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1. INTRODUCTION

This Guidance sets out the processes involved in Safeguarding Children and should be read in conjunction with the All Wales Child protection Procedures and other Health Board Policies and Procedures relating to Safeguarding Children, General Practitioners and other Independent Contractors may refer to specific guidance documents namely:

‘A Guide for Safeguarding Children Arrangements in General Dental Practices’

‘Good Practice Guidelines:–

(Part 1) A Guide for Safeguarding Children and Young People in General Practice’

(Part 2)‘Managing Safeguarding Children Information in General Practice’

This Guidance will refer the reader to relevant areas of other local and national policies, procedures and guidelines.

2. INFORMATION SHARING

2.1 There is nothing within the Caldicott Report, the Data Protection Act 1998 or the Human Rights Act 1998, which should prevent the justifiable and lawful exchange of information for the protection of children or prevention of serious crime. (Carlile Report 2000).

2.2 Please refer to the Health Board ‘Policy for Safeguarding the Confidentiality of Patient Identifiable Information’, and ‘Communications Policy and Strategy’, for a summary of the relevant legislation.

2.3 All professionals who work with families, whether they work with adults or with children, have a duty to share information which indicates a risk of significant harm.

For further information please see ABMU Health Board Safeguarding Children Information Sharing Policy.

2.4 Effective Safeguarding Children is dependent on comprehensive multi-disciplinary and inter-agency working. Health Care Workers must share relevant information with other Health Professionals
within the Health Board. This will include colleagues from Mental Health Teams, Midwives, Therapists, Community/Paediatric staff etc.

2.5 If a child is admitted to hospital and there have been historical Child Protection concerns within the family this information must be shared with the hospital staff.

3. **MATERNITY SERVICES**

3.1 All staff working within Maternity Services have a role in identifying and ensuring children are protected from harm. Maternity staff are likely to have significant contact with families who may require support and interventions in relation to safeguarding children. However staff in other areas may also identify concerns with pregnant women and/or their families.

3.2 The **Policy for Safeguarding Children in Maternity Services** should be referred to for further guidance. In addition, there is a **Pregnancy Information Sharing Protocol**, which promotes information sharing between Midwives, Health Visitors and general practitioners.

3.3 The Named Midwife for Safeguarding Children, and Vulnerable Women and Children is available for advice and support.

4. **MAKING A REFERRAL**

4.1 The decision to make a referral must be based on the Framework for the Assessment of Children in Need and include information on the 3 dimensions of Child’s Developmental Needs, Parenting Capacity and Family and Environmental Factors.

4.2 Parental permission should be sought before discussing a referral about them and their child/children with other agencies, unless this may further compromise the child’s safety or staff’s safety. See Flow Chart – Appendix I.

4.3 When a child protection concern is suspected:

- Make an immediate telephone referral to Social Services as specified in the All Wales Child Protection Procedures.
Seek advice on referral, if appropriate, from Clinical Nurse Specialist/Operational Manager.
Senior Doctor on duty or General Practitioner to be made aware of referral.
Health Board employed medical staff must inform Consultant Paediatrician on duty/Named Doctor for the Health Board and submit a report.
All referrals must be followed up in writing to Social Services Department within **two working days**. The referral must be followed up in writing using Social Services Joint Referral Form relevant to appropriate Local Authority (see Appendix 3).
Medical staff must also complete the Joint Referral Form.
If any further concerns arise when the case is open to Social Services, these must be recorded and an additional information form, indicating that there are further concerns forwarded to social Services. (Appendix IV)

4.4 Records must be maintained contemporaneously, clearly describing all events and causes for concern. Records should be legible, dated, timed and signed. If not completed contemporaneously, then the date and time the event took place should be recorded as well as date and time of documentation. Records should contain verbatim accounts when relevant with the name of people present. If case discussed with other disciplines or agencies, name of person, case discussed with, and issues discussed, must be recorded.

4.5 **All Health Board employed staff must forward** a copy of all non medical written referrals to the appropriate Clinical Nurse Specialist

4.6 Where there may be a possibility of conflict (eg concerning the diagnosis or regarding disclosures) Health Professionals must adhere to Professional Codes of Practice Guidelines eg NMC, GMC, RSCP etc and refer to the Health Board ‘Policy on the Resolution of Professional Differences in Safeguarding Children’.

**NB. When in doubt always refer to Social Services. Social services can also be contacted for advice on a case without making a referral. There is a 24 hour Referral Service and contact numbers can be found in Appendix IV.**

5. **PARENTS WITH MENTAL ILLNESS, SUBSTANCE MISUSE, DOMESTIC ABUSE, LEARNING DISABILITIES**
5.1 Research studies have shown that, among problems likely to affect parenting are: mental illness, substance misuse and domestic abuse. It is important that practitioners understand the impact of parental responses on the particular child. Understanding the interaction between parents’ responses and capabilities and children’s needs is a key principle underpinning effective assessment and intervention.

5.2 Not all children are equally vulnerable to the adverse consequences of parental problems, and may be less affected if the problem is mild and of short duration, not associated with family conflict and family breakdown and where other responsible adults are involved in child care.

5.3 A referral is not made due to the fact one or both of the parents misuse substances, are mentally ill, have learning disabilities or have an abusive relationship, but rather on the context of the parental problems and the impact of their behaviour on the child.

6. CHILD PROTECTION CONFERENCE

6.1 The Child Protection Conference forms a significant part of the Child Protection Procedures. The only decision the Conference can make is whether the child’s name should be placed on the Safeguarding Children Register.

6.1.2 The Conference is NOT a forum for a decision on whether a person has abused a child; this would be addressed through the legal system.

6.1.3 Any Health professional attending Conference must be prepared to give an opinion on whether the child’s name should be placed on the Child Protection Register.

6.1.4 If Health professionals from different disciplines attend Conference, they should confer and base their opinion on their knowledge of the case and also information shared at Conference to provide a consensus opinion on registration.

For further information see para. 3.14 to 3.18 All Wales Child Protection Procedures

6.2 Preparation for a Child Protection Conference
6.2.1 Health professionals will be informed by Social Services regarding date, time and venue for the Child Protection Conference. It is essential to:

- Secure all relevant Health Records.
- Liaise with all relevant Health professionals, including the General Practitioner, if appropriate.
- A typed report should be prepared for the Child Protection Conference using local guidelines – a copy must be submitted to the Conference Chairperson 48 hours prior to Conference.
- It is important to share the contents of the Report with parents/carers, wherever possible. This is necessary in order to ensure practitioners work in partnership with parents as defined in the Children Act (1989).
- Nursing/Midwifery staff should discuss prepared reports with their Clinical Nurse Specialist/Link Nurse/Named Midwife for Safeguarding Children.
- Confidentiality must be maintained at all times, unless disclosure of information is necessary to protect a child from harm.
- The Safeguarding Children Team are available as a resource for advice and support to all Health Board staff. There are also Link Nurses for Safeguarding Children in each Directorate. The Named Doctor can also be contacted for medical advice as appropriate.

6.3 Attendance at Safeguarding Children Conferences

6.3.1 ABM University Health Board staff who have a significant contribution to make, have a duty to attend Safeguarding Children Conferences following requests from Social Services’ Departments. Every individual attending Conference is required to make his/her contribution:

- Keep your contribution concise and to the point.
- Do not indulge in hearsay, keep comments relevant.
- Do not quote others eg Medical Practitioners, other colleagues, without their permission.
- You will be asked your opinion on whether a child should be registered therefore you will be required to become familiar with the various categories for registration. Do not feel compelled to agree with a majority decision.
- Check minutes of Conference carefully, record date of receipt and if they reflect your contribution inaccurately then contact the Conference Chairperson in writing as soon as possible. REMEMBER
➢ Child Protection Conference minutes are confidential and must not be photocopied or passed to a third person without the consent of the Conference Chairperson.

6.4 Recommendations of Child Protection Conference

6.4.1 Be careful not to commit yourself to anything in Child Protection Conference that is outside of your professional role or that is an unreasonable demand on your time. If in doubt seek clarification from Clinical Nurse Specialist/Link Nurse/Operational Manager/Designated Professional

6.4.2 Child Protection Conference Recommendations MUST be adhered to, any practitioner who is unable to fulfil the actions agreed at the Child Protection Conference MUST inform the Key Worker and the Clinical Nurse Specialist/Link Nurse/Operational Manager/Designated Professional

6.5 Review Child Protection Conference

Children whose names are placed on the Child Protection Register will be reviewed by Child Protection Conference within three months of initial registration and thereafter every six months.

7. CORE GROUPS

7.1 The purpose of a Core Group is to develop and implement the Child Protection Plan. They are an important forum for working with other professionals, parents, wider family members and children of sufficient age and understanding. Their purpose is to bring together professionals who are undertaking direct working with families.

7.2 A core assessment will be commenced at the time a decision is made to undertake Section 47 enquiries and not left until the Core Group meeting. Health Board staff may be asked to contribute to this assessment.

7.3 Health staff may chair Core Groups on occasion and will take on this role.
8. NON ENGAGEMENT

8.1 If contact is lost with a child who is on the Child Protection Register, or children and families who gave cause for concern, then inform:

- The Key Worker, Social Services
- The Clinical Nurse Specialist, Safeguarding Children who will notify the Designated Nurse at the National Public Health Service
- The General Practitioner

8.2 Staff must be aware of the concept of ‘CLOSURE’ within the context of Safeguarding Children. The pattern of CLOSURE is where a family shut themselves away from the outside world and evade professional contact. The child may stop attending nursery or school, does not attend Child Health Clinic and fails to meet appointments. In addition, the family do not answer the door to professionals.

8.3 In situations where high risk factors have been identified, CLOSURE must be seen as a warning signal of possible abuse and must be acted upon with urgency. Advice should be sought from a member of the Safeguarding Children Team and, if necessary, a Referral must be made to Social Services.

9. HEALTH KEY WORKER

9.1 In families where there are complex issues, a number of professionals may be involved. In order that there is a co-ordinated approach and work undertaken with the family is completed, one of the professionals needs to take on the role of Key Worker. The Key Worker would also liaise with any Health professionals working with the parents/carers of the child to ensure they are aware of who to contact with any concerns. It is suggested that:-

- The Midwife will be the Key Worker during the ante-natal period and until the baby is 14 days old.

- The Health Visitor will be the key worker from 14 days until the child is in full time school.

- For children over 5 years the Key Worker would be the professional with the most involvement with the child.
10. MEDICAL RESPONSIBILITIES IN SAFEGUARDING

10.1 All doctors working in the Organisation have a responsibility to refer cases of suspected child abuse to Social Services promptly using the relevant Referral form. This should not be delegated to other colleagues such as Nurses. Doctors should be aware of the All Wales Child Protection Procedures, which provide clear instructions on referral processes.

10.2 All medical staff should be given training on Safeguarding Children as part of their Induction Programme. Different levels of training will then be required for doctors who work directly with children who will require regular training and be evidenced in annual appraisal.

10.3 Advice in the management of suspected abuse should be sought from the Named Doctor for the Health Board or the Paediatrician on duty.

10.4 Children who may have been sexually abused should be referred for examination, including possible forensic evidence to the Named Doctor Safeguarding Children.

For further information see para. 3.10 All Wales Child Protection Procedures and Health Board Policy for Safeguarding Children Medical examinations
11. THERAPY AND DIAGNOSTIC SERVICES

11.1 Therapy and Diagnostic Services work with children both in the community, schools and when children are admitted to hospital.

11.2 All Therapists and staff working in Diagnostic Services have a duty to adhere to guidance from professional bodies, relating to child and family and confidentiality should only be breached in exceptional circumstances, such as Safeguarding Children, where local Safeguarding Children Procedures must be implemented. They have a duty to be aware of the information that should be shared with other disciplines or agencies.

11.3 Therapists and Diagnostic staff who come into contact with children have individual responsibility to ensure that their Safeguarding Children Training is updated annually.

11.4 When working with children with special needs, failure to attend for appointments may give cause for concern regarding the child’s overall health and developmental progress. This should therefore be reported to other health care professionals working with the family. Documentation of all missed appointments is essential for collation of information when assessing for possible neglect of children.

11.5 All Therapy staff working in the community will be Paediatric designated posts and, wherever possible, there will be designated Paediatric Allied Health Professional posts to care for children when in hospital.

12. CHILDREN IN THE PAEDIATRIC UNIT

12.1 “All Health Professionals play an essential part in ensuring that children and families receive the care, support and services they need in order to promote children’s health and development”. (Safeguarding Children working Together under the Children Act 2004 [2006])

12.2 The All Wales Child Protection Procedures states that children should not normally be admitted to adult wards within a hospital setting. Safeguarding Children should always occur within a framework, ensuring that the rights of the child are upheld.
12.3 Where children are cared for outside of the Children’s Unit, but within the confines of a hospital, a Children’s Nurse should be available 24 hours a day to advise and support staff accordingly.

12.4 All areas within a hospital environment that children access should have a copy of the All Wales Child Protection Procedures and Health Board Safeguarding Children Strategy and Policy.

12.5 Please also refer to Paediatric Discharge Policy and Management of Children with Safeguarding Children Concerns in Hospital.

12.6 When a child is accommodated in a health setting for longer than 3 months, a Referral is made to Social Services to determine whether a holistic assessment is required under the Framework for Assessment of Children in Need and their Families. (NSF 2005)

13. CHILDREN ATTENDING EMERGENCY DEPARTMENTS

13.1 All staff working in Emergency Departments and Local Accident Centres should be trained and be familiar with the All Wales Child Protection Procedures and aware of how to make a Referral to Social Services.

In the case of suspected safeguarding issues it is important to have a high suspicion if there are:

- Unusual injuries
- Unconvincing explanations
- Varying history
- Delay in presentation
- Many previous injuries
- History of parenting concerns including domestic abuse, alcohol and substance misuse, mental health issues, learning disabilities, offending behaviour within the household where safeguarding concerns are identified
- Any pregnant mother attending must be referred to the Midwifery Department

Please also refer to Procedures for Referral of Children to Safeguarding Children Team and Social Services and Bruising and Minor Injuries to Babies.
13.2 All children under 18 years should be checked on the local Child Protection Register when attending the department if this is available. This should be recorded on the A&E Card by the Triage Nurse. The doctor in attendance is informed if the child is registered or if there are any suspicions of abuse.

13.3 Where there are suspicions of abuse the A&E. doctor will refer the child, whether or not they are already on the Safeguarding Children Register, to the Paediatric doctor on call.

13.4 Where there are suspicions of Sexual Abuse the child should be referred to the Paediatrician without being examined. Specialist Paediatric advice should be available at all times to Emergency Departments and Local Accident Centres.

13.5 When a child, who is registered on the Child Protection Register, is seen at an Emergency Department and whether or not there are concerns about the mechanism of injury, their identified Key Worker within Social Services must be informed of the child’s attendance. The Paediatric Liaison Health Visiting Service is informed of all children attending A&E departments. Ideally, School Nurses are informed of school age children attending the department, though there is a significant shortfall in School Nurses and with the current resources would be unable to process the large volume of referrals. The child’s General Practitioner is also notified by letter.

13.6 All visits by children to an Emergency Department should be notified quickly to the child’s General Practitioner and Health Visitor and should be recorded in the child’s Hospital notes, if there are any in existence. (Safeguarding Children 2006)

14. MENTAL HEALTH SERVICE AND FORENSIC STAFF

NB Mental health staff should inform the Health Visitor/Midwife if they are working with families.

14.1 All Nurses working within Mental Health should be aware of the All Wales Child Protection Procedures.

14.2 Confidentiality

Mental Health Nurses must respect the privacy of their patients but must also be mindful that the safety of children is paramount. Referrals to
Social Services must, where possible, be discussed with the patient and consent obtained. However it is noted in the Nursing and Midwifery Council Code of Professional Conduct that where there is an issue of Safeguarding Children, you must act at all times in accordance with National and Local Policies. Should any staff working in Mental Health have difficulties surrounding confidentiality or referrals, these must be discussed with the Clinical Nurse Specialist Safeguarding Children/Link Nurse or Line Manager.

14.3 Compromise/relationship with patient

If a referral to Social Services is required, which causes Mental Health Staff concerns that the referral will compromise their relationship and work with patients, then, where possible this should be discussed fully with the patient and, if necessary, the Clinical Nurse Specialist Safeguarding Children/Link Nurse or Line Manager.

14.4 Referrals to Social Services

Copies of referrals should be sent to the Named Nurse/Child Protection Facilitator for information.

14.5 Children visiting Mental Health Learning Disabilities and Forensic Mental Health

Children need to be protected when they are visiting any of the above areas. Policies are in place to address this and should be consulted prior to their visit. Please refer to the following Health Board Policies: ‘Children Visiting Patients Policy for Mental Health and Learning Disabilities’; ‘Forensic Mental Health Directorate Medium Secure Unit Policy No. 51 – Patient Visitors Policy’; and ‘Policy No. 53: ‘Family Visiting Suite Policy’.

15. PROTECTION ORDERS

The following Orders can be used in an emergency to protect children:-

- Police Protection
- Emergency Protection Order

Further information on the immediate protection of a child can be found at Para 3.6 All Wales Child Protection Procedures
16. COURT PROCEDURES

16.1 Any member of staff working with children may be asked to provide a statement and/or attend court.

16.2 If a member of staff is required to give a statement or requested to attend court they must contact a member of the safeguarding team for advice and support.

For further advice please see Health Board Policy on Advice and Guidance on Giving Evidence and Attending court.

17. TRANSMISSION OF SAFEGUARDING CHILDREN INFORMATION TO HEALTHCARE GOVERNANCE AND HEALTH BOARD

17.1 The Laming Inquiry 2003 required responsibility for Safeguarding Children to be accepted at Chief Executive level in all agencies, and to ensure that Safeguarding Children is part of the Clinical Governance agenda. In order to address this recommendation a clear pathway for the Quality and Safety Committee and the Health Board to be appraised of any relevant issues in safeguarding children within the Health Board has been developed.

The Children Act 2004 requires each NHS Organisation to nominate an Executive and Non-Executive Lead for Safeguarding Children.

Within ABM University NHS Health Board the Executive Lead for Safeguarding Children is the Nurse Director who Chairs the Children and Young People Strategy Group and the Safeguarding Committee. The Nurse Director devolves responsibility for Safeguarding Children to the Associate Nurse Director for Quality and Safety

17.2 Pathway

(1) The Nurse Director will be appraised of any Safeguarding Children issues that affect the Health Board via the Associate Nurse Director Quality and Safety from the Head of Safeguarding Children.

(2) The minutes of the Safeguarding Children Committee are forwarded to the Children’s Strategy Group and vice versa.
(3) Any other issues in relation to Safeguarding Children that affect the Health Board will be forwarded to the Nurse Director in time for the meetings.

18. RISK MANAGEMENT

18.1 Recommendation 24 of the Carlile Review (2002) suggested that providers of health care should consider Safeguarding Children as part of Clinical Governance and in particular in respect of individual professional accountability.

18.2 The Health Board has clear procedures in place for recording and acting on adverse incidents and near misses regarding Safeguarding Children issues. Please refer to the Health Board Risk Management Strategy and Policy.

18.3 A copy of any adverse incident in relation to Safeguarding Children should be forwarded to the Head of Safeguarding Children within 2 working days of completion of form.

18.4 The following are triggers for the completion of an adverse incident form:

- Failure to recognise child abuse.
- Failure to follow Safeguarding Children Procedures.
- Failure to make an appropriate referral to a statutory agency
- Failure to follow up a referral in writing.
- Failure to provide information to a Safeguarding Children Section 47 enquiry.
- Failure to provide information to a Safeguarding Children Conference.
- Failure to pass on Safeguarding Children concerns and/or make a referral on a tertiary transfer of a child.
- Failure to share information to safeguard the welfare of a child.
- Failure to act on an allegation of, or incident of abuse by a Health Professional.
- Health attempting to investigate Safeguarding Children issues alone.
- Hiding behind confidentiality.
- Breach of confidentiality.
- Misdiagnosis.
- Delayed diagnosis and treatment.
- Child/baby abduction.
- Failure to provide a medical report within timescales.
- Missing/absconding patients.
- Inappropriate placement of patients.
- Parental violence and aggression during child’s episode of care.
- Failure to gain access.

19. TRAINING

The Carlile Review (2002) recommends that all staff having access to children, whether working in the paediatric or adult area, should receive Safeguarding Children Training and have a full understanding of Children’s Rights. The protection of children is an integral part of the responsibilities of every individual member of staff. Please refer to the Health Board Safeguarding Children Training Strategy and Policy. If you require information on training sessions including multi-agency please contact the Safeguarding Children Facilitator.

20. OTHER RELEVANT HEALTH BOARD POLICIES

Other Health Board Policies to be read in conjunction with these Guidelines are:
- Safeguarding Children Strategy
- Safeguarding Children Policy
- Safeguarding Children Training Strategy
- Safeguarding Children Training Policy
- Safeguarding Children Supervision Policy
- Protocol for the Resolution of Professional Disagreements in relation to Safeguarding Children Issues
- Health Board Communications Policy & Strategy
- Health Board Consent to Treatment Policy
- Paediatric Discharge Policy
- Management of Children with Safeguarding Children concerns in Hospital
- Procedures for Referral of Children to Liaison Service and Social Services
- Multi-agency Policy for Bruising and other Minor Injuries in Babies
- Health Board Adverse Incident Policy, Procedure & Guidelines
- Intimate Examination & Chaperoning Policy
- Health Board Risk Management Strategy & Policy
- Policy for Safeguarding the Confidentiality of Patient Identifiable Information
- Communications Policy and Strategy
Procedures for the Management of Safeguarding Children Concerns in Hospital
Policy on the Resolution of Professional Differences in Safeguarding Children
Children Visiting Patients Policy for Mental Health Learning Disabilities
Forensic Mental Health directorate Medium Secure Unit Policy No. 51 – Patient Visitors Policy
Policy No. 53: Family Visiting Suite Policy
APPENDIX I

FLOWCHART FOR SAFEGUARDING CHILDREN

IDENTIFIED SAFEGUARDING CHILDREN CONCERN

Identified as Child in Need

Gain Parental Consent
Refer to Social Services

Consent gained. Complete Relevant Referral Form and forward to Social Services

Inform Safeguarding Children Team

Identified as Child Protection

Inform Parents of Referral

Consent withheld. Discuss with Safeguarding Children Team

Refer without Consent, if required

Complete relevant Social Services Referral Form

Telephone Referral to Social Services

Inform Trust Child Protection Team

Complete relevant Social Services Referral Form within 2 Working Days
## APPENDIX II

**ABERTAWE BRO MORGANNWG UNIVERSITY NHS HEALTH BOARD**

**TELEPHONE NUMBERS**

<table>
<thead>
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<th>PROFESSIONAL/ LOCATION</th>
<th>NAME</th>
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<tr>
<td>Named Doctor:</td>
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<td>01792 517950</td>
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<tr>
<td>Associate Named Doctor:</td>
<td></td>
<td>01656 752861</td>
</tr>
<tr>
<td>Head of Safeguarding Children</td>
<td></td>
<td>01639 683164</td>
</tr>
<tr>
<td>Named Midwife</td>
<td></td>
<td>01792 205666    07766466949</td>
</tr>
<tr>
<td>Clinical Nurse Specialist Safeguarding Children Acute</td>
<td>Morriston</td>
<td>01792 516753</td>
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<tr>
<td>Clinical Nurse Specialist Health Visiting:</td>
<td>Swansea</td>
<td>07966 647802</td>
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<td>01639 640615</td>
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<tr>
<td>Clinical Nurse Specialist</td>
<td>Neath Port Talbot</td>
<td>01639 683164</td>
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<tr>
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<td>Bridgend</td>
<td>01656 753973</td>
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## SOCIAL SERVICES DEPARTMENTS
### TELEPHONE NUMBERS

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<td>01443 204010</td>
<td>01656 648689</td>
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<tr>
<td>NEATH/PORT TALBOT</td>
<td>01639 765500</td>
<td>01639 895455</td>
<td>01639 765555</td>
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<tr>
<td>VALE OF GLAMORGAN</td>
<td>02920 725202</td>
<td>02920 0396873</td>
<td>01446 725205</td>
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<tr>
<td>RHONDDA CYNON TAF</td>
<td>01443 486730</td>
<td>01443 204010</td>
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<td>SWANSEA</td>
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<td>01792 775501</td>
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<td>01792 533200 (Gorseinon)</td>
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<td>01792 533222</td>
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Appendix IV

Additional Information for Open Case or Following Recent Referral to Children’s Services

Child’s / Young Person’s details:

Family Name:

Date of Birth or expected date of delivery:
Gender: Male Female: ☐ Unborn: ☐

Address (inc postcode):

Telephone:

Current Address (if different from above):
Telephone:

CHILD / YOUNG PERSON’S MAIN CARERS

<table>
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<tr>
<th>Name</th>
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<th>Relationship to child/young person</th>
<th>Ethnic origin</th>
<th>First Language</th>
<th>Parental Responsibility</th>
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<td>Yes</td>
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</table>

Date referral sent
Name of Social Worker

Is the child/carer aware this information to be shared Yes / No
Has consent been obtained? Yes / No
Signature of child/carer: ............................................
Relationship to child: .................. Date: .................................
<table>
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<tbody>
<tr>
<td>Signature</td>
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<tr>
<td>Date</td>
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APPENDIX V

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