

Swindon Safeguarding Partnership

HEALTH ATTENDANCE AT STRATEGY DISCUSSIONS PROTOCOL



Swindon Safeguarding Partnership

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INTRODUCTION

1. Swindon Safeguarding Partnership (SSP) recognises that no one agency or professional can effectively keep a child safe and that children are best protected when professionals are clear about what is required of them individually and how they need to work together. It can be a challenging and complex area of work, which requires a shared commitment, effective communication and, above all, a focus on achieving the best outcomes for the child.

The standards in this document should be read in conjunction with the SSP thresholds document, [The Right Help at the Right Time](#) and the [Multi - Agency Standards for Safeguarding Children](#). They outline the expectations of agencies and professionals who work with children.

The standards reflect the requirements of [Working Together 2018](#) and the [Children Act 1989](#). They will continue to develop and change over time to ensure that they reflect statutory guidance and best practice.

The standards are an important part of the framework to deliver continuous improvement in safeguarding practice. They are intended for professionals working with children and families, but can also be used to help families understand how organisations work together to safeguard children in Swindon.

SSP will regularly review the standards and will audit practice to assure multi-agency compliance and the effectiveness of the standards and services to safeguard children.

2. Swindon Safeguarding Partnership (SSP) are committed to working together with a set of agreed behaviours.

SWINDON SAFEGUARDING PARTNERSHIP					
<p>PURPOSE - The Swindon Safeguarding Partnership will support, enable and challenge each other to work together to:</p> <ul style="list-style-type: none"> • Provide effective and informed leadership to the local safeguarding system; • Deliver our shared responsibility for the safeguarding of children, young people and adults at risk in the borough; • Promote positive working relationships with each other and children, adults and families; • Identify and act on learning • Provide assurance to the Swindon community 					
<p>BEHAVIOURS – through our behaviours we will demonstrate</p> <ul style="list-style-type: none"> • Accountability • Openness • Trust • Innovation • Commitment • Respectfulness • Curiosity • Collaboration 					
<p>AMBITIONS - The partnership will act with intent and purpose to deliver measurable and meaningful improvements in outcomes for children and adults at risk. This means that the partnership will:</p>					
Create a stronger culture of collective responsibility for safeguarding children and adults	Act on learning so that the partnership can continuously improve its support for children and adults at risk	Activate and empower the local community to be safeguarding partners	Increase the involvement of children and adults in the work of the partnership	Develop a confident and knowledgeable workforce and use their expertise to shape out work	Use our data to develop a shared narrative about the safeguarding needs of children and adults in Swindon

3. SSP are also keen that all partners are aware of and confident in their use of the Escalation Policy and are expected to use it, with the agreed behaviours in the interests of the child.

To access the Escalation Policy [click here](#) or go to the Swindon Safeguarding Partnership website <https://safeguardingpartnership.swindon.gov.uk> and click on the procedures tab.

4. Child-Centred Approach

The needs of children are at the centre of everything we do as safeguarding organisations, and as a partnership, and children's needs should remain the focus for all practitioners, irrespective of their professional background.

	Expected Standard
1.	The needs of the child are at the centre of all safeguarding processes
2.	Children should be seen alone to hear their story from their perspective and where possible sufficient time taken to develop their trust
3.	A 'Think Family' approach is necessary, but analysis should focus on the impact of the behaviour of the adults on the lived experiences of the child.
4.	Consideration should be given to who are the best placed professionals to work with the child in each situation
5.	The focus of all activity should be securing the best outcomes for the child, not the completion of processes

STRATEGY DISCUSSIONS

A multi-agency Strategy Discussion is normally held following a referral or assessment, which indicates that a child has suffered, or is likely to suffer, significant harm under the Children Act 1989. A meeting will take place in the majority of cases, as this is the most effective way to have the discussion. The purpose of a Strategy Discussion (SD) is to decide whether there are grounds for a Section 47 Enquiry and determine the child's welfare and make appropriate plans to safeguard the child if there is reasonable cause to suspect the child is suffering or likely to suffer significant harm. It is important to note that a Strategy Discussion should not be used solely for the purpose of information sharing. Professionals should speak to each other and be clear on each professional's opinion and views to agree a plan of action for the child.

All Strategy Discussions must include a representative from Children's Social Care, the Police and Health in order to be quorate. Quoracy supports good information sharing and analysis to ensure safe decisions are made for children that may be at risk of significant harm. Whilst the minimum requirement is one health representative, it is important to ensure the most appropriate health practitioners are invited.

Children's Social Care will invite the agencies, which hold relevant information about the child. This will usually include the practitioner or agency, which made the referral. It is the responsibility of each agency to ensure the most appropriate professional attends. This could include out of hours (EDS) services. The child's GP should be invited in hours. The health professional(s) most able to provide the information necessary to make effective decisions will be identified by the social worker and should attend.

All Safeguarding Teams including DCT and MASH must refer to this Health at Strategy Discussions Protocol in order to be able to identify the appropriate health care professionals.

Any professionals organising Strategy Discussions as part of their role, will need to be familiar with the Health Attendance at Strategy Discussions Protocol to ensure the appropriate attendance. Health practitioners attending the Strategy Discussions will also need to be familiar with this protocol.

Each agency that participates in Strategy Discussions should ensure staff have the knowledge and expertise required to participate and are supported to develop these skills prior to participation.

For Strategy Discussions held out of hours, the on call paediatrician and out of hours GP service Medvivo should also be invited – See Appendix C

GUIDANCE FOR CHILDREN’S SOCIAL CARE

Due to the complexity of the health care system, it is important to consider the timing of the Strategy Discussion in relation to the inviting of health colleagues to attend. This policy contains five flow charts:

1. [Strategy Discussions prior to birth](#)
2. [Strategy Discussions held within MASH or the Long Term Social Work Teams](#)
3. [Strategy Discussions held out of hours](#)
4. [SARC flowchart](#)
5. [CP medical pathway](#)

	Expected Standard	Criteria
1	Invitees to Strategy Discussions must be appropriate and based on individual children’s circumstances	<ul style="list-style-type: none"> • Different health services use different patient information recording systems and therefore, those inviting health professionals to attend Strategy Discussions must be mindful of this and ensure every effort is made to identify and invite the appropriate health professionals. • As a minimum, the following health professionals should be invited: <ul style="list-style-type: none"> - Safeguarding Midwifery Team (if mother is pregnant or has given birth in the last 28 days) - GP (both parents and child’s GP) - Health Visitor/School Nurse -FNP (if mother is pregnant and open to service) - Safeguarding Children’s Team from GWH - CAMHS (if child open to CAMHS or CAMHS view is required) -Avon and Wiltshire Mental Health (if parent/carer is open to service) Substance misuse services (if parent(s) open to service) • If a child protection medical is thought to be required then the hospital must be invited via email or phone, if urgent and the timing of the strategy discussion should be discussed with them to facilitate attendance (See appendix F) • Strategy Nurse from local authority community health must be invited to the Strategy Discussion and the named Health Visitor or School Nurse if there is one.
2	Ensure the most appropriate health professionals are identified and invited to attend Strategy Discussions	<ul style="list-style-type: none"> • Identify who from health is involved are likely to be involved • As much notice should be given as is possible, the minimum notice must be within 4 hours. Contact health professionals with a follow up phone call as they may not be desk based and see the email invitation. • No Strategy Discussion should proceed without a representative from health.

		<ul style="list-style-type: none"> • Ensure the health professional has all relevant information requested by the Strategy Request proforma to allow appropriate research to take place prior to the Strategy Discussion. • When inviting the Health Visitor/School nurse/Family Nurse, the Children’s Social Care Business Support Team should contact both the named professional, if the child is open to these services, and the Strategy Discussion cover as per the Community Health Strategy Discussion rota. The two professionals will then liaise with one another to establish who is best suited to attend and inform Children’s Social Care of the decision. • Where a child is open to a Health Visitor/School nurse/Family Nurse the named practitioner should make every effort to attend in the first instance. • When inviting the safeguarding children's team at the hospital the invite should be sent to gwh.safeguardingchildrenteam@nhs.net and also to the administrator GWH.childrensafeguardingadmin@nhs.net • If they have an out of office message then the consultant paediatrician on call should be contacted via 01793 604020. When inviting the midwifery service to attend Strategy Discussion invites should be emailed to gwh.safeguardingmaternity@nhs.net • When inviting a GP, an email should be sent to the relevant practice with the subject heading of ‘SAFEGUARDING – IMMEDIATE RESPONSE REQUIRED’. The email should read ‘Dear Duty Doctor, There will be a strategy meeting held on DD/MM/YY at 00:00. Please could you let us know if you will be able to attend or if not, please could you reply to the email with any information relevant to the safeguarding for the family. • Emails requesting information should be sent to all invitees in addition to a calendar invitation to ensure information is requested and provided. • When inviting Avon and Wiltshire Mental Health Partnership the strategy discussion invite should be sent to awp.SafeguardingAdmin@nhs.net and a telephone call to 0300 3031327 to advise of the invite. • When inviting Swindon CaMHS this should go via Switchboard on 01865 903422 and request the duty worker. • When inviting Turning Point the strategy discussion request should be emailed to IMPACTreferrals@turning-point.co.uk When inviting the Children Looked After Nurse, invites should be sent to both the Named Nurse for Children Looked After and the child’s allocated Nurse for Children Looked After. • If the child has been the victim of a sexual assault or where there are concerns regarding sexual abuse then there should be discussion with ‘The Bridge’ in Bristol (SARC centre for children) regarding attendance at the strategy and they can be
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		contacted on: 0117 3426999 and the Strategy Discussion invite emailed to ubh-tr.thebridgecanhelp@nhs.net
3	Ensure the most appropriate health professional is able to attend a strategy discussion outside of working hours.	<ul style="list-style-type: none"> • When inviting GWH to attend a Strategy Discussion outside of usual working hours the on call paediatric consultant should be contacted via the hospital switchboard on 01793 604020. Please be aware the paediatric consultant will generally be unavailable between 16.30 and 17.30 • When inviting Sexual Assault Referral Centre (SARC) to a strategy discussion held out of hours, a telephone call should be made to 0117 3426999 where a crisis worker will take the information. A clinician will then call the referrer back/join the Strategy Discussion. The SARC inbox is not monitored outside of normal working hours so an email should not be sent out of hours • When inviting the Out of Hours GP (MEDVIVO), professionals should call the Health Care Professional Number 0300 111 5818 option press option 1. <ul style="list-style-type: none"> - Request to speak to the Clinical Navigator with an overview of what is required. - In the event that a Clinical Navigator is not available, request the on call manager.
4	The Strategy Discussion request form should be completed with all necessary information for the attending professionals.	<ul style="list-style-type: none"> • The Strategy Request Form should include <ul style="list-style-type: none"> - Dial in details - Date and time the Strategy Discussion is being held - Names and dates of birth of all children being considered - Children's home address - Names and dates of birth of household members and regular visitors - Name, date of birth and address of any alleged perpetrators - The reason/purpose for the strategy discussion - Chronology of Children's Services involvement • All necessary information must be documented on the strategy request form. • A Strategy Discussion request form should be sent out for all Strategy Discussion invites.

GUIDANCE FOR HEALTH PROFESSIONALS INVITED TO ATTEND A STRATEGY DISCUSSION

Health professionals who are invited to attend have a duty to co-operate with child protection processes in line with the Children Act 1989. Attendance at Strategy Discussions must be given priority to ensure Multi – Agency representation is sufficient to determine if the threshold for a Section 47 investigation has been met due to the child having suffered or is likely to suffer significant harm.

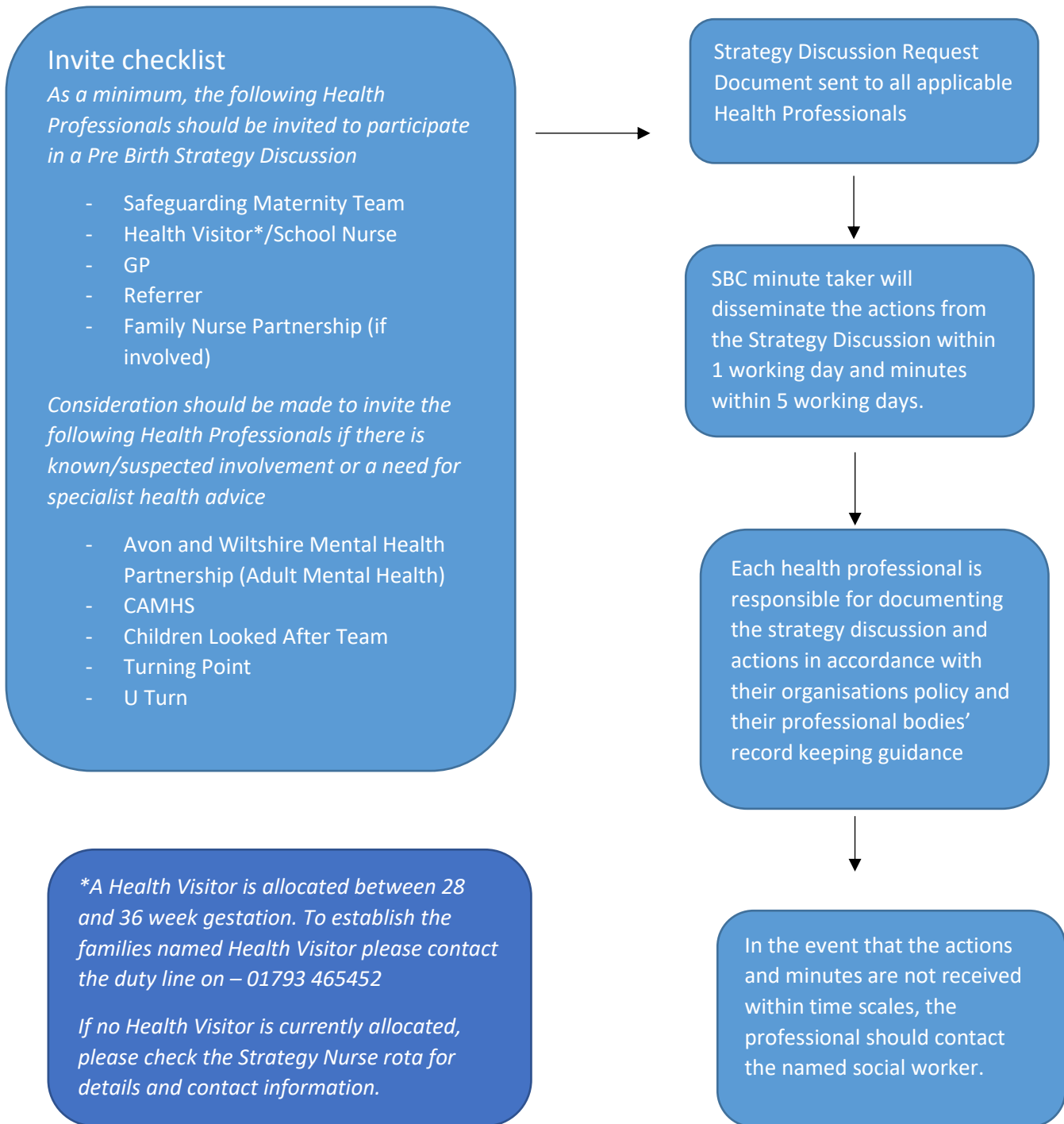
	Expected Standard	Criteria
1	Health professionals should prepare for their attendance at Strategy Discussions in advance of the Strategy Discussion taking place.	<ul style="list-style-type: none"> • The practitioner should ensure they have the relevant information regarding the child/ren, family and perpetrator as requested on the strategy form. Information shared must be proportionate to the concerns. • Ensure participants of the Strategy Discussion are aware that only information that is relevant to safeguarding is being shared with members of the Strategy Discussion.
2	The appropriate health professional/s fully participate in the Strategy Discussion.	<ul style="list-style-type: none"> • The professional should use relevant information known by their agency about the child and their family and use this to form the analysis of the risks to the child. • The attending health professional will ensure the voice of the child is clearly heard throughout the Strategy Discussion. • Agree the conduct and timings of any criminal investigation. • Contribute to the decision about whether a Section 47 investigation should be undertaken and if this should be a single or joint investigation. • If applicable, health professionals should advise members of the Strategy Discussion of any required health interventions. • If necessary, the attending health professional should advise of any further health colleagues that should form part of the assessment if known. • When it is agreed that a Child Protection Medical is required, arrangements should be made within the Strategy Discussion to complete this within 24 hours or as soon as possible if this timescale is not possible • The organisation should enable their practitioners to attend for the full Strategy Discussion.
3	Health Professionals will be clear on and document their	<ul style="list-style-type: none"> • Health Professionals should ensure they follow their own organisational standards for record keeping. • Actions should be completed within the agreed timescales

<p>responsibilities following the Strategy Discussion.</p>	<ul style="list-style-type: none">• In the event that a subsequent Strategy Discussion is required every effort must be made by the professional to attend-• In the event that the original health professional is unable to attend, attendance should be delegated to a well-briefed colleague.• If attendees do not receive the minutes and actions within the agreed timescales in the Multi-agency Child Protection Standards, it is expected that they contact the social worker in the first instance followed by their manager to ensure these are received in a timely way.• Professionals must check the minutes for accuracy and if it is not a true reflection of what was discussed and agreed they must inform the chair of the meeting within 5 days.• Once the minutes and actions have been received and checked the agency should record the outcome and save the minutes as per their organisational standard on the child's records.
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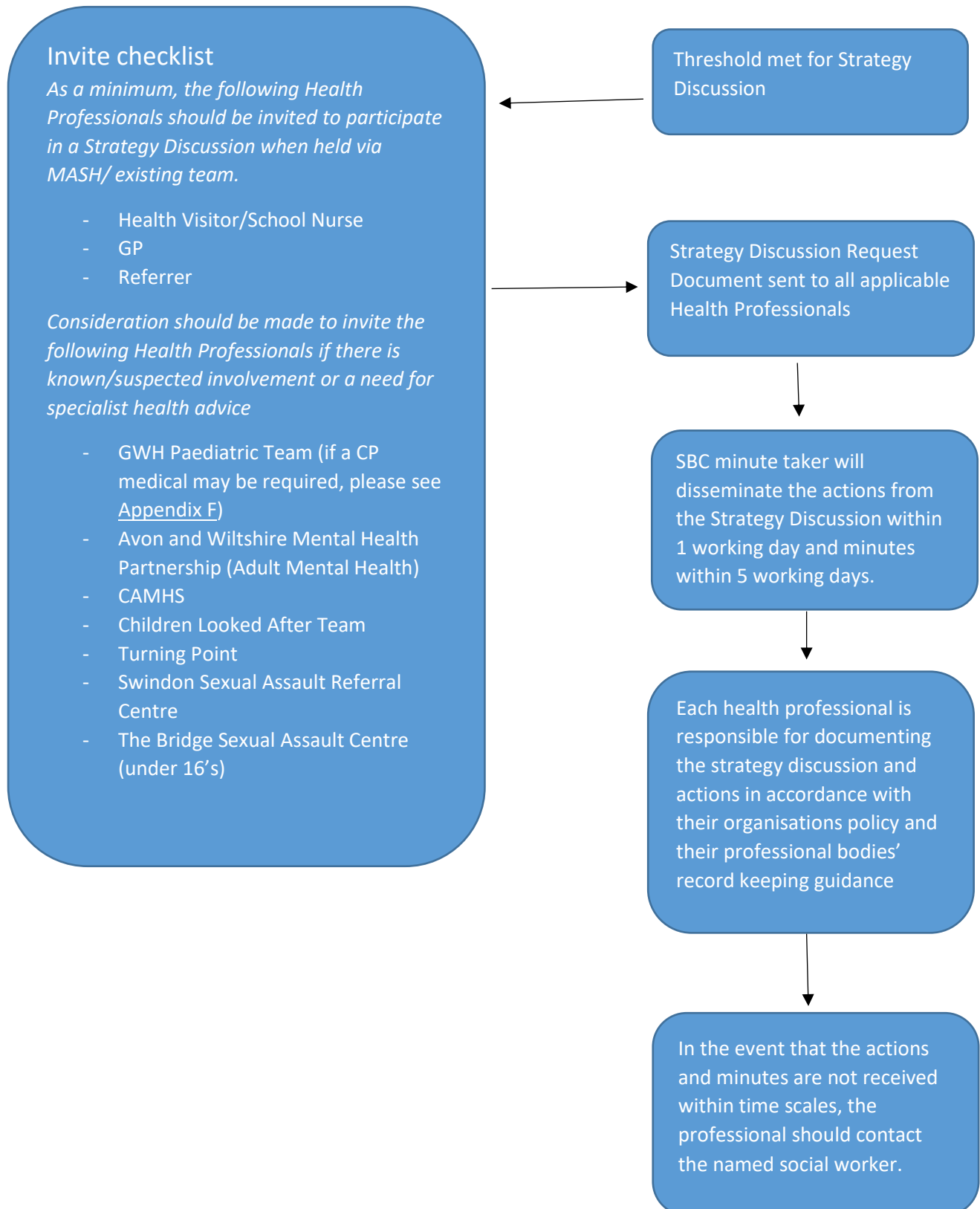
APPENDIX A – PRE-BIRTH STRATEGY DISCUSSIONS

It is important that all professionals are aware of indicators that may suggest a baby could be at risk of harm either before or following birth, or that the family will require a higher level of support in order to parent the child safely and meet all their needs.

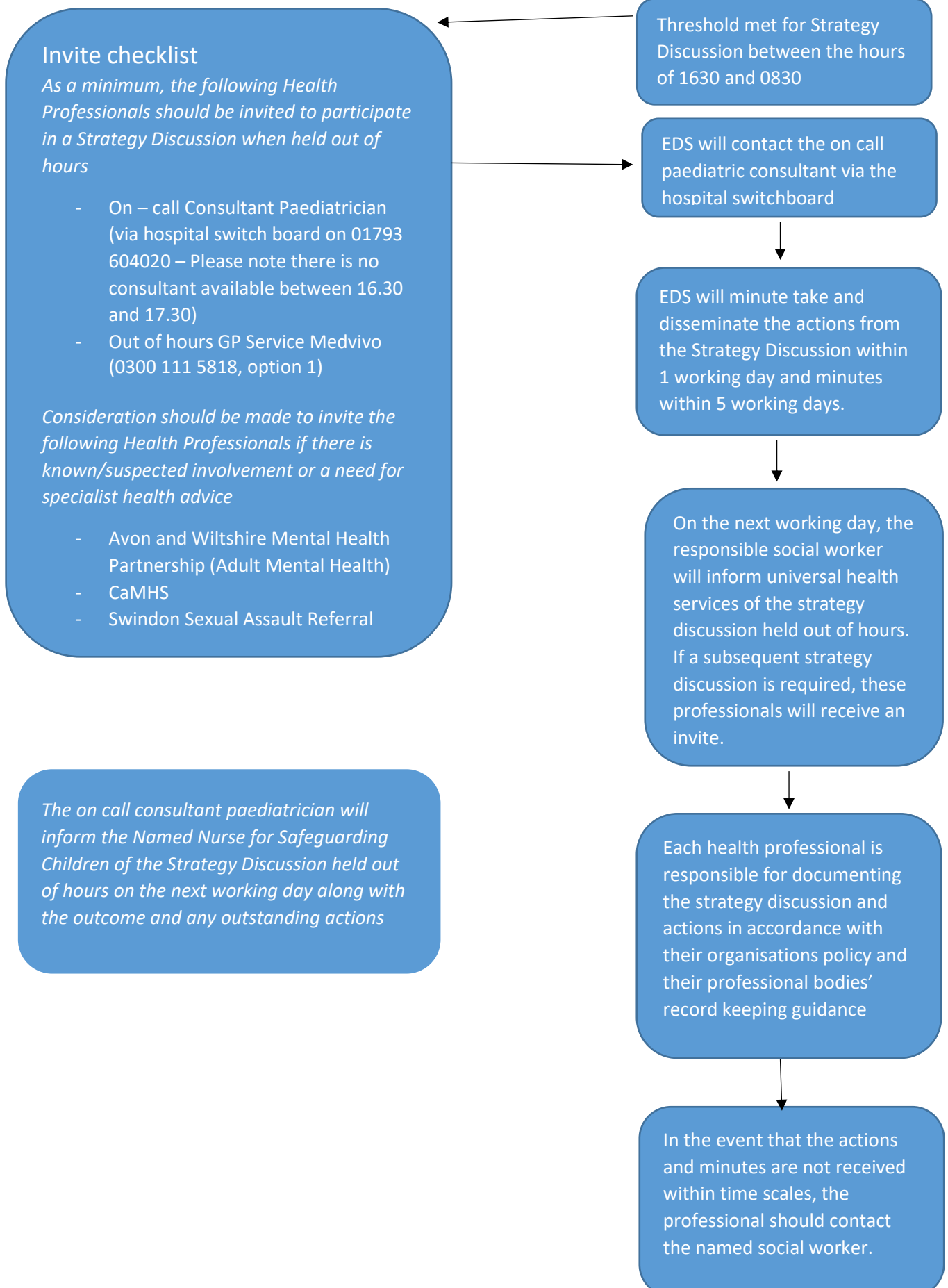
It is vital that all assessments, including agency specific assessments are started as early as possible and that information is shared so that the child and family have the necessary support and best start to family life, thereby minimising the need for child protection intervention



APPENDIX B – STRATEGY DISCUSSION VIA MASH OR EXISTING SOCIAL WORK TEAM

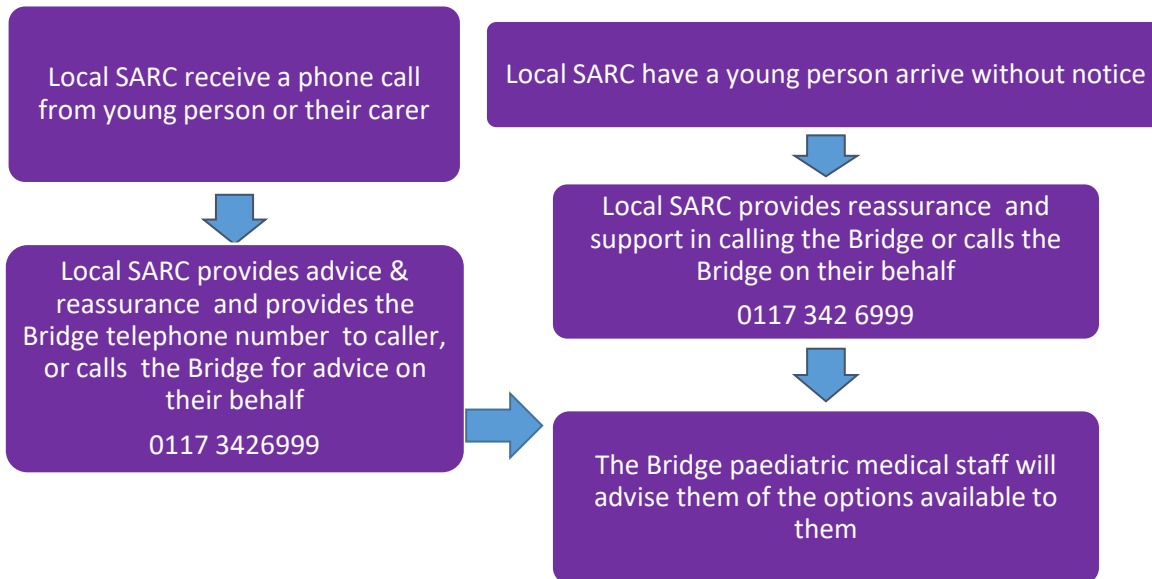


APPENDIX C – STRATEGY DISCUSSION HELD OUT OF HOURS



APPENDIX D – SARC REFERRAL

Non Police (self) referral for young people aged 13 to 17



Young people aged 16 and 17 will usually all be considered for the non-police (self) referral pathway either at The Bridge or their local SARC¹

Young people aged 13 to 15 will be considered on a case by case basis for the non-police (self) referral pathway by the most senior paediatric medical staff member at the Bridge usually after discussion with children's social care¹

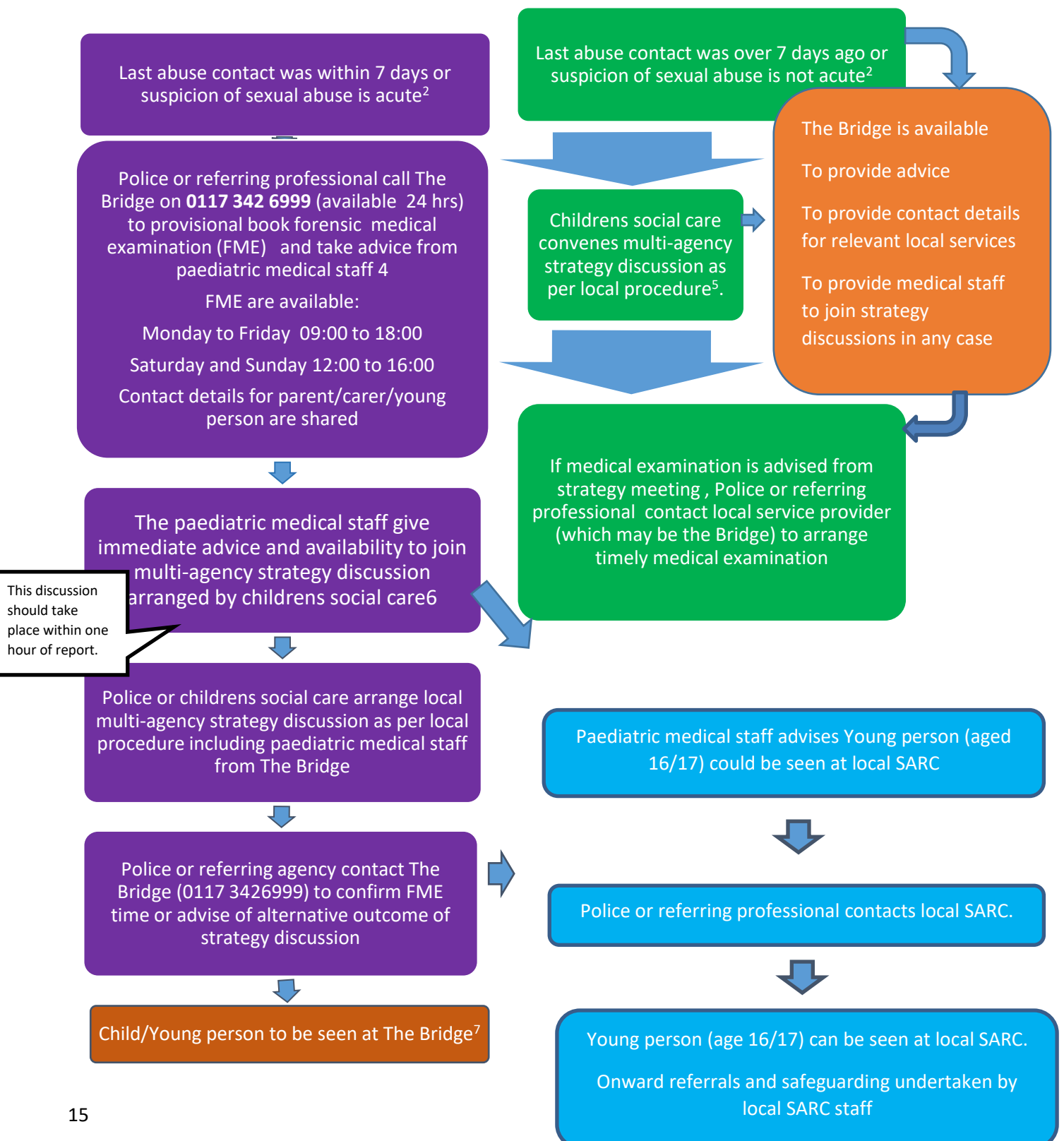
Safeguarding children and young people

All young people aged 17 and under seen at The Bridge whether a police or non-police referral will have a 'request for help' safeguarding referral form completed and sent to the child protection team at University Hospitals Bristol and Weston the same or next working day.

The Safeguarding Team will then process the form and send securely to the child's local authority (children's social care) service

Any immediate safeguarding concerns identified by The Bridge staff will result in a same day telephone consultation with the child's local authority (children's social care) or a face to face discussion if the child is accompanied by a social worker.

Police or other agency or professional are notified of a disclosure of sexual abuse or have other reasons to strongly suspect sexual abuse in a child or young person aged 17 or under¹

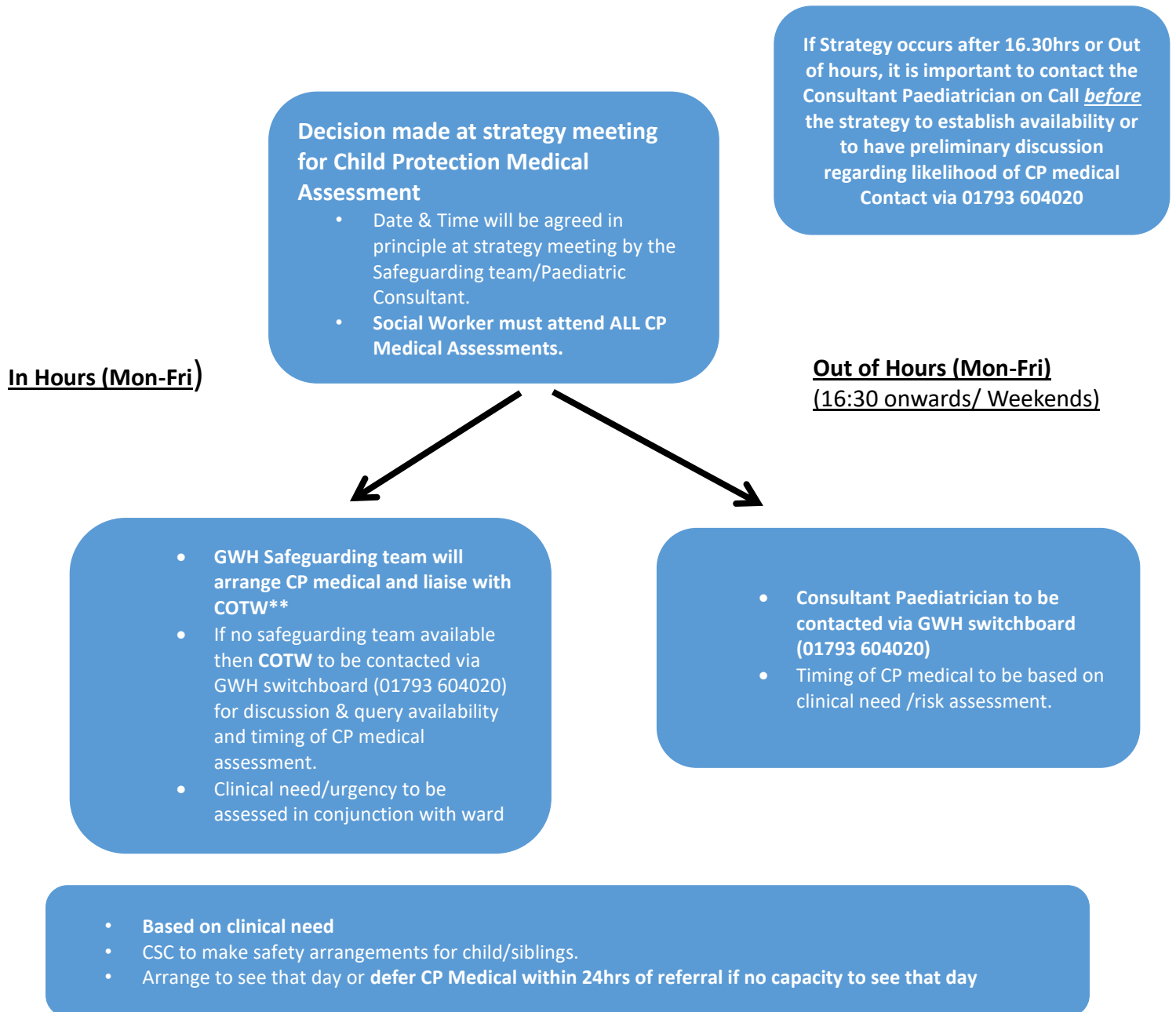


APPENDIX E – SAFEGUARDING HEALTH PROFESSIONALS CONTACT DETAILS

Agency	Job Role	Email address	Contact details
Great Western Hospital	Named Nurse for Safeguarding Children and safeguarding specialist nurse	GWH.safeguardingchildrenteam@nhs.net	01793 604945
Great Western Hospital	Safeguarding children/maternity administration	GWH.childrensafeguardingadmin@nhs.net	01793 604961/07810028328
Great Western Hospital	Named Midwife for Safeguarding and safeguarding support midwife	GWH.safeguardingmaternity@nhs.net	01793 607040/604835
Great Western Hospital	Consultant of the Week or Out of Hours Consultant		01793 604020
AWP	Safeguarding single point of contact (9-5, Monday – Friday)	awp.safeguardingspoc@nhs.net	0300 3031327
Swindon CaMHS	Switchboard		01865 903422
Wiltshire CAMHS	Switchboard		01865 904666
Children Looked After Team Swindon Borough Council	Named Nurse for Children Looked After	sharrison@swindon.gov.uk	01793 464334 07392109890
For GP surgery email addresses please contact CCG		bswccg.swindonsafeguarding@nhs.net	
Turning Point	Connor Parr – SG lead Please cc in:	Connor.parr@turning-point.co.uk IMPACTreferrals@turning-point.co.uk	01793 328150
U-Turn	Steve Smith - Operational Manager Becky Lewis - Substance Misuse Worker	uturn@swindon.gov.uk SSmith7@swindon.gov.uk RLewis3@swindon.gov.uk	07766368328 (BL)

Appendix F - CP Medical Pathway

Child Protection Medical Pathway (Postcodes SN1-SN9)



A CP medical cannot be undertaken without appropriate Strategy Discussion unless agreed directly with Paediatric Consultant.

**COTW = Consultant of the week

APPENDIX G – CHILD PROTECTION MEDICAL PROCESS

1. The decision on whether a child or their siblings need a Child Protection (CP) medical will be decided in the Strategy Discussion (SD). All CP medicals will take place only after a SD has taken place, unless in exceptional circumstances. The appropriateness of the timing for a CP medical will be decided within the SD
2. In rare instances, the police or the social worker will decide, following new information gathered after the SD, that a CP medical needs to take place. In this instance, this needs to be discussed with the safeguarding team/consultant on call at Great Western Hospital (GWH).
3. GWH aims to attend all SD where it is thought that the decision might be made to have a CP medical and be part of the decision-making process within the SD. Where the Social Worker (SW) is aware that a SD will be held that may involve a CP medical, they will contact the hospital safeguarding team to raise awareness of this.
4. The time of the CP medical will be agreed with GWH and the SW will arrive on the ward at the agreed time and not before or, without agreement on time. If there is any delay, the Social Worker must contact the consultant on call at GWH.
5. The Royal College of Paediatrics and Child Health document “Child Protection Delivery Standards” Standard 2 states:
 - a. Clinicians at the health provider organisation respond to requests for a child protection medical assessment in a timely fashion and following agreed documented local processes.
 - b. The medical assessment of a child with suspected physical abuse should normally be commenced within 24 hours of referral to health
6. No agency should unilaterally cancel a CP medical if a decision has been taken at a Strategy Discussion that a CP medical should take place. If an agency wishes to change the decision to have a CP Medical then a review Strategy Discussion of the three statutory partners will be convened with Health, Children’s Social Care and the Police present. This discussion can be held via telephone or Teams

Appendix H – When to book a GP appointment

A GP will be able to review any GP appropriate medical problems from a medical perspective. For some emergency medical problems or injuries, the emergency department (ED) of the hospital may be more appropriate. A decision as to whether a GP medical review is required could be made by the parent, any professional, or during a strategy discussion.

If a review is required about a bruise, injury, or medical problem, because there is a concern that this is related to potential abuse, a MASH referral **must** be made.

In the context of a strategy discussion taking place, an appointment should be booked with the GP if a medical review of a condition or medical problem is required. If a review needs to be undertaken to decide as to whether a bruise or injury has been caused by abuse, or if an assessment of the child’s unmet health needs is required where there is a concern about neglect, a GP is **not** best placed to do this assessment, and an appointment should **not** be made for this purpose. Instead, a CP Medical must be organised.