

TOPIC ASSURANCE REPORT

REPORT DETAILS		ASSESSMENT	
Topic	Safeguarding unborn Babies and Children	Recommended level	
Topic Lead	Nicole Mitchell Strategic Lead and Named Nurse for Safeguarding Children	Acute (MPH/YDH) Community, MH&LD services	
Exec Lead	Hayley Peters	BLUE	
Governance Link support	Lincoln Andrews	Recommendation(s) for QAG follow-up	
QAG meeting date	October 2024	Quality improvement and assurance:	
Period covered	April 2023 – March 2024	<ul style="list-style-type: none"> Review/update of Child Not Brought SOP and re-audit (January 2025) Development of a <i>Management of Children involved in Serious Youth Violence SOP</i> (Autumn 2024) Consistent approach to Child Protection Medicals across the Trust Improvement in pre-birth communication across the Health System Mitigation for multiple recording systems within SFT until Somerset and Dorset have one Electronic System in 2027 	
Previous level(s)	BLUE		
Specialist / oversight group	Safeguarding Committee		

TOPIC SCOPE AND OVERSIGHT	
Scope of the topic	<p>The scope of this report includes unborn babies, although they are not recognised in UK law, and children, a person under the age of 18 years, and extends across the safeguarding continuum from early intervention/help to child protection.</p> <p>Safeguarding unborn babies and children involves a broad range of interrelated workstreams and initiatives enabling Somerset NHS Foundation Trust (SFT) to protect children’s right to live in safety, free from abuse and neglect; to protect children from maltreatment and prevent the impairment of children’s health and development; to work with other organisations to prevent and stop the risks and experience of abuse or neglect in line with the:</p>

- Children Act (1989) which established the legal framework for the protection and welfare of children in England and Wales. It sets out the duties and responsibilities of local authorities', health professionals, courts, parents, and other agencies in relation to children. The act includes provisions relating to child protection, adoption and the provision of services for children in need.
- Children Act (2004) which built on the framework established by the 1989 Act and introduced several new provisions. These included establishment of the children's commissioner for England and required local authorities to cooperate in the interests of children.
- Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. This framework outlines five levels of competence (one being the lowest level and five the highest) and indicates the job roles that require the different levels of training.
- Working Together to Safeguard Children (2023). Locally this includes working with the Integrated Care Board (ICB) and Somerset Safeguarding Children Partnership' (SSCP).
- Overarching' SFT Safeguarding and Protection of Unborn babies and Children Policy (2021)
- Obligations set out in the NHS England and Somerset Integrated Care Board (ICB) contract.

Limitations

The confidence and competence of SFT staff in safeguarding unborn babies and children depend on adherence to Trust Policy, including compliance with mandatory training, safeguarding supervision, and the use of expert advice from the Safeguarding Advisory Service. According to the Intercollegiate Document (2019), annual appraisals are essential to assess and maintain the necessary knowledge, skills, and competence. A revised edition of this document is expected in December 2024.

Any specifics on which aspects of the organisation are covered (the default being all services throughout the whole organisation)

All staff who come into contact with children and young people have a responsibility to safeguard and promote their welfare and should know what to do if they have concerns about safeguarding and child protection issues. This is supported by all SFT staff mapped to the appropriate level of training commensurate to their role and responsibility as per the Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff.

Any specific arrangements addressing individual areas.

CHILD SAFEGUARDING PRACTICE REVIEWS (CSPR) learning from significant events, including best practices, workstreams, and initiatives, is driven by evidence-based practice and insights gained from national policy, as well as national and local Child Safeguarding Practice Reviews (CSPRs), significant events, and excellence reporting. Somerset contributed to one CSPR in Birmingham during the reporting period,

focusing on joint learning around siblings, particularly highlighting 'Hidden Children,' the definition of a 'welfare check,' and cultural sensitivity (unpublished). Another CSPR will be conducted in the next reporting period following an unexplained injury in Somerset where a baby tragically died, with the aim of gaining multiagency learning. Overall, there has been a reduction in the number of CSPRs, likely due to the National Child Safeguarding Practice Review Panel's (NCSPRP) changes in criteria and the increased focus on addressing learning within local safeguarding partnerships in a timely manner."

During the reporting period the Safeguarding Advisory Service participated in 12 SFT internal Rapid Review meetings which identified single and multiagency learning where a child(ren) and young people suffered harm. In addition, SFT contributed to three Somerset Safeguarding Children Partnership (SSCP) Rapid Reviews, two relating to unexplained injuries to children 0-1 year and one relating to death of a teenager. Three non-statutory SSCP learning reviews included learning for SFT and the wider partnership which focused on a thematic analysis of multi-agency practice in response to of Serious Youth Violence, missed opportunities to safeguard a vulnerable teenager and an infant who suffered an unexplained injury including Child Sexual Abuse.

Whilst the overarching theme within SFT and the SSCP learning reviews was unexplained injury (non-accidental injury (NAI)), there is an increase in Somerset in respect of learning around serious incidents considering older children at risk of exploitation and risk outside the home, with children often missing or excluded from school, non-fatal strangulation and neglect. During the reporting period SFT Primary Care Dental Services contributed to a non-statutory Dorset BCP Rapid Review involving a teenager who required multiple teeth extraction and multiple fillings in his adult teeth. This case raises concerns about missed opportunities, earlier intervention and systemic issues about the impact of the COVID-19 Pandemic and a lack of dental provision in the UK. Learning was realised across Dorset and Somerset in terms of timely and coordinated responses in the care and treatment for children with neurodiverse conditions.

Maternity

Six of the SFT rapid reviews identified learning for Maternity. The Named Midwife is working with the Maternity Senior Leadership Team to formulate a thematic action plan in response to learning from recent reviews. Themes included responding to domestic abuse, lack of professional curiosity, timing and frequency of ICON discussion, identifying and responding to missed antenatal care (child not brought), Badgernet clinical recording system, safeguarding processes and information sharing with Primary Care GP and Public Health Nursing.

Outline any topic-relevant links to strategy or other high-level Trust objectives.

The themes identified within the reporting period continue to align with SFT Safeguarding Advisory Service strategic priorities informed by national learning and will continue to be a focus for safeguarding and protection of unborn babies and children throughout 2023-2026. These priorities seek to gain assurances that the safeguarding arrangements across the Trust are effective in helping to keep children safe.

	<p>The overarching key priorities are Prevention and Early Intervention with an emphasis on identifying and responding to concerns at the earliest possible stage, promoting a collaborative approach that puts children at the center, Working Together to Safeguard Children (2023).</p> <p>Early Help, Hidden Children and Transition are key areas of focus that have been identified as requiring increased understanding and a safeguarding response supported through:</p> <ul style="list-style-type: none"> • A culture of creativity, innovation and learning, • Quality improvement, • Compassionate Leadership • Partnership working, • Evidence-based practice, • Equality, diversity, and inclusivity to improve care quality, satisfaction and safety.
<p>Reporting Structure/ Specialist Group oversight</p>	<p>For Safeguarding Service assurance framework and governance structure (See Appendix 1).</p> <p>The Safeguarding Committee (SC) is a formally constituted assurance committee providing operating, reporting and oversight within the Trust’s integrated governance structure and reports to the Quality Assurance Group as part of the Trust’s assurance framework. The committee meets quarterly.</p> <p>The SC has delegated authority from the Trust Board to oversee and monitor the Safeguarding of Adults, Children and Young People, Domestic Abuse, Prevent, MAPPa and MCA and DoLs arrangements for the Trust and to ensure that all safeguarding functions are embedded in the governance structures of the organisation.</p> <p>The Committee has the authority to request information of relevance to its remit and to require the co-operation of all colleagues associated with achieving its purpose and responsibilities.</p> <p>Additional reporting / assurance mechanisms:</p> <ul style="list-style-type: none"> • Weekly Named Professional Meetings • Monthly Senior Leadership Team meetings • Monthly submission to the Integrated Care Board (ICB) via their Safeguarding Dashboard • Quality improvement workstreams and significant event reporting and collaboration with Somerset Safeguarding Children Partnership. • Yearly to the Quality and Governance Assurance Committee <p>Success within the operating the reporting and oversight structure includes co-design and oversight of SFT Safeguarding Policy and Process, significant events and Service quality planning, assurance and improvements.</p>

COMPLIANCE REQUIREMENTS	
Regulation	The CQC has five Fundamental Standards, these being Safe, Effective, Responsive, Caring, Well-led. Safeguarding Compliance Standards:

<p>CQC Fundamental Standards</p>	<p>Regulation 13: Safeguarding service users from abuse and improper treatment.</p> <p>Summary from the regulation:</p> <p>“Providers must have robust procedures and processes; to prevent people using the service from being abused by staff or other people they may have contact with when using the service, including visitors. Abuse and improper treatment include care or treatment that is degrading for people and care or treatment that significantly disregards their needs or that involves inappropriate recourse to restraint. For these purposes, 'restraint' includes the use or threat of force, and physical, chemical or mechanical methods of restricting liberty to overcome a person's resistance to the treatment in question”.</p> <p>“Where any form of abuse is suspected, occurs, is discovered, or reported by a third party, the provider must take appropriate action without delay. The action they must take includes investigation and/or referral to the appropriate body. This applies whether the third party reporting an occurrence is internal or external to the provider”.</p> <p>Within the incoming CQC Single Assessment Framework, a new quality statement features as part of the provider commitments under the Safe domain:</p> <p><i>‘We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people’s lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.’</i></p> <p>The work of the Safeguarding Advisory Service and the ethos for safeguarding throughout the Trust align with these core aims.</p>
<p>Legislation</p>	<p>Primary legislation relating to Safeguarding Unborn Babies and Children is as follows:</p> <ul style="list-style-type: none"> • Children Acts (1989 and 2004) • Children and Social Work Act (2017) • CONTEST – Counter Terrorism Strategy (2018) • Domestic Abuse Act (2021) • Female Genital Mutilation Act (2003) • Modern Slavery Act (2015) • Serious Crime Act (2015) • Serious Violence Duty (2022) • The Health and Care Bill (2021) • United Nations Convention on the Rights of the Child (UNCRC) is an international human rights treaty that grants all children and Young People (aged 17 and under) a comprehensive set of rights. The convention has 54 articles in total. Articles 43-54 are about how adults and governments must work together to make sure all children can enjoy all their rights. The UNCRC is supported by legislation that underpins implementation in England.

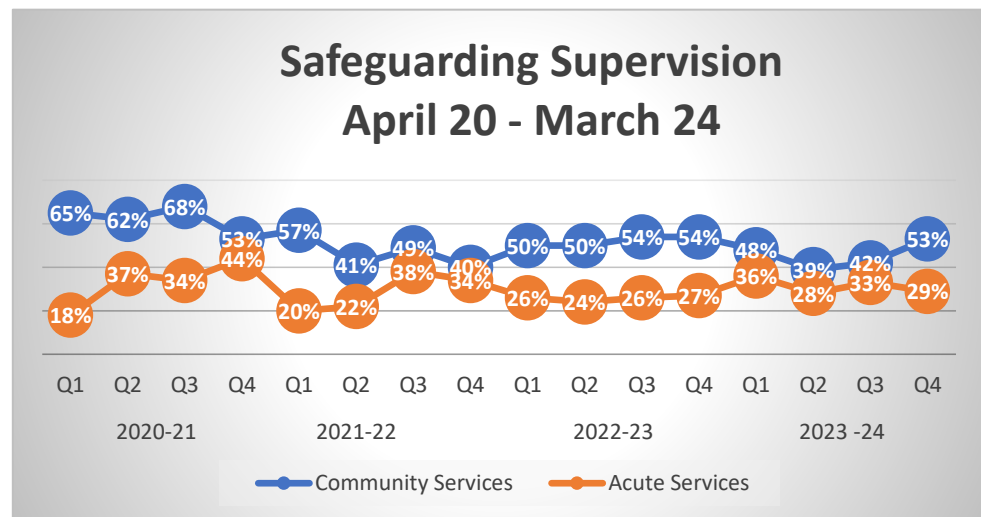
<p style="text-align: center;">National Guidance</p> <p style="text-align: center;">Assessment or accreditation</p>	<ul style="list-style-type: none"> • Child Abuse and Neglect (NG76) (2017) • Domestic violence and abuse multi agency working (PH 50) • Every Child Matters (2004 and 2015) • Harmful Sexual Behaviour (NG66) 2016 • Intercollegiate Document (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff • NICE guidelines (CG89) When to suspect child maltreatment 2009. • NICE QS 116 Domestic Violence and Abuse • RCPCH guidance Perplexing Presentations (PP)/ Fabricated or induced Illness (FI) in Children 2021 • RCPCH Physical Signs of Child Sexual Abuse (Purple Book) • RCPCH Safeguarding Document 2006 • Working Together to Safeguard Children (2023), a guide to inter-agency working to safeguard and promote the welfare of children.
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INTERNAL ASSURANCE – Summary information generated within the organisation

Assessing guidance and measuring the topic internally	
<p style="text-align: center;">Self-Assessment of national guidance implementation</p>	<p>Summary of relevant assessments of compliance against national standards/guidance such as listed in the section above titled ‘National Guidance / Assessment frameworks.</p> <p>Safeguarding unborn babies and children practice is supported by safeguarding children training and safeguarding supervision to reflect the Intercollegiate Document (2019) working in accordance with the Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff. In addition, the Trust’s Safeguarding Advisory Service Duty Team provide advice and guidance via a single point of contact (SPOC) and review all children’s records (safety net), who present in the Emergency Department’s at MPH and YDH.</p> <p>Risk is assessed to support decision making in line with the SSCP Effective Support for Children and Families in Somerset Guidance, trust policy and guidance in line with SSCP and the Southwest Child Protection Procedures (SWCPP). SFT staff request Children Social Care (CSC) involvement using an Early Help Assessment (EHA) or undertake verbal referrals e.g. ED departments when unborn babies and/or children are at risk of or have suffered harm i.e., physical, emotional, sexual and domestic abuse and/or neglect. Where there are professional differences that impact risk and decision making the SSCP Resolving Professional Differences Protocol is enacted.</p> <p>Child Abuse and Neglect (NG76) (2017) SSCP Section 11 Audit (see audit section). Safeguarding and Protection of Unborn Babies and Children Policy. Training (see training section) and safeguarding supervision, compliance data is shared with the ICB on a monthly or three-monthly basis.</p> <p>Section 11 of the Children Act 2004 requires effective systems to</p>

safeguard and promote the welfare of unborn babies and children and support for practitioners who work with children and families; this includes “effective supervision and monitoring”. Safeguarding Supervision supports a blended approach to training compliance as per the Intercollegiate Document (2019). Lack of effective Safeguarding Supervision (SGS) is a reoccurring theme in Child Safeguarding Practice Reviews (HM Government, 2022). SGS is identified by the Royal College of Nursing (2019) as any form of conversation or support received in relation to safeguarding children, to improve professional practice and mediate against emotional labour (Appleton and Peckover, 2015). Wallbank and Woods (2012) following a mixed-method systematic review of 12 publications, 11 in the UK and one in Sweden following PRISMA screening of 2185 records, identified SGS moving away from a management surveillance tool (Rowse, 2009), with a ‘softer’ restorative function capitalising on patient and staff psychological safety through reflexivity (O’Neil *et al.*, 2022).

Graph 1. Safeguarding Supervision compliance data year on year



The Safeguarding Advisory Service offer all trust staff who work with unborn babies, and children Safeguarding Supervision.

By the end of the reporting period compliance was similar to that of the previous reporting period, however, remains below the mandated compliance of 85%. Therefore, 59% (n=880) eligible staff do not access Safeguarding Supervision regularly. The impact of the merger may have contributed to an initial drop in compliance with the Safeguarding Advisory Service struggling to meet the demands of wider and more diverse services. To mitigate lower compliance rates, increased access to resources has been made available through the Safeguarding intranet page, which includes 7-minute briefings. Additional support includes ED safety netting, direct communication with Paediatric ward staff at MPH and YDH Hospitals from Monday to Friday, and access to the Safeguarding Advisory Service Single Point of Contact (SPOC) via telephone and email. The introduction of Safeguarding Clinics also provides 'real-time' support and advice throughout the week.

Intercollegiate Document (2019) Safeguarding Children and Young People: Roles and Competencies for Health Care Staff. During the

reporting period the Strategic lead and Named Nurse for Safeguarding Children and Learning and Development lead completed re-mapping of all staff who work with unborn babies, children their families and carers. Training and Safeguarding Supervision compliance data is shared with the ICB supporting SFT Safeguarding KPI's, contractual obligations in line with Safeguarding: Standards for Health Service Providers 2023-2024 Schedule 2 part K.

Every Child Matters (2004 and 2015)

Safeguarding and Protection of Unborn Babies and Children Policy, training and Safeguarding Supervision compliance data is shared with the ICB. Monitoring of staff contacts with the Safeguarding Advisory Service.

Harmful Sexual Behaviour (NG66) (2016)

Safeguarding and Protection of Unborn Babies and Children Policy, training and safeguarding supervision compliance data is shared with the ICB.

NICE guidelines (CG89) When to suspect child maltreatment (2009).

Safeguarding and Protection of Unborn Babies and Children Policy, training and safeguarding supervision compliance data is shared with the ICB. SSCP Section 11 Audit.

NICE QS 116 Domestic Violence and Abuse and Domestic violence and abuse multi agency working (PH 50)

Domestic Abuse Policy. Compliance data is shared with the ICB.

RCPCH guidance Perplexing Presentations (PP)/ Fabricated or induced illness (FI) in Children (2021)

Safeguarding and Protection of Unborn Babies and Children Policy, training and Safeguarding Supervision compliance data is shared with the ICB.

RCPCH Physical Signs of Child Sexual Abuse 2015 (Purple Book)

All acute Child Sexual Abuse (CSA) cases are undertaken by The Bridge - our regional centre of expertise for CSA. All SFT doctors undertaking historic cases of CSA are compliant with current guidance and attend Peer Review at the Bridge on a regular basis.

RCPCH Safeguarding Document (2006)

Safeguarding and Protection of Unborn Babies and Children Policy, training and paediatric departmental Peer Review.

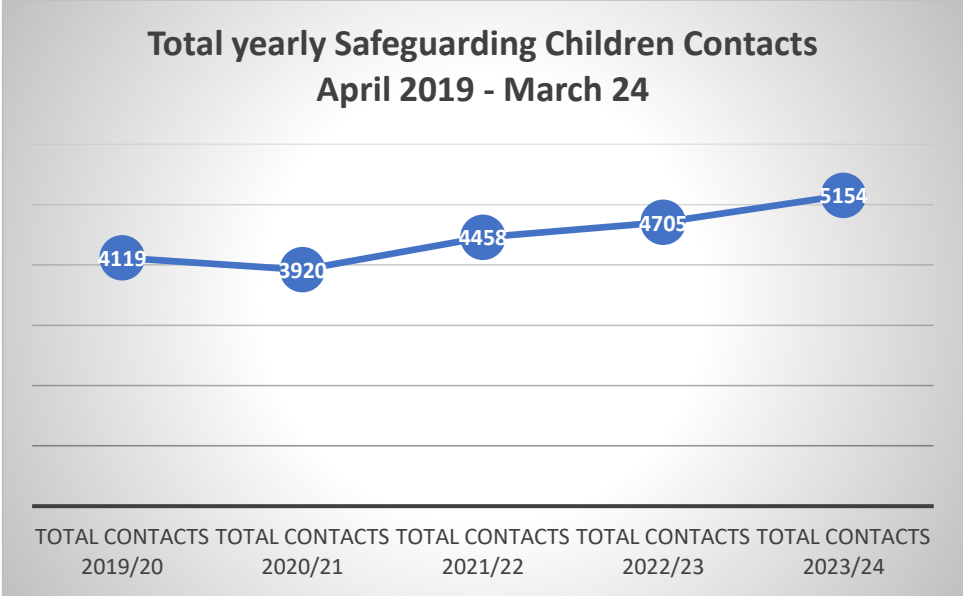
YDH Peer Review - eight sessions offered with 24 cases discussed.

MPH Peer Review – eight sessions offered with 29 cases discussed.

Total cases discussed increased by five compared to the last reporting period.

Peer review is a reflexive opportunity considering findings from child protection medical assessment to support learning facilitated by the Trust Named Doctor for Safeguarding Children/ Designated Doctor for the ICB or a senior Paediatric consultant. Compliance with Safeguarding training and supervision is integral to medical staff appraisals. All Child Protection Medical Examination reports are quality assured by the Trust Named

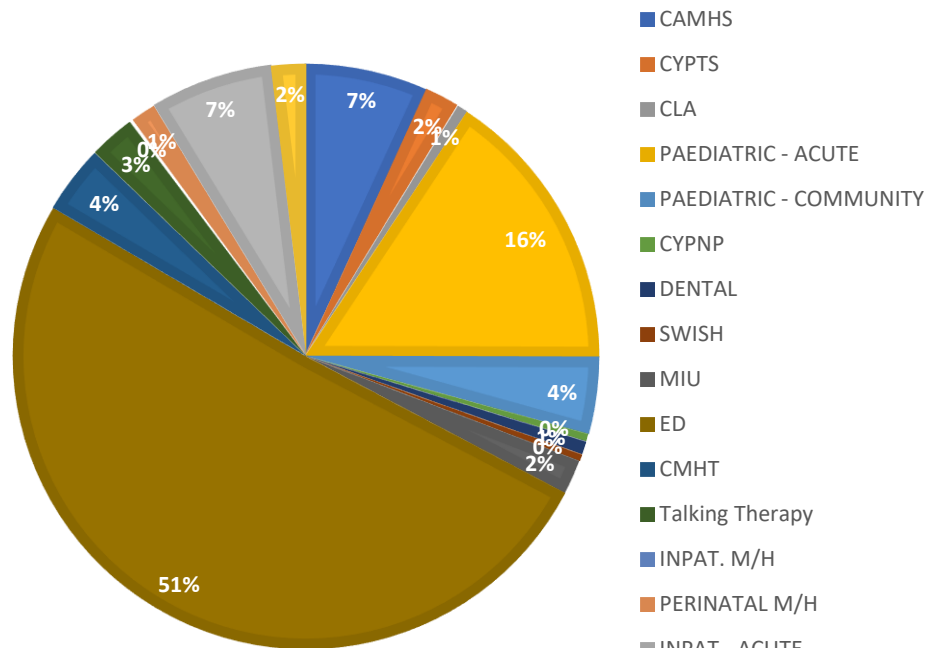
	<p>Doctor for Safeguarding Children. As part of quality improvement measures Paediatric staff across MPH and YDH will have joint peer review sessions moving forwards, every four months.</p> <p>Working Together to Safeguard Children (2023), a guide to inter-agency working to safeguard and promote the welfare of children sets the framework for compliance. This includes adherence to the Safeguarding and Protection of Unborn Babies and Children Policy, training and Safeguarding supervision compliance data shared with the ICB. Monitoring of staff contacts with the Safeguarding Advisory Service. Multi-agency quarterly audit of Early Help Assessments requesting Children Social Care involvement, Strategy Discussion and MASH participation, reports completed for Court and SSCP Section 11 Audit findings.</p>
<p>Audit and Measurement – key findings</p>	<p>AUDIT AND MEASUREMENT KEY FINDINGS</p> <p>SAFEGUARDING CHILDREN (SGC) ACTIVITY</p> <p>Data collection and analysis of safeguarding activities undertaken by professionals working with unborn babies, children, and their parents or carers, including support from the Safeguarding Advisory Service, is required as part of the CQC Section 7 outcomes. This data is collated weekly using Statistical Process Control, shared via a Safeguarding Service Tactical Dashboard. This supports monthly and quarterly quantitative data submissions to the Integrated Care Board (ICB) as part of the Safeguarding Advisory Service's contractual obligations."</p> <p>Let me know if you'd like any further adjustments</p> <p>Unborn baby and children safeguarding activity data is collated referring to a specific service, practitioner, issue/action and outcome. This level of scrutiny has enabled robust monitoring of concerns, action plans, allocation of resources and evidence of impact and assurance. Activity indicators help to plan work streams supporting services who are intense users and seeking out services who would benefit from additional support with their safeguarding practice.</p> <p>Graph 2. Year on Year Safeguarding children activity (excluding maternity)</p>



Review of data indicates the level of safeguarding activity related to unborn babies and children has increased over the last year by over 449 contacts compared to 2022-2023. This may be accounted for by robust data collection across the trust following the merger, alongside bespoke Safeguarding Training and Safeguarding Supervision over the last four years which has led to an increased awareness of safeguarding and child protection across the trust and reflecting a national picture of increasing multi-agency safeguarding activity. However, quantitative data does not reflect the complexity of safeguarding practice impacted by the legacy of the COVID pandemic and the cost-of-living crisis.

Graph 3. Breakdown and analysis of contacts throughout the reporting period.

SAFEGUARDING CHILDREN CONTACTS ACTIVITY 2023-24



Activity in Quarter 1 included quality assurance of unborn baby/Child Protection - Acute needs - Early Help Assessments (EHA's) requesting Children Social Care involvement. To meet increasing demand for support and advice the Safeguarding Advisory Service no longer quality assure requests for CSC involvement at point of request, however, Named Professionals participate in a multiagency quarterly audit focusing on themes and maintaining effective conversion rates to protect unborn babies, children and vulnerable families.

51% of contacts were accounted for with and from the Emergency Departments (ED) across MPH and YDH (these contacts include review of all children who attend ED by the Safeguarding Advisory Service (SAS) where there are safeguarding concerns), this brings the highest level of activity due to the nature of brief contacts with families in urgent need of medical care. During the next reporting period this process will be enhanced by increased use of electronic clinical systems to support timely response and opportunities for audit and quality improvement.

Acute Paediatric Services and CAMHS are frequent users of the SAS Single Point of Contact as they support families in need of support or where there are child protection concerns.

MATERNITY - SAFEGUARDING ACTIVITY

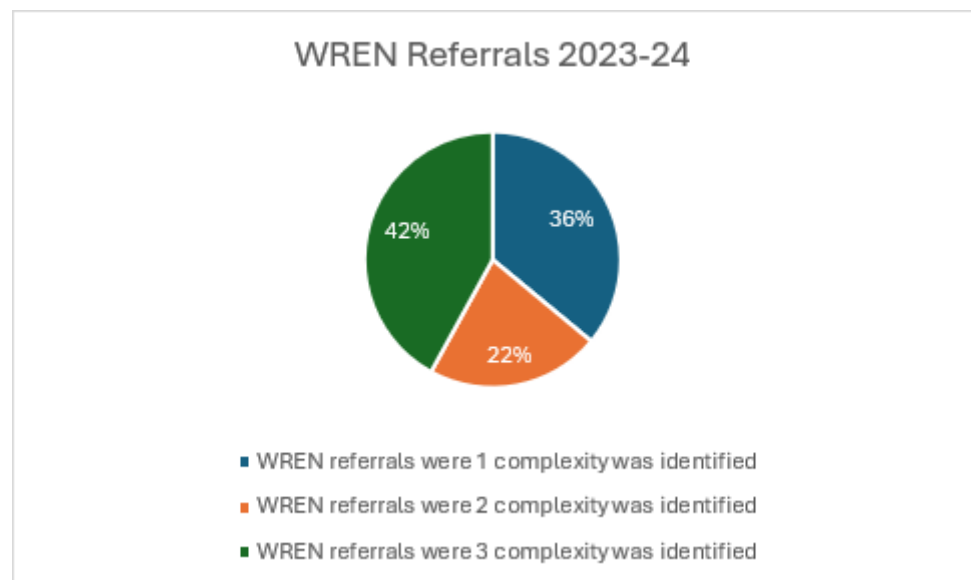
2023-2024 has seen the new Maternity electronic recording system, Badgernet, slowly embed into practice and offers additional support for staff in relation to safeguarding processes.

The number of referrals into (Women Requiring Extra Nurturing) WREN Team where social vulnerabilities were identified has decreased by 17% to 1810 from 2182 in the previous reporting period. Thematic analysis of incidents has identified multiple missed opportunities for referral to the WREN team, this is being addressed by a local action plan.

In contrast, the number of families open to Children Social Care during pregnancy has increased by 21% to 239 from 188, this reflects an increase in the level of social complexity that affects many families in Somerset. Somerset Council data indicates the number of children subject to a child protection plan has risen exponentially in 2023-24 and this is mirrored within maternity data analysis.

Although the number of Wren referrals has decreased, the themes have remained constant, with maternal mental health being a significant factor in 69% of referrals (1257), an increase of 26% compared to the previous year. Maternity services across SFT continue to work closely with Perinatal Mental Health Services, the Maternal Mental Health Team and the Trust Lead Mental Health Midwife, who came into post in December 2023.

Graph 4. WREN Referrals



A history of domestic abuse was the second most common social risk factor identified within Wren referrals accounting for 39% of cases (n=705). This includes abuse within a previous relationship or a history of abuse in a current relationship. Increased teaching and support for staff involved in the identification and response to disclosures of domestic abuse is a priority for Maternity Safeguarding identified through learning from incidents. The majority of these were cases occurred out of hours (weekends/nights) when the WREN Team, Named Midwives and Trust Safeguarding Advisory Service were not available, therefore it has been recognised that staff working in clinical settings must be competent in risk and decision making to appropriately safeguard victims of domestic abuse, which includes unborn babies.

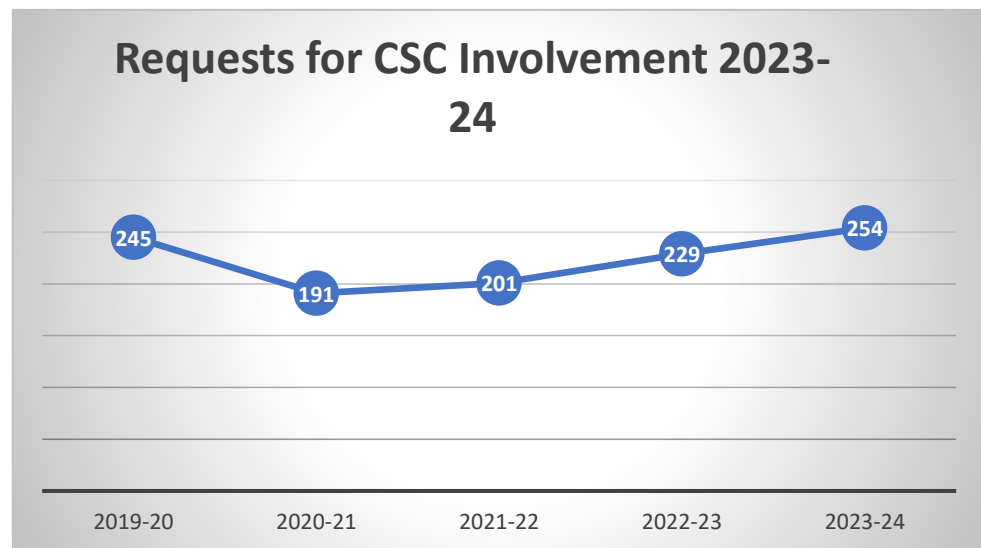
The third most common risk factor identified was previous involvement with CSC 29% (n=521). This includes siblings of the unborn, however, not parents. Maternity staff working with these families are encouraged to seek and share information across the health system and partner agencies to support communication and dynamic risk throughout pregnancy, the intra-partum and post-natal periods.

Data demonstrates, almost half of the WREN referrals completed included women with three or more social vulnerabilities. Lack of previous data does not support comparative quantitative analysis; however, anecdotal evidence suggests women presenting to maternity services with three or more social vulnerabilities has increased, this is reflected in the increase in number of families open to CSC in Somerset.

CHILD PROTECTION REQUEST FOR CHILDREN SOCIAL CARE INVOLVMENT

In accordance with the Safeguarding and Protection of Unborn Babies and Children Policy (2021), if unborn babies or children are at risk of or suffering significant harm practitioners can access support for families from Children Social Care (CSC). Whilst there has been an increase in safeguarding activity, requests for involvement have remained consistent with health practitioners increasingly expected to hold risk and work with the Local Authority for example, Family Intervention Service providing Early Help, where previously concerns would have met Statutory Child Services involvement threshold.

Graph 5. Acute needs Child Protection Early Help Assessments (EHA) requesting involvement from Children Social Care.

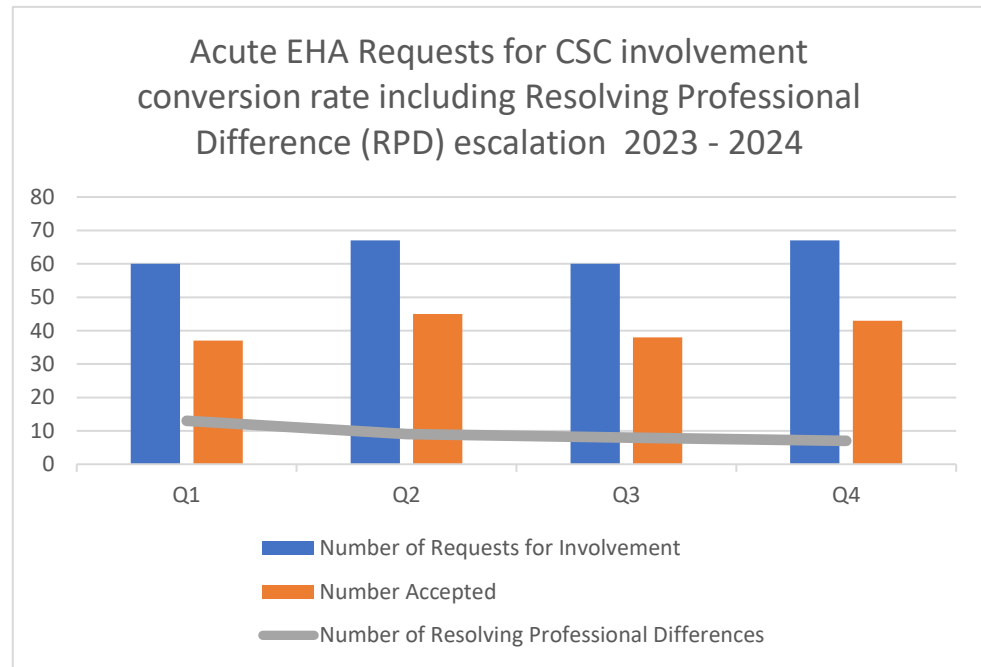


The Safeguarding Service ceased quality assurance of written EHA's requesting CSC involvement in Q2 of the reporting period. This was in response to high workload pressures and to prevent delay in seeking timely support for families. The introduction of Safeguarding Clinics has supported a proactive opportunity to support staff risk and decision making prior to completion of EHA's or when making verbal requests for CSC involvement, i.e. When providing urgent and unscheduled care. This approach has enabled practitioners to be responsible and accountable for

their practice and develop there Safeguarding repertoire encouraging professional curiosity, a trauma informed and ‘Think Family’ approach.

The quantity and quality of EHA’s submitted to CSC requesting statutory involvement is now monitored in quarterly meetings with the Local Authority, measuring for sustainable improvement in line with Somerset Safeguarding Children Partnership Effective Support for Children and Families in Somerset guidance threshold. The number of verbal requests for CSC involvement by ED for example, is not captured routinely, however, quality improvement measures have been supported in collaboration with CSC Emergency Duty Team where staff follow a set of pre-designed prompts to ensure the children’s voice is paramount and every contact counts in keeping children safe.

Graph 6. Acute needs EHA request for CSC involvement conversion rate including Resolving Professional Difference (RPD) escalation.



Requests for Children Social Care involvement using the EHA has remained consistent, with an average conversion rate of around or just above 40%. In circumstances where there is professional difference, in terms of CSC involvement, the SSCP Resolving Professional Differences Protocol is enacted through a staged process of discussion between professionals with opposing agency perspectives, to step four accessing support and guidance from the Executive of the SSCP. Of note more RPD’s are managed at Step 1 and 2 which makes for improved collegiate working in the long term.

SECTION 47 STRATEGY DISCUSSIONS

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 (including the residential or fostering service, if the child is looked-after), the police, health and other

