

Document Type:	Standard Operating Procedure	
Reference Number : 2080	Version Number: 1	Next Review Date: 31 December 2019
Title:	Attendance and Providing Reports at Safeguarding Children meetings in Torbay and Devon	
Document Author:	Named Nurse Safeguarding Children	
Applicability:	As defined in document	

1. Purpose of this document:

This document has been written to provide a standard for best practice for report writing and attendance at all meetings related to Safeguarding Children: Child In Need, Child Protection and Core Groups.

2. Scope of this SOP:

This relates to all Torbay and South Devon NHS Foundation Staff who are required to attend any safeguarding children meetings

3. Competencies required: Staff requiring Level 3 Safeguarding Children training

- 3.1 All trained staff employed by Torbay and South Devon Health NHS Foundation Trust will have been trained to the appropriate level of Child Protection for their role.
- 3.2 Torbay and South Devon Health NHS Foundation Trust staff will be aware of the Trust Child Protection Policy and South West Child Protection Procedures – www.swcpp.org.uk
- 3.3 Torbay and South Devon Health NHS Foundation Trust staff will know how to access support and Supervision from the Safeguarding Children Team. http://www.sdhct.nhs.uk/misc/safeguarding/safeguarding_children/Pages/default.aspx

4. Procedure for Child Protection Meetings Initial and Review :

- 4.1 All relevant staff have a responsibility to prioritise attendance at all safeguarding children meetings.
- 4.2 Practitioners must submit a written report to all Child Protection Conferences to which they have been invited, irrespective of whether they are attending or not. The Safeguarding Reviewing Offices from Torbay and Devon will send the relevant templates for Initial Child Protection Conference and Review Child Protection Conferences when you receive the invitation.
- 4.3 The written report must be shared with the family and young person if appropriate prior to the Child Protection Conference in line with Human Rights

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- Act 1998 and in accordance with Best Practice. This should be in a form the person can understand and interpreting services used if required.
- 4.4 If the practitioner involved is unable to attend any meeting they must ensure that a written report is made available to the chair and where possible that a colleague attends in their place.
 - 4.5 Reports are sent to the Independent Safeguarding Reviewing Officer (IRO) 2 working days in advance of an Initial Conference and 10 working days before a Review via secure email cpunit@torbay.gcsx.gov.uk Reports for the meeting will be emailed to the practitioner by the IRO office, the practitioner must ensure they take their own copy to the meeting.
 - 4.6 The practitioner must be prepared to challenge other professionals if there is no progress in meeting the outcomes for the child/children. It is imperative that the child/children remain the focus of the practitioner at all times. If the practitioner involved is concerned that there is no evidenced improvement in outcomes for the child/children involved within 6 months (or sooner if necessary) then they are expected to professionally challenge the decision making process
<http://www.onlineprocedures.co.uk/swcpp/contents/policies/escalation-policy/>

5. Procedure for Child in Need Meetings

- 5.1 All relevant staff have a responsibility to prioritise attendance at all safeguarding children meetings.
- 5.2 If the child is not known to the named practitioner, it is the practitioner's responsibility to access the appropriate records required to inform the meeting. This may require the child's health records being requested from Child Health.
- 5.3 A written report, in accordance with Appendix 1, should be presented at the meeting. Best practice states that the written report must be shared with the family and young person if appropriate prior to the Child Protection Conference in line with Human Rights Act. This should be in a form the person can understand and interpreting services used if required.
- 5.4 If the professional cannot attend a report must be submitted prior to the meeting and if possible a deputy identified. This report must be shared with the family and young person, if appropriate, prior to the Child Protection Conference in line with Human Rights Act 1998 and in accordance with Best Practice.
- 5.4 The practitioner must be prepared to challenge other professionals if there is no progress in meeting the outcomes for the child/children. It is imperative that the child/children remain the focus of the practitioner at all times. If the practitioner involved is concerned that there is no evidenced improvement in outcomes for the child/children involved within 6 months (or sooner if necessary) then they are expected to professionally challenge the decision making process
<http://www.onlineprocedures.co.uk/swcpp/contents/policies/escalation-policy/>

6. Procedure for Core Group Meetings

- 6.1 At the initial Core Group meeting the professionals, alongside the child/young person and family and other professionals will identify a plan that will meet the needs of the child/children. A core group of professionals will be identified to ensure the child protection plan is reviewed and evaluated between formal child protection meetings in core group meetings.
- 6.2 If the professional cannot attend a report must be submitted prior to the meeting and if possible a deputy identified Appendix 2. Best practice states that the written report must be shared with the family and young person if appropriate prior to the Child Protection Conference in line with Human Rights Act 1998. This should be in a form the person can understand and interpreting services used if required.
- 6.3 The practitioner must be prepared to challenge other professionals if there is no progress in meeting the outcomes for the child/children. It is imperative that the child/children remain the focus of the practitioner at all times. If the practitioner involved is concerned that there is no evidenced improvement in outcomes for the child/children involved within 6 months (or sooner if necessary) then they are expected to professionally challenge the decision making process
<http://www.onlineprocedures.co.uk/swcpp/contents/policies/escalation-policy/>

Standards:

Item	%	Exceptions

Equality Statement.
 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the [Equality and Diversity Policy](#)

References:

Human Rights Act 1998 <http://www.legislation.gov.uk/ukpga/1998/42/contents>

Appendix:

[Appendix 1 - Child in Need Report – Community Staff](#)
[Appendix 2 - Report for Core Group Meetings](#)

Appendix 1

Child in Need Report – Community Staff

Name of Child:		DOB:	
Chronology of visit/contacts:			
Address of Visits/Contacts			
Views/comments expressed by the child:			
Presentation of the child (if seen):			
Presentation of the bedroom (if seen):			
Presentation of the home:			
General Observations in relation to the welfare of the baby/child:			

Weight (give significant weights and centiles – include centile charts)

Height (give significant heights and include centile charts)

Other Health Information

Child's Developmental Needs

Health:

Emotional and Behavioural Development:

Education:

Identity:

Family & Social Relationships;

Self care Skills

Social Presentation;

Views of Child Expressed:

Parenting Capacity

Recommendations & Outcomes:

Name

Designation

Signature

Date

Email

Appendix 2

Report for Core Group Meetings

Name of Child:		DOB:	
Date and time of visit/contacts:			
Address of Visit/Contact			
Presentation of the infant/ child/young person :			
Views/comments expressed by the child:			
Presentation of the child (if seen):			
Presentation of the bedroom (if seen):			
Presentation of the home:			
General Observations in relation to the welfare of the baby/child:			
Signed:			
Print name:			
Designation:			
Date:			

Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

This guidance has been registered with the Trust. The interpretation and application of guidance will remain the responsibility of the individual clinician. If in doubt contact a senior colleague or expert. Caution is advised when using clinical guidance after the review date, or outside of the Trust.

Ref No:	2080		
Document title:	Attendance and Providing Reports at Safeguarding Children Meetings in Torbay and Devon		
Purpose of document:	To provide a standard for best practice for report writing and attendance at all meetings related to Safeguarding Children: Child In Need, Child Protection and Core Groups.		
Date of issue:	28 October 2016	Next review date:	5 July 2022
Version:	1	Last review date:	
Author:	Named Nurse Safeguarding Children		
Directorate:	Safeguarding		
Equality Impact:	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
Committee(s) approving the document:	Care and Clinical Policies Group Chief Nurse Medical Director		
Date approved:	19 September 2016		
Links or overlaps with other policies:			

Have you identified any issues on the Rapid (E)quality Impact Assessment. If so please detail on Rapid (E)QIA form.	Yes <input type="checkbox"/>	
	Please select Yes No	
Does this document have implications regarding the Care Act? If yes please state:	<input type="checkbox"/>	<input type="checkbox"/>
Does this document have training implications? If yes please state:	<input type="checkbox"/>	<input type="checkbox"/>

Does this document have financial implications? <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
Is this document a direct replacement for another? <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
28 October 2016	1	New	Medical Director Chief Nurse Care and Clinical Policies Group
5 July 2019	1	Review date extended	Named Nurse Safeguarding Children

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Quality Impact Assessment (QIA)

<i>Please select</i>				
Who may be affected by this document?	Patient / Service Users	<input checked="" type="checkbox"/>	Visitors / Relatives	<input checked="" type="checkbox"/>
	General Public	<input checked="" type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input checked="" type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Others (<i>please state</i>):			

Does this document require a service redesign, or substantial amendments to an existing process?	<input type="checkbox"/>
<i>If you answer yes to this question, please complete a full Quality Impact Assessment.</i>	

Are there concerns that the document could adversely impact on people and aspects of the Trust under one of the nine strands of diversity?	Age	<input type="checkbox"/>	Disability	<input type="checkbox"/>
	Gender re-assignment	<input type="checkbox"/>	Marriage and Civil Partnership	<input type="checkbox"/>
	Pregnancy and maternity	<input type="checkbox"/>	Race, including nationality and ethnicity	<input type="checkbox"/>
	Religion or Belief	<input type="checkbox"/>	Sex	<input type="checkbox"/>
	Sexual orientation	<input type="checkbox"/>		
<i>If you answer yes to any of these strands, please complete a full Quality Impact Assessment.</i>				
If applicable, what action has been taken to mitigate any concerns?				

Who have you consulted with in the creation of this document? <i>Note - It may not be sufficient to just speak to other health & social care professionals.</i>	Patients / Service Users	<input type="checkbox"/>	Visitors / Relatives	<input type="checkbox"/>
	General Public	<input type="checkbox"/>	Voluntary / Community Groups	<input type="checkbox"/>
	Trade Unions	<input type="checkbox"/>	GPs	<input type="checkbox"/>
	NHS Organisations	<input type="checkbox"/>	Police	<input type="checkbox"/>
	Councils	<input checked="" type="checkbox"/>	Carers	<input type="checkbox"/>
	Staff	<input checked="" type="checkbox"/>	Other Statutory Agencies	<input type="checkbox"/>
	Details (<i>please state</i>):			

Rapid Equality Impact Assessment (for use when writing policies and procedures)

Policy Title (and number)	2080 - Attendance and Providing Reports at Safeguarding Children meetings in Torbay and Devon	Version and Date	V1 October 2016
Policy Author	Named Nurse Safeguarding Children		
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.			
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)			
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/ Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ⁵ used throughout?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are the services outlined in the policy/procedure fully accessible ⁶ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Does the policy/procedure encourage individualised and person-centered care?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If 'Yes', how will you mitigate this risk to ensure fair and equal access?			
EXTERNAL FACTORS			
Is the policy/procedure a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?			
ACTION PLAN: Please list all actions identified to address any impacts			
Action	Person responsible	Completion date	
AUTHORISATION:			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
Name of person completing the form	Named Nurse Safeguarding Children	Signature	
Validated by (line manager)	Head of Midwifery	Signature	

Clinical and Non-Clinical Policies – Data Protection

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU General Data Protection Regulation (GDPR) and Data Protection Act 2018 (DPA 18) in mind, and therefore provides the reader with assurance of effective information governance practice.

The UK data protection regime intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy. Furthermore, data protection legislation requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data.

Does this policy impact on how personal data is used, stored, shared or processed in your department? Yes No

If yes has been ticked above it is assured that you must complete a data mapping exercise and possibly a Data Protection Impact Assessment (DPIA). You can find more information on our [GDPR](#) page on ICON (intranet)

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [Data Protection](#) site on the public internet.