

## Multi-Agency Strategy Discussions

---

### *Community Paediatrics Protocol 2021*

---

#### **1. Purpose:**

Working Together to Safeguard Children 2018 mandates that whenever there is a 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, the police, health and other bodies such as the referring agency. This discussion should be held irrespective of whether a child is already an open case to social care. It is acknowledged that a child's contact with health services can be complex and include a wide range of different professionals across different organisations.

This protocol has been developed by the Hillingdon Safeguarding Partnership to build upon the existing multi-agency information sharing arrangements and facilitate the inclusion of expert paediatric advice as part of the strategy discussion process.

#### **2. Contribution of Health Practitioners:**

Working Together 2018 outlines the contribution that each statutory attendee should make to the strategy discussion:

<p><b>Health practitioners should:</b></p>	<ul style="list-style-type: none"> <li>• advise about the appropriateness or otherwise of medical assessments, and explain the benefits that arise from assessing previously unmanaged health matters that may be further evidence of neglect or maltreatment</li> <li>• provide and co-ordinate any specific information from relevant practitioners regarding family health, maternity health, school health mental health, domestic abuse and violence and substance misuse to assist strategy and decision making</li> <li>• secure additional expert advice and support from named and/or designated professionals for more complex cases following preliminary strategy discussions</li> <li>• undertake appropriate examinations or observations, and further investigations or tests, to determine how the child's health or development may be impaired</li> </ul>
--	---

### **3. Health services and records**

The Health Economy is complex, in consequence information about a child/family can be held in multiple locations. Health records are unique to each service provider and cannot always be accessed by another health service.

These include:

- All patients should have a GP. Each GP has their own records
- 0-19 Child Health Services:
  - The Health Visitor service cover the antenatal period through to a child's 5<sup>th</sup> birthday. Children aged 5-18 years would come under the School Nurse service. Collectively this is known as the 0-19 service. This is a universal service for all children. The 0-19 service have their own electronic records and are supported by the CNWL Safeguarding Children Team. There is also a separate team for Looked after Children.
- The Acute Trusts all have their own records and their own Safeguarding Children Team and Named Safeguarding Leads.
- Specialist services may be in other health centres with their own records. These include, but are not limited to, CAMHS and Therapy Services.

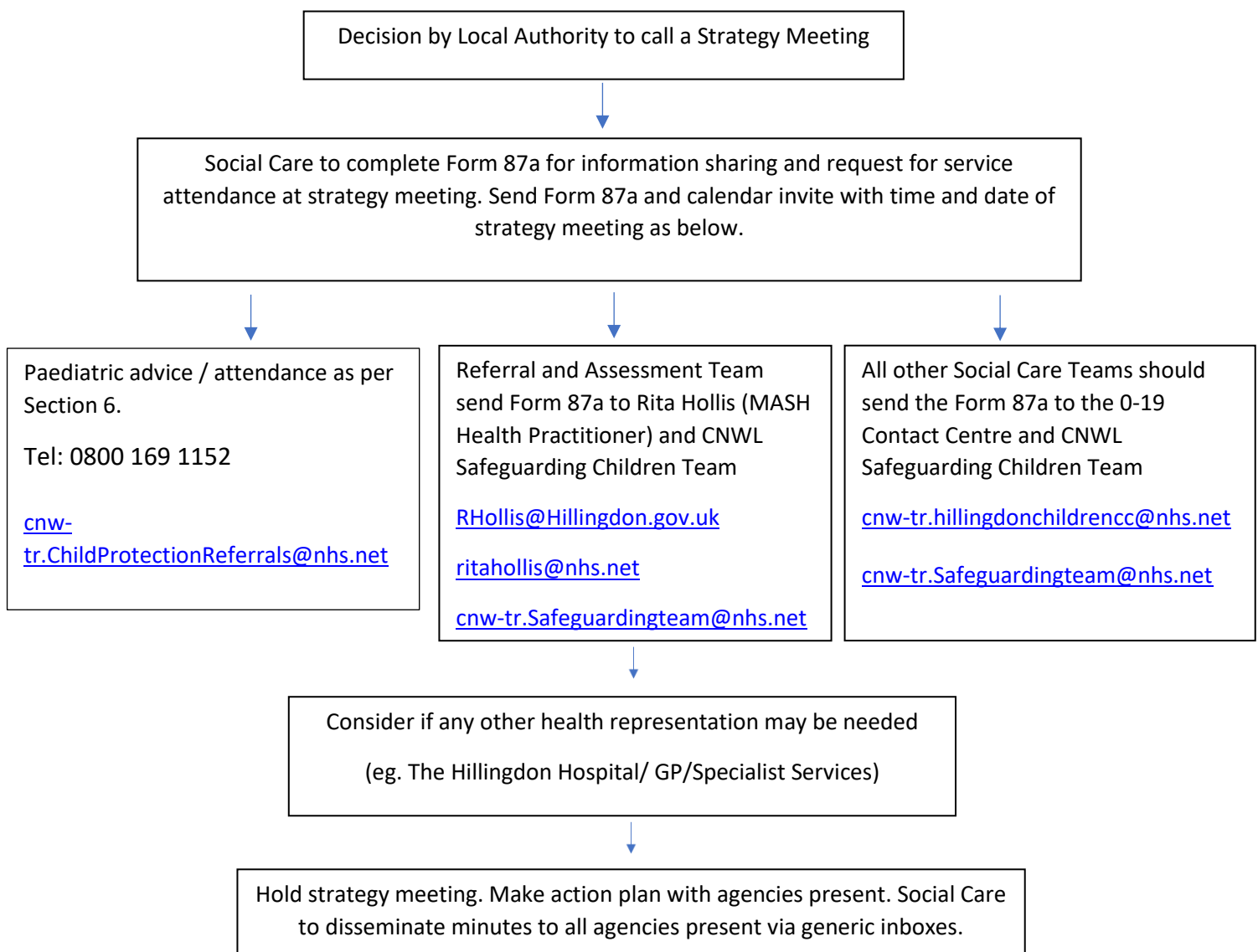
### **4. Information gathering/attendance**

When co-ordinating a strategy discussion, the social worker and their manager should consider which health professional(s) to invite.

- The relevant 0-19 practitioner(s) or MASH health practitioner should be invited as standard (see flow chart at end/ appendix. This may mean a Health Visitor and a School Nurse depending on the ages of the children in the family.
- If a child is in hospital or recently been admitted the Hospital Safeguarding Children Team should also be invited. Or the Midwifery team if relevant.

- A GP may have relevant information, and this should also be considered where relevant.
- Under the criteria below a Duty Community Paediatrician is available for advice. See section 6.
- The CNWL Safeguarding Children Team are also available for complex strategy meeting discussion or where specialist safeguarding children input is needed.

## 5. Pathway for health involvement at Strategy Discussions:



## 6. Paediatric Input at Strategy Discussions

It is recognised that there are circumstances when a paediatrician attending the strategy discussion is of increased value for decision making. These are outlined below:

a. Children with physical injuries:

- Any bruising or unexplained injury to pre or non-mobile babies/children.
- Any unexplained injury or mark to a child that is thought to be indicative of physical abuse
- An unexplained or concerning mark to a child known to social care (CIN/CP)

b. Child sexual abuse and child sexual exploitation:

- Any direct allegation of physical sexual abuse of a child
- Allegations of non-recent sexual abuse

c. Suspected fabricated and/or induced Illness (FII):

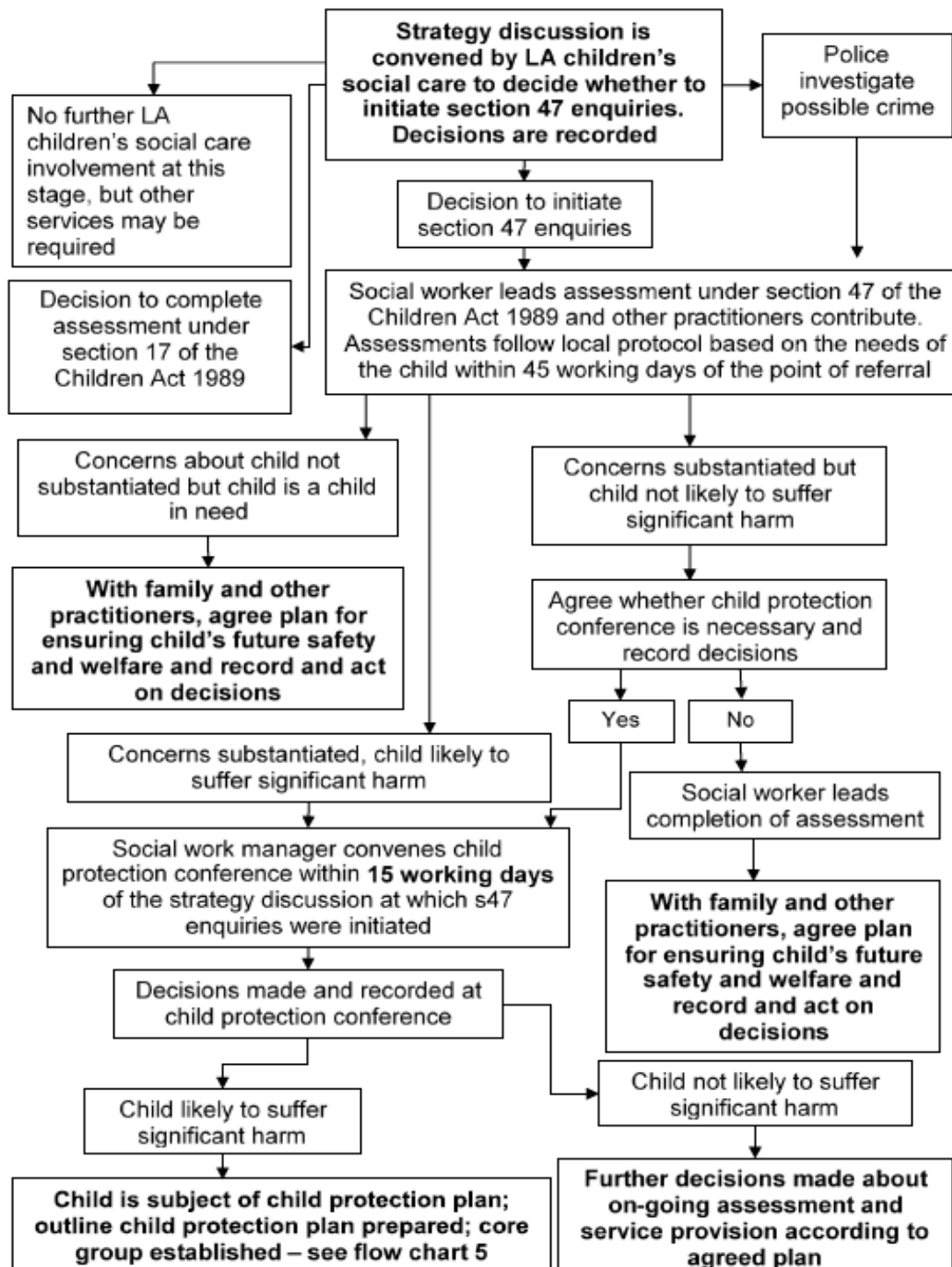
- Where there is suspected FII it is anticipated that there will be health professionals that are already familiar with the child, and their family circumstances.

d. Suspected failure to thrive/severe neglect:

- Where there is medical intervention around failure to thrive, there is likely to be a paediatrician working with the child/family. This paediatrician should be invited to the strategy discussion as they will have direct knowledge of the child's circumstances. Where there is no named paediatrician then the on-call community paediatrician should be invited.

## 7. Actions following a Strategy Discussion

Working Together to Safeguard Children (2018) provides the flowchart below to highlight the actions following a Strategy Discussion.



## Strategy Discussion: Paediatric Protocol

---

### *Key Information for Social Work Managers and Social Workers*

---

- As per the Pan London Child Protection Procedures strategy discussions should be held within 3 working days, or 5 days for complex cases.
- Think Family: Strategy discussions must consider all children that may be at risk.
- If there is a need to take immediate action to safeguard a child, a follow up strategy discussion should be arranged as soon as possible.
- The Community Paediatrician should be contacted for advice where:
  - there is an unexplained injury/bruise to a pre or non-mobile child or where the child is subject to a CIN/CP plan
  - for non-recent sexual abuse, and
  - where there is serious neglect/failure to thrive or suspicion of fabricated/induced illness and no linked paediatrician
- Please ensure that a record of the discussion is sent to the community paediatric team following the Strategy Meeting using the secure email address below.

**The on-call paediatrician will be available on weekdays between**

**10-10:30am and 2-2:30pm**

**Contact: 0800 169 1152 to discuss the case, and arrange attendance**

**Email [cnw-tr.ChildProtectionReferrals@nhs.net](mailto:cnw-tr.ChildProtectionReferrals@nhs.net)**