# Safeguard_Colour_Letterhead_Final

* INSERT PRACTICE NAME –

**APPENDICES: Safeguarding Child Protection Policy and Procedures**

CONTENTS

1. Immediate actions if a concern is raised
2. SBNI & UNOCINI forms
3. Template medical report if unable to attend Child Protection Case Conference.
4. Template Notification of Outcome of Child Protection Case Conference
5. Template letter of concern for child / family transferred out of GP Practice.
6. Notes on Abuse and Useful online references

**Appendix 1 Immediate actions if a concern is raised**

Important numbers for Immediate actions if there are concerns can be found on this webpage

[**http://www.proceduresonline.com/sbni/p\_report\_concerns.html**](http://www.proceduresonline.com/sbni/p_report_concerns.html)

The NSPCC and other important contact numbers can also be found at

[**https://www.nspcc.org.uk/preventing-abuse/child-protection-system/northern-ireland/reporting-your-concerns/**](https://www.nspcc.org.uk/preventing-abuse/child-protection-system/northern-ireland/reporting-your-concerns/)

If you are concerned about the welfare of a child or young person you can contact the relevant Health and Social Care Trust Children's Services Gateway Single Point of Entry Team (Mon-Fri: 9.00am-5.00pm) during normal working hours.

Contact details are as follows:

* **Belfast HSC Trust**  
  Tel: 028 9050 7000;
* **South Eastern HSC Trust**  
  Tel: 0300 1000 300;
* **Northern HSC Trust**  
  Tel: 0300 1234 333;
* **Southern HSC Trust**  
  Tel: 0800 7837 745 / Freephone: 028 3741 5285;
* **Western HSC Trust**  
  Tel: 028 7131 4090.

Outside normal working hours and in an emergency (Friday 5.00pm – Monday 9.00am, including Bank holidays):

**Regional Emergency Social Work Service**Tel: 028 9504 9999  
E-mail: [**resws1@belfasttrust.hscni.net**](mailto:resws1@belfasttrust.hscni.net)

**Appendix 2 SAFEGUARDING BOARD FOR NORTHERN IRELAND (SBNI) & UNDERSTANDING NEEDS OF CHILDREN IN NORTHERN IRELAND (UNOCINI)**

SBNI website address:

<http://www.safeguardingni.org/professionals>

The Safeguarding Board for Northern Ireland Procedures manual:

<http://www.proceduresonline.com/sbni/index.html>

This manual replaces the ACPC Regional Child Protection Policy and Procedures that were issued in 2005. The ACPC Regional Policy and Procedures 2005 should therefore be stood down.

Chapters include:

* Using This Manual
* Reporting Concerns
* Core Child Protection Procedures
* Local Resources
* Register for Updates
* Safeguarding Board for Northern Ireland (SBNI) Website.

**UNOCINI (UNDERSTANDING NEEDS OF CHILDREN IN NORTHERN IRELAND)**

UNOCINI form and advice on how to complete it:

<http://www.proceduresonline.com/sbni/p_unocini.html?zoom_highlight=unocini>

This guide is aimed at practitioners who provide services to children, young people and their families, whether they work in the statutory, voluntary, community or private sectors, who undertake or contribute to assessments under the UNOCINI Assessment Framework.

<https://www.health-ni.gov.uk/publications/understanding-needs-children-northern-ireland-unocini-guidance>

**Appendix 3 TEMPLATE REPLY OF NOTIFICATION OF CHILD PROTECTION CASE CONFERENCE: If unable to attend.**

**This is a template letter you may wish to use for replying if unable to attend a Child Protection Case Conference.**

*Things you will want to consider in your reply:*

* *Family Background (e.g. previous bereavements; parental separation; criminal record)*
* *Previous Medical History of Child (e.g. chronic or complex medical needs; attendance or non-attendance at any other health care professionals; regular prescribed medications)*
* *Other Social Services enquiries (e.g. previous registration on Child Protection Register; Sibling on or previously on Child Protection Register)*
* *Relevant Information regarding Child’s Parents / Care Givers (e.g. any issues which may impair the ability to provide safe and appropriate care for the child such as: significant mental health issue (where it impacts on the parenting of children); parental alcohol and/or substance abuse; suspected or confirmed domestic violence in the home of the child.)*

**General Practitioner’s written contribution to Child Protection Case Conference; if unable to attend**

Team Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Team Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_

Location of Case Conference: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child/Children:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parents/Carer(s):

Mother: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Carer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date child/children last seen at GP Practice: \_\_\_\_\_\_\_\_\_\_  Seen by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for attendance on that date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Any Concerns about the health/well-being of child/children:
2. Any medical information about the child/children you wish to share:
3. Any medical information concerning other members of the family you would wish to share, which impacts on the child:
4. Comments/information in Respect of Risk to Child/Children:
5. Other Information/Professional View you may wish to convey to Case Conference:

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

General Practitioner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Practice: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE:**

Social Services have an Open Access Policy to files and this report may be made available to Case Conference participants including parents, unless you specifically request otherwise, when it will be filed in the confidential section of the file.

**Appendix 4** **Notification of Child Protection Case Conference Outcome**

* **CHILD PROTECTION REGISTRATION**
* **AMENDMENT TO REGISTRATION Please** ✓ **as appropriate**
* **DE-REGISTRATION**

**TO: CASE CONFERENCE MEMBERS Inc. those invited but unable to attend (GP and PSNI to be included in all notifications)**

**CHILD’S DETAILS:** (Complete separate form for each child)

Name: Alias: DOB:

Health & Care Number:

Address:

Postcode: 🕿:

Social Worker Name and Address: 🕿:

**Please complete relevant section only**

**REGISTRATION DETAILS:**

Date of Registration:

Category of Registration:

Signature of Case Conference Chair Person: Date:

**AMENDMENT(S):** (eg changes to personal details, care arrangements, incidents of further abuse, change of registration category, legal status, whereabouts of person of concern etc.)

Detail:

Signature of Case Conference Chair Person Date:

**DE-REGISTRATION DETAILS:**

Date of Case Conference:

Reason for De-Registration:

Signature of Case Conference Chair Person: Date:

Copy: Case File/ Case Conference members - please name:

**Appendix 5 Template letter for notification of child/children who have transferred out of a GP practice**

*< PRACTICE LETTER\_HEADING >*

*< DATE >*

To whom it may concern:

The following patient(s) has left our practice and are currently under the subject to child protection plan/ social services involvement.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Dob | H&C no | Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

He/She/they left the practice on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yours sincerely,

GP Partner / Practice Manager

**Copies to:**

**BSO, Medical registration department**

**Health Visiting Team**

**Social Worker named in Case Conference Minutes**

**Health & Social Care Trust Single Point of Entry Gateway Team**

**Appendix 6 NOTES ON ABUSE AND USEFUL ONLINE REFERENCES**

<http://publications.nice.org.uk/when-to-suspect-child-maltreatment-cg89>

<https://www.bma.org.uk/advice/employment/ethics/children-and-young-people>

<http://www.nspcc.org.uk/inform/trainingandconsultancy/learningresources/coreinfo/coreinfo_wda54369.html>

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419604/What_to_do_if_you_re_worried_a_child_is_being_abused.pdf>

<http://www.rcgp.org.uk/clinical-and-research/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx>