

Procedure for the preparation and attendance at Child Protection Conferences and other Child Protection meetings

Version:	3.3
Ratified by:	Paediatric Governance Group
Date ratified:	17/02/2016
Name of originator/author:	Alberta Awotwi and Mercy Maponga
Name of responsible committee/individual:	Paediatric Governance Group
Circulated to:	See Appendix 4
Date issued:	February 2016
Review date:	February 2019
Target audience:	All CHN staff who may attend Child Protection Conferences

Version Control Summary

Version	Date	Author	Status	Comment
2	2010	Victoria Nwosu, Matilda Alexander, Heather Hunter- Whitehouse	1. Updated in light of CP conference report audit, 2009, conducted by Victoria Nwosu 2. Need to ensure that all SCT policies conform with the Trust Policy Framework	1. Sections 1-5 updated in line with trust policy framework. 2. Sections on different types of conference/reports have been amalgamated to form Section 8. 3. Order of sections 6-11 changed in order to reflect sequence as it happens in practice. 4. Appendices to include Assessment Framework Triangle.
3	April 2012	Heather Hunter- Whitehouse Sue Nichols		Amended in line with Newham Safeguarding Children Board format for reports to be presented at Child Protection Case Conferences. Amended to bring in line with ELFT Policy Framework.
3.1	June 2014	Sarah Rolfe & Sue Nichols		Amended in line with the new school health service programme (April 2014). Section 5.1, 6.5.2 and 10.3
3.2	July 2015	Sarah Rolfe & Agnes Adentan		Further amendments to improve and enhance the contribution and the information sharing process by health visitors and school nurses. Section 3.3, 5.1.1, 5.1.2, 5.1.3, 6.2, 6.5.2, 7.1.12 and 10.1, Appendix 3 and 4.
3.3	February 2016	Alberta Awotwi & Mercy Maponga		References updated and Appendix 4 amended

Contents

	Page
Policy Reference Information	1
Document Revision Record	2
1. Introduction	3
2. Purpose	3
3. Responsibilities	3
4. Definitions	3-4
5. Representation at Child Protection Conferences	4
6. Preparation for Child Protection Conferences	5
7. Writing reports for Child Protection Conferences or other CP meetings	6
8. Health professionals' responsibility at Child Protection Conferences	7
9. Dissent to the decision regarding the need for a child protection plan	7
10. Record keeping and minutes	7-8
11. References	8
Appendices	
Appendix 1: Case Conference Report Format	10
Appendix 2: Guidance on writing reports	12
Appendix 3: Pathway to support the escalation of cause for concern – HP safeguarding practice	14
Appendix 4: Template for Child Protection Conference, CiN/core group meetings -RiO	16
Appendix 5: Consultation document	17
Appendix 6: Distribution list	18

1 Introduction

- 1.1 It is essential that information provided to the child protection conference and other meetings is relevant, useful and fulfils the requirement of the conference/meeting in order to safeguard the welfare of children. Therefore all child protection conference/meetings must be attended by the key health professional who must also submit a report in the approved format.
- 1.2 All reports for child protection conferences and meetings submitted by health professionals must follow this agreed format. The only exception is medical examinations which will follow the report format for medical examinations.

2 Purpose

2.1 Aims of the procedure

- 2.1.1 To support staff in their day to day work, improve communication and promote safe outcomes for children
- 2.1.2 To ensure that all Trust procedures conform to an agreed standard for preparation and attendance at child protection conferences and report writing
- 2.1.3 To establish clear standards against which the process of attendance at conference and written reports can be audited.

2.2 Objectives of the procedure

- 2.2.1 To outline the process and format for attendance at child protection conferences
- 2.2.2 To outline the process and format for writing reports for child protection conferences

3 Responsibilities

- 3.1 Health professionals have a responsibility to adhere to this procedure.
- 3.2 Line Managers have a responsibility to implement this procedure and monitor its use.
- 3.3 Child Protection Supervisors have a responsibility to support supervisees in relation to this procedure, monitor practice and inform the practitioner's manager when there are areas for development identified. (see appendix 3)
- 3.4 Safeguarding Children Professionals have a responsibility to offer support and guidance in relation to this procedure.

4 Definitions

- 4.1 Child Protection Conference
A child protection conference is a multiagency meeting which brings together the child, family and their supporters, with those professionals most involved with the family in order to share and evaluate information to:

- Make a judgement on the likelihood of the child/children suffering significant harm
- Decide what future action is needed to safeguard the child/children and promote their welfare.

5. Representation at Child Protection Conferences

5.1 Health representation must be made at all child protection conferences and meetings by a health professional who has a specific contribution to make due to their knowledge of the child and family or their expertise relevant to the case.

5.1.1 Health representation at initial child protection conferences and transfer in conferences will be from the following:

- Health visitor representative for families with children under 5.
- School Nurse representative for families of children 5 and over (only).
- Family Nurse if enrolled in Family Nurse Partnership programme.

5.1.2 A case discussion will take place where a family comprises of children across the age spectrum (0 to 16 years). This discussion will be chaired by a safeguarding practitioner and include the named health visitor and school nurse / associate school nurse. The aim of the discussion is to share and plan health input for the family.

Subsequent case discussions would be organised in response to additional needs. Either practitioner could request this.

5.1.3 Core group meetings / review child protection conference

- The health visitor will attend the core group and review child protection conferences, for families with children across the age spectrum, unless he / she informs the chair and named social worker who will be replacing them providing name, job title and contact details. This will be recorded in the RiO progress notes for each child.

5.2 Where this does not occur, the chair of the conference will advise the Safeguarding Children Team. The named professional for child protection will then inform the individual's line manager and child protection supervisor who will discuss the lack of representation with the professional.

5.3 Attendance of students at Child Protection Conferences

5.3.1 The health professional with whom the student is placed must gain permission from both the parents and child (if of sufficient age and understanding) and the chair of the conference prior to the date of the child protection conference. If either party refuses permission the student must not attend.

5.3.2 The health professional is responsible for ensuring the student understands the confidential and sensitive nature of the conference and their role within this, which is as an observer only. They must not participate in any part of the preparation, conference or decision making process.

- 5.3.3 The health professional must take responsibility for ensuring that the child protection conference is a learning experience for the student and be clear of the students needs within the process, briefing him/her prior to the conference and debriefing post conference, taking into account any aspects of the child protection conference the student found distressing.

6. Preparation for Child Protection Conferences

- 6.1 Where more than one professional within Community Health Newham (CHN) are providing services to a family, liaison must take place prior to each child protection conference in order to make decisions regarding care planning and attendance at conference.
- 6.2 CHN must ensure that all their services involved with the family are represented / submit reports and attended child protection conferences as agreed with other CHN health representatives.
- 6.3 On receipt of invitation to a child protection conference the health professional is able to access support as necessary from their child protection supervisor. If not regularly receiving supervision then they can contact their named nurse or doctor for child protection or an advisor in the Safeguarding Children Team (CHN). General Practitioners may wish to discuss the case with the general practitioner clinical lead for child protection, prior to the conference.
- 6.4 Competence of a health professional to write reports for and attend case conferences must be agreed by their line manager and monitored by their Child Protection Supervisor. Advice can be sought from the Safeguarding Children Team (CHN).
- 6.5 If a health professional is unable to attend a child protection conference, they must ensure a colleague from their own service represents them and presents their report.
- 6.5.1 The fact that they are representing a colleague should be made clear to the chair of the conference and the details should be reflected in the minutes.
- 6.5.2 If there are both under-fives and school-aged children in a family, a Health Visitor will be the health representative for core group meetings and review child protection conferences. It is imperative that good liaison takes place prior to the conference and that the health professional attending the conference completes Progress Notes in RiO for every child discussed at the conference (see Section 10.1).
- 6.6 There may be occasions when a health professional may request support at a child protection conference due to the complexity of the case or inexperience of the health professional in attending conferences. The health professional should negotiate this with their manager and/or their Child Protection Supervisor. If the health professional does not receive regular Child Protection Supervision, this can be negotiated with the Safeguarding Children Team.

7. Writing Reports for Child Protection Conferences and other Child Protection Meetings

- 7.1.1 The Newham Safeguarding Children Board format in Appendix 1 must be used to prepare reports for Child Protection Conferences.
- 7.1.2 The report must be typed except in exceptional circumstances i.e. less than 48 hours notice given for the child protection conference.
- 7.1.3 A separate report should be produced for each child within the family for which the professional has responsibility.
- 7.1.5 All pages of the report must be numbered.
- 7.1.6 Health visitors and school nurses must attach a copy of the centile chart to the report for children under 5 or where there are concerns regarding a child's growth if the child is over 5.
- 7.1.7 The use of abbreviations or jargon must be avoided, where abbreviations are used, the full text must be given in the first instance with abbreviations in brackets.
- 7.1.8 Where information in the report is either the assessment of other professionals or comes from another source, this must be clearly identified.
- 7.1.9 Where children have attended for child protection medicals, the doctor must write a child protection conference report with a copy of the medical examination report given as an appendix.
- 7.1.10 Future healthcare plans must be clearly stated and include information on planned contact with venue and purpose as well as known health appointments with other health professionals.
- 7.1.11 Where the health professional's client is an adult e.g. antenatally or in mental health, then their report will focus more on parenting capacity and family and environmental factors. The report should include an explanation of their condition and care where this has an impact on their ability to care for their children and/or outline what support they will require to care for their children.
- 7.1.12 The contents of the report must be shared with the parent/carer and child (depending on age and understanding) prior to the conference. The practitioner must record in RiO Progress Notes how the report was shared and discussed with the parent and include any parental comments or disagreement.**

7.2 Initial Child Protection Conference Reports

Initial Child Protection Conference Reports should contain a chronology of the child's contact with health professionals from birth to the present with information from the Child Health Records. This should be included under the section entitled 'Summary of current involvement'.

7.3 Review or Reconvened Child Protection Conference Reports

Where there has been a comprehensive initial report, the contents of this report should relate to events since the last case conference only and should include the achievements and outcomes of the previous health care and child protection plan.

8. Health Professionals' responsibility at a Child Protection Conference

- 8.1 All health professionals attending the child protection conferences must share information relating to risks to the children being discussed.
- 8.2 All health professionals attending must provide an opinion on whether or not the name of each child discussed is in need of a child protection plan including which category is most suitable based on the information provided at the child protection conference.
- 8.3 There may be rare occasions where there is information that the health professional holds that they consider being particularly sensitive. In this instance it should be excluded from the report and prior to the conference it should be discussed with the conference chair who will make a decision regarding the necessity of sharing the information at conference.

9. Dissent to the decision regarding the need for a Child Protection Plan

- 9.1 When a health professional disagrees with the decision regarding the need for a Child Protection Plan, they must clearly state their dissent and request that this and their reason for dissent is documented in the minutes. This may occur either at initial or review child protection conferences and will include dissent against conference decision either to make a child subject to a Child Protection Plan or to discontinue a Child Protection Plan.
- 9.2 The health professional must document contemporaneously in the patients records conference decision and especially their dissent with reasons for this.
- 9.3 The health professional must inform named nurse or doctor (in the case of CHN medical staff) of their dissent and the reason for that dissent within **one** working day of the child protection conference.
- 9.4 After reviewing the case with the appropriate named professional, it may be felt there needs to be a request for a review of the decision. If this is the case the named professional will contact the Head of the Children's Planning and Review Team.

10. Record Keeping and Minutes

- 10.1 **Attendance at a Child Protection Conference must be recorded in each child's records by the health professional that attended the conference** and should include the following:
 - Date, time and venue of the conference
 - Type of conference attended (initial /review/transfer-in/pre-birth)
 - The name of the chair
 - The name of the minute taker
 - The name/s of the social worker/s in attendance
 - Whether or not the parent/s attended with details

- The decision of the conference including the category if a child protection plan has been put in place/continues to be in place
- Date, time and venue of the next conference (or child in need meeting)
- Date, time and venue of the Core Group Meeting, if relevant
- The main issues/concerns
- An outline of the health care plan and the health professionals responsibilities under the Child Protection Plan

- 10.2 Child protection conference minutes must be checked for accuracy. If inaccurate they must be amended and returned to the conference chairperson within **7 days** of receipt. Failure to do so will result in acceptance of minutes as a true reflection of conference.
- 10.3 Child protection conference minutes must be uploaded to RiO Documents for each child by the health professional. Where the health professional is working with the adults the conference minutes must be uploaded to the adult's records. They become part of the clinical records and must therefore be retained according to the Retention of Health Records Guidance.
- 10.4 Failure to comply with the agreed child protection plan by any party should be notified to the social worker within **48 hours**.

11. References

HM Government (2015) Working together to safeguard children

A guide to inter-agency working to safeguard and promote the welfare of children

Available on:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf [accessed on 2.12.15]

London Safeguarding Children Board, 2015 London Child Protection Procedures.

London Safeguarding Children Board.

Available on: <http://www.londoncp.co.uk/>[accessed 2.12.15]

Appendix 1

NEWHAM MULTI-AGENCY REPORT TO CHILD PROTECTION CONFERENCE




CONFERENCE DATE		CONFERENCE TYPE	Initial/Review/Pre-Birth <i>(delete as appropriate)</i>
FAMILY NAME			

CHILD'S NAME	DOB	NURSERY/SCHOOL	AGENCY ID NUMBER

PARENT(S)' NAME(S)	DOB

FAMILY ADDRESS:

CHILD'S ADDRESS (if different from above)

PROFESSIONAL COMPLETING REPORT			
NAME	ROLE	ORGANISATION	CORE GROUP MEMBER (Y/N)
		East London  NHS Foundation Trust	

SUMMARY OF CURRENT INVOLVEMENT

Please give an overview of how and when the family came to be involved with your agency/service. What provision have you been offering and how do the child and family engage with this?

SAFETY GOALS

What outcomes are the agency working towards with the family? When can the agency be confident that the child is safe?

VIEWS OF CHILD/YOUNG PERSON, PARENT(S)/CARER(S)

Please describe how the child/young person and parents have offered their views on their current situation. What do they find helpful/unhelpful? What are their goals in relation to safety of the child(ren)?

RISKS/INDICATORS OF HARM

Please describe all factors that could be an indicator of harm/maltreatment.

STRENGTHS

What are the strengths within the family? Is there a way that these strengths could be fostered and built on?

AGENCY CONTRIBUTION TO THE PLAN

What can your agency offer for the child and or parent? How will the agency engage with the family and track any outcomes?

PROGRESS

Please note indicators of progress.

DATE COMPLETED	
DATE REPORT SHARED WITH PARENTS	
DATE REPORT SHARED WITH CHILD (where appropriate)	
SIGNATURE OF REPORT AUTHOR	

This report is confidential and may not be reproduced or distributed to persons other than those attending the child protection conference, except with the permission of the author.

***Please ensure this report is sent via secure email to CPRT.minutes@newham.gov.uk or post to the social worker and conference chair 2 working days prior to an initial child protection conference and 5 working days prior to a review child protection conference.**

Appendix 2 - GUIDANCE FOR COMPLETION

NEWHAM MULTI-AGENCY REPORT TO CHILD PROTECTION CONFERENCE




CONFERENCE DATE	<i>Please put date and time of conference.</i>	CONFERENCE TYPE	Initial/Review/Pre-Birth <i>(delete as appropriate)</i>
FAMILY NAME			

CHILD'S NAME	DOB	NURSERY/SCHOOL	AGENCY ID NUMBER
<i>A separate report for each child is required for all child protection conferences.</i>			

PARENT(S)' NAME(S)	DOB

FAMILY ADDRESS:
CHILD'S ADDRESS (if different from above)

PROFESSIONAL COMPLETING REPORT			
NAME	ROLE	ORGANISATION	CORE GROUP MEMBER (Y/N)
<i>Please include contact details (address, telephone numbers and email addresses)</i>		East London  NHS Foundation Trust	

SUMMARY OF CURRENT INVOLVEMENT
<p><i>Please give an overview of how and when the family came to be involved with your agency/service. What provision have you been offering and how do the child and family engage with this?</i></p> <p><i>Continue to use the framework for assessment to think about the issues and how these have been addressed.</i></p> <p><i>If the report is for an initial conference, it is in this section that you would include a chronology of the history of community health's involvement with the child.</i></p>

SAFETY GOALS
<p><i>What outcomes are the agency working towards with the family? When can the agency be confident that the child is safe?</i></p> <p><i>What do you expect from the parents in terms of meeting the child's health needs and keeping the child safe? How can this be evidenced?</i></p>

VIEWS OF CHILD/YOUNG PERSON, PARENT(S)/CARER(S)
<p><i>Please describe how the child/young person and parents have offered their views on their current situation. What do they find helpful/unhelpful? What are their goals in relation to safety of the child(ren)?</i></p> <p><i>How have you gained information regarding the child's wishes and feelings regarding their current situation? What have they shared with you regarding their wishes and feelings?</i></p> <p><i>How have you gained information regarding the parents' views on their current situation? What have they shared with you regarding their views? What do the family find helpful?</i></p> <p><i>What are the parents' goals in relation to the safety of the children?</i></p>

RISKS/INDICATORS OF HARM
<i>Please describe all factors that could be an indicator of harm/maltreatment. This section is self explanatory and has not changed from the previous format. Include evidence.</i>
STRENGTHS
<i>What are the strengths within the family? Is there a way that these strengths could be fostered and built on? Include evidence for the strengths.</i>
AGENCY CONTRIBUTION TO THE PLAN
<i>What can your agency offer for the child and or parent? How will the agency engage with the family and track any outcomes? Include your health care plan in this section with planned contacts and how you will follow up appointments etc with other health services.</i>
PROGRESS
<i>Please note indicators of progress. Progress in line with the Child Protection Plan, including evidence.</i>

DATE COMPLETED	
DATE REPORT SHARED WITH PARENTS	<i>Guidance from the Safeguarding Children Team: If unable to share the contents with the parents, you need to state how this was attempted and why it was not possible.</i>
DATE REPORT SHARED WITH CHILD (where appropriate)	
SIGNATURE OF REPORT AUTHOR	<i>Guidance from the Safeguarding Children Team: If unable to share the contents with the child, you need to state how this was attempted and why it was not possible.</i>

This report is confidential and may not be reproduced or distributed to persons other than those attending the child protection conference, except with the permission of the author.

****Please ensure this report is sent via secure email to CPRT.minutes@newham.gov.uk or post to the social worker and conference chair 2 working days prior to an initial child protection conference and 5 working days prior to a review child protection conference.***

DELETE ALL INSTRUCTION IN ITALICS PRIOR TO SAVING AND REPRODUCING REPORTS FOR CONFERENCE

Appendix 3:

PATHWAY FOR ESCALATING SAFEGUARDING CONCERNS REGARDING PRACTITIONERS

Safeguarding Supervisors have a responsibility to support practitioners in relation to compliance with safeguarding children procedures and protocols. Their responsibility includes monitoring practice and informing the practitioner's manager when areas of development are identified.

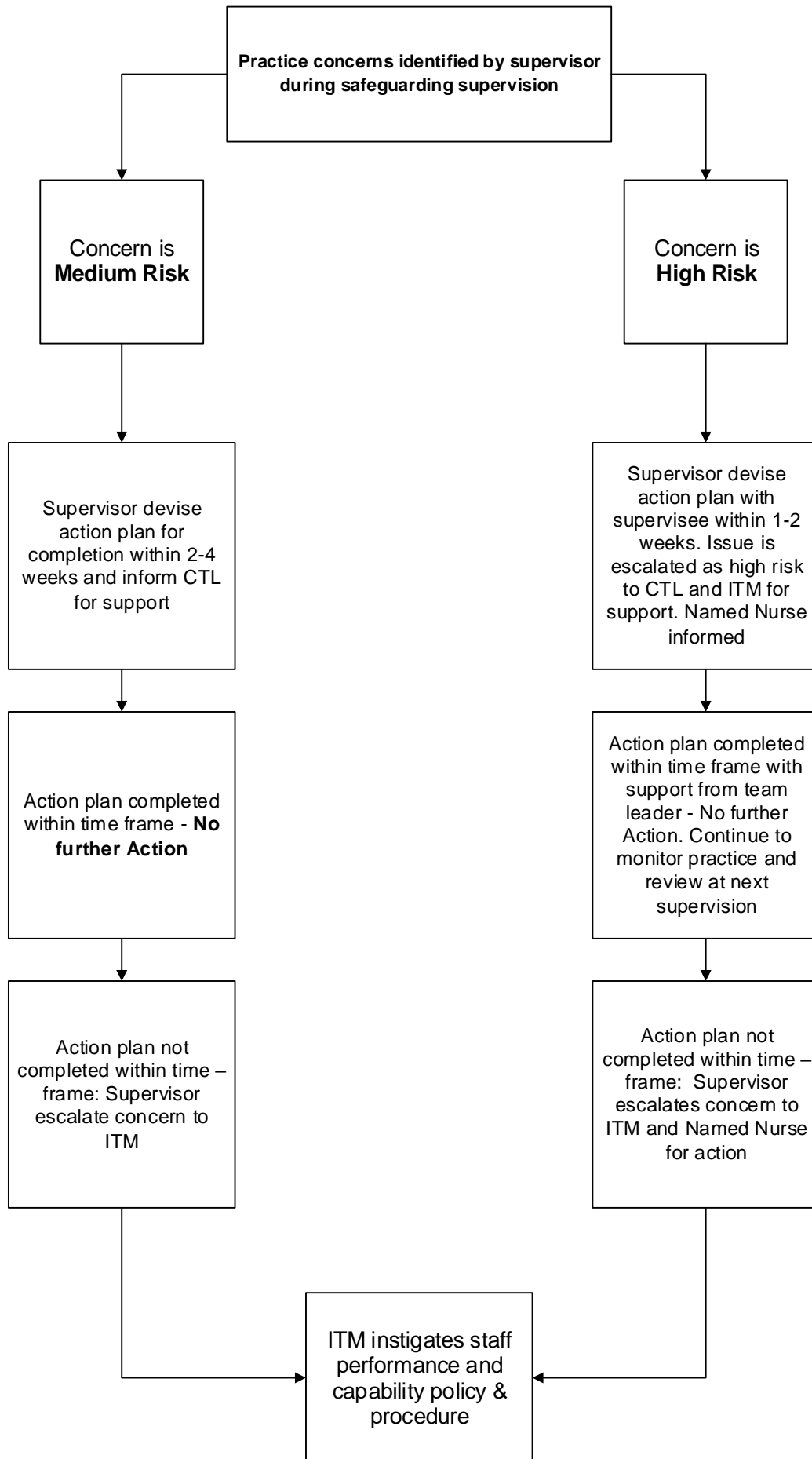
*Example of **high risk** concerns are –*

- Inadequate / Poor record keeping*
- Frequent cancellation of supervision*
- Inadequate preparation for CP / CIN Conference*
- Children on CP / CIN Plan not brought to supervision*
- Agreed health care plan not completed*
- Inappropriate analysis of family risk*
- Failure to escalate drifting cases*
- Practitioner not adhering to Trust safeguarding policy*

Glossary – CP = Child Protection

CiN = Child in Need

****Please see next page for pathway.***



Appendix 4

(TEMPLATE FOR CHILD PROTECTION CONFERENCE, CIN /CORE GROUP MEETINGS)

CHILD PROTECTION CASE CONFERENCE

Initial /Review/Transfer-in/Pre-birth Child Protection Case Conference attended.

Venue:

Chair:

Minute Taker:

Social Worker:

Parental attendance:

Decision:

Category:

Date of next Child Protection Case Conference:

Time:

Venue:

Date of Core Group Meeting:

Time:

Venue:

Headlines (Main Issues/Current Concerns)

What are we worried about? (Risks)

What is working well? (Strengths)

What needs to happen? (Action)

HEALTH CARE PLAN:

What is in brackets is for your guidance they should be deleted when you are completing the records on RiO

Appendix 5

Sent by email on 02/12/2015

Dear Colleague,

Re: Procedure for the preparation and attendance at Child Protection Conferences and other Child Protection meetings

Your comments on the attached draft document would be appreciated. It has been amended in line with Newham Safeguarding Children Board format for reports to be presented at Child Protection Case Conferences. Could you please see the attached document and return the lower portion of this form to me by 16/12/2015. A copy of this form has been sent to those listed below. If you know of anyone else that should be included in this consultation process, please forward it to them and let me know. Thank you for your input.

Sincerely,
Agnes Adentan
Named Nurse for Safeguarding Children

Consultation list:

Agnes Adentan, Named Nurse for Child Protection and the Safeguarding Children Team
Tatenda Chigadora, Omwunmi Adebayo, Mojisola Ogunsola, Hazel Thomas and Odilia Gamor, Integrated Team Managers
School Nursing and Health Visiting Service
Ian McKay, Acting Head of Children and Young People Services
Sarah Rolfe, Group Manager, C&YPS and Lead Nurse, C&YPS
Diane Humphries, Assistant Group Manager, C&YPS
Kerry Read, Designated Nurse for Children in Care
Sekayi Tangayi, Haemoglobinopathies Service
Jenny Hurley, Diabetes Nurse Specialist
Chantel Gayle, Clinical Nurse Manager, Family Planning and Sexual Health
Helena Jenkins, Children Therapists Manager
Jan Pearson, Associate Director for Safeguarding Children ELFT
Linda Geddes, Named Professional for Safeguarding Children, Newham (Mental Health)
Jonathan Warren, Director of Nursing ELFT
Fayrus Abusrewil
Sophia Njiri
Rebecca Daniels

Name:		
Job Title:		
Service:		
Comments		
Page	Section	Comment
		<i>Replies from consultation received from those on list in bold and italics.</i>

Appendix 6- DISTRIBUTION LIST

Agnes Adentan, Named Nurse for Child Protection and the Safeguarding Children Team
Tatenda Chigadora, Omwunmi Adebayo, Mojisola Ogunsola, Hazel Thomas and Odilia Gamor, Integrated Team Managers
School Nursing and Health Visiting Service

Ian McKay, Acting Head of Children and Young People Services
Sarah Rolfe, Group Manager, C&YPS and Lead Nurse, C&YPS
Diane Humphries, Assistant Group Manager, C&YPS
Kerry Read, Designated Nurse for Children in Care
Sekayi Tangayi, Haemoglobinopathies Service
Jenny Hurley, Diabetes Nurse Specialist
Chantel Gayle, Clinical Nurse Manager, Family Planning and Sexual Health
Helena Jenkins, Children Therapists Manager
Jan Pearson, Associate Director for Safeguarding Children ELFT
Linda Geddes, Named Professional for Safeguarding Children, Newham (Mental Health)
Jonathan Warren, Director of Nursing ELFT
Fayrus Abusrewil
Sophia Njiri
Rebecca Daniels
Sue Abbott