to transfer to the Children and Families team.

It is important that staff from GPFT contribute to the strategy discussion/ meeting even if they are not the referrer and their participation would be something that needed recording on the Chronology of Risk sheet.

Any professional may also request a strategy meeting if for example they do not agree with the outcome of a referral to LA Social Care and they still have concerns about a child.

Information Sharing

Information sharing is a cornerstone of the Government’s *Every Child Matters* strategy to improve outcomes for children and vital to safeguarding and promoting the welfare of children and young people. A key factor in many serious case reviews (including the 3 recent local ones) has been the failure to record information, to share it, to understand the significance of the information shared, and to take appropriate action in relation to known or suspected abuse or neglect.

Close collaboration and liaison between CYPD and adult mental health services – including those providing general adult and community, forensic, psychotherapy, alcohol and substance misuse and learning disability – and are essential in the interests of children. This may require sharing information to safeguard and promote the welfare of children or to protect a child from significant harm. (Working Together to Safeguard Children. DfES 2006)

A child safety is paramount and overrides any concerns regarding patient confidentiality. If you are unsure whether to share information seek advice. The flowchart on page 68 of *What to do if you are Worried a Child is Being Abused*. (DfES 2006) also gives clear guidance.