Leicester, Leicestershire & Rutland Safeguarding Children Partnerships

Procedure for safeguarding children with Long-Term Chronic Health Needs who require "additional child safeguards"

Introduction

It is of paramount importance that health agencies ensure good communication and information sharing takes place to manage the health needs of all children, and all agencies work together to support children with long-term chronic health needs when this is being managed in the context of safeguarding concerns.

Many children will have health needs that are of a short-term duration and who do not require long-term clinical management, and most children will have their health needs managed effectively by parents with the support of universal or targeted support.

There is always an expectation of good communication and information sharing to manage health needs for all children. This procedure is to set out **'additional child safeguards'** for those children where longer term chronic health needs are being managed in the context of wider safeguarding concerns.

Which children does this procedure apply to?

This procedure applies to the following children whose health needs require long-term clinical management and whose health may deteriorate if they are not supported to maintain therapeutic levels of medication, access to health consultations and/or specialist therapy and equipment:

This procedure is for:

> Children with complex health needs, a chronic life-threatening health condition and, for example, may have an Individual Healthcare Plan (IHP), who are living with abuse and neglect
>
> **And** where a lack of parental compliance with the child's health condition requires multi-agency oversight to reduce the risk of their health deteriorating and resulting in serious harm or death.

Professionals will consider the application of additional safeguards as part of routine safety planning for the following cohort of children.

Life threatening medical conditions can include:

- Diabetes
- Childhood cancers
- Epilepsy
- Asthma
- Serious allergies
- Congenital heart disease
- Cerebral Palsy

- Cystic Fibrosis
- Mental health issues including anorexia and suicide ideation.

This is not an exhaustible list, and not all conditions mentioned will be considered life-threatening in less severe cases or at times where the child's medical condition is being well managed. The context of safeguarding concerns will complicate management of these conditions which may add further risk for the child which, if not identified and managed, can be life threatening.

Many children have serious medical conditions which, if not appropriately managed, can potentially lead to early avoidable death. Most children in this group will have their medical needs met by dedicated Specialist Paediatric Consultants, bespoke NHS health teams, their parents, schools and age-appropriate self-care which together positively impacts on the child's health outcomes and wellbeing.

It has been recognised through local learning that, in the context of neglect and other safeguarding concerns, this group of vulnerable children require specific consideration with the application of 'additional safeguards' as set out in this procedure if there is to be confidence that their health needs are managed, and risk of deterioration, including risk of death, is reduced.

A key aim of these **'additional safeguards'** will be to ensure that all professionals across agencies, including schools, social workers and relevant health practitioners, involved in local multi-agency arrangements fully understand the impact of the abuse and neglect on the management of the child's complex health needs, and work together to develop and implement a robust safety plan which specifically includes supporting parental management of the child's health needs and safeguards for the child. This includes averting the risk of early preventable death associated with the management of their health condition.

Complicating factors

It can be the case that children / young people with neurodiversity / mental health issues may find aspects of self-care/management of a complex medical condition more challenging. It is also possible that parents'/carers' ability to manage their child's health needs are complicated by their own needs, including neurodiversity and mental health, which in turn reduces their ability to consistently implement treatment plans. This can lead to a situation where neither the child nor their adult carers can be assumed to be capable of managing complex health needs including responding if these deteriorate. These factors should always be taken into account when considering the application of the 'additional safeguards' as set out in this procedure but more generally will inform decisions about 'neglect' as a feature of the child's care.

Context

The procedure supports and does not replace the local safeguarding children arrangements, including Child Protection Conference and Core Group procedures, to understand and make arrangements to address the evidence of how a child has been abused, neglected or exploited and its impact on their health and development (Working Together 2023, page 9).

Key Aims of the Procedure

- Children and young people will have their health care needs fully recognised and understood as part of any multi-agency child protection plan. This will promote the standard that a child's health condition is everyone's business and make this visible to all agencies implementing the child protection plan.

- Children and young people must have an opportunity to have a Child Protection Medical / Health Case History. This will reassure children and young people that their health and wellbeing are important and provides opportunity for early intervention, including legal intervention, when health needs are escalating and creating risk that is unmanageable.

- Young people who manage their own medical condition through self-care arrangements will be assessed to ensure they have the capacity ("Gillick competence" if under 16 years) and understanding to self-care. This will account for fluctuating capacity given that capacity is decision and time specific. It is recognised that young people, for example, with neurodiversity, learning difficulties, mental health issues or substance misuse issues, may struggle to appropriately "self-care" requiring a higher level of intervention and support from parents and professionals. This must be reflected in any plan.

- Families will be clear about their roles and responsibilities in keeping their child or young person safe, both in relation to wider safeguarding risk but also those associated with the management of the child's health needs including at times of critical deterioration when additional support may be needed.

- Schools, colleges and early years settings will be clear about their role and responsibilities in keeping the child or young person safe specifically related to their health needs within the context of the child protection plan, including a link to the IHP if this is in place.

- All professionals involved will be clear about what to do in cases of acute medical deterioration, which will usually involve seeking urgent medical attention and escalating increased safeguarding concerns to children's social care. This will be made explicit in the child protection plan. This will also support the school, college or early years setting to have a clear action plan in the event of the child's health deteriorating.

- It will promote direct joint assessment by the Key Social Worker and relevant Health professional to better coordinate responses based on a shared understanding of the child's health needs and necessary responses to promote their wellbeing and improved outcomes.

- It will harness the expertise of Hospital / Primary Care and community staff in managing the child and young person's complex health needs. This includes averting the risk of early preventable death associated with the management of their health condition.

- It will provide a mechanism for all agencies to have clear lines of communication and for health professionals to receive suitable levels of Child Protection Supervision in all cases where these additional safeguards are in place.

- It will set out pathways to identify any gaps in information sharing and ensure that all agencies know how to escalate concerns, for example a lack of representation of any agency in the Child Protection process so this is resolved.

Multi-agency guidelines for children requiring "additional child safeguards"

A multi-agency pathway has been produced to demonstrate the vision of the operational working arrangement.

It is important to note that urgent escalation of health concern should be prioritised as part of the procedure. Any amount of delay (even minutes) can be dangerous for this group of children so acting routinely in line with the procedure is important and taking urgent action in response to triggers relating to deterioration of a child's health condition is essential. A section below sets out information about trigger points and possible responses.

Operational principles to be achieved include:

- Effective information gathering of the health status of the child, siblings and adult carers when child protection concerns emerge and continue through the planning process.

- Effective multi-agency decision making which takes account of the urgent need to support the child's health and wellbeing based on a shared understanding of the child's health needs.

- Early Child Protection Medicals and/or Full Medical History as relevant to inform plans including at points of escalation.

- Production of a Health Treatment Plan, to be updated at every stage, and which forms part of wider child protection planning.

- Promotion of a fully informed decision-making process for considering legal intervention at an early stage which has details of the child's health needs.

- Effective monitoring of the child's health and development within the context of any child protection plan.

- Increase understanding of when and how to escalate medical and safeguarding concern including emergency action, roles and responsibilities of professionals and parents/carers/child and young person.

- Strengthening multi-agency assessment and understanding through joint assessments and planning to include using joint home visits.

- Taking account of parents' and carers' own needs in relation to their ability to manage a child's health needs when developing treatment plans and how any gaps are supported.

- Strengthening Health services provision, by ensuring all children meeting the criteria have a named healthcare worker who coordinates healthcare requirements including hospital in-patient and out-patient services, and linking to the protection process, providing identified contact points and communication links between health and children's social care. This may include the GP.

- When a child is admitted to hospital, information sharing between the hospital and social care will be strengthened to include regular discussions about the child's health status and to make arrangement for discharge planning that will include supporting parents to manage existing or new items within the treatment plan.

- The hospital / hospice / health professional will make clear the seriousness and impact of parental non-compliance to manage a child's health condition.

- Where there are concerns about parental management of a child's health treatment plan emerging during hospital admission, a safe discharge planning meeting can be used to create multi-agency support to the discharge process, preventing delay, whilst ensuring the child protection plan and treatment plan are updated to address risk.

- Ensures the provision of additional support through safeguarding supervision for medical/nursing and allied health professional specialist practitioners working directly with the child and family and who are directly contributing to the child protection plan. This should be supported/acknowledged through the health provider's safeguarding supervision arrangements.

Operational processes:

1. Triggers for considering the application of "additional child safeguards" include:

- Strategy discussions
  (see Strategy Discussion Health Report to be submitted by LPT Safeguarding Team on behalf of Health)
- Child Protection Conferences
  (see Child Protection Conference Health Report, to be submitted by GPs and/or Paediatricians, and Health needs checklist for Child Protection Conference and Core Groups to be completed by Chair)
- Core Group meetings
  (see Health needs checklist for Child Protection Conference and Core Groups to be completed by Chair)
- Local Authority Legal Planning processes as set out in the Public Law Outline
- Looked After Children Reviews and Review of Arrangements meetings

Note: When the need for additional safeguarding concerns are identified outside of the existing child protection processes, for example for children being supported within targeted early help or as children in need, a strategy discussion should be convened to explore the context of the child's health needs and the appropriateness of escalating into a child protection framework based on evaluation of risk and its impact on parental management of the child's health needs.

2. Monitoring of a child's complex medical condition in the context of local child protection arrangements

The Chairperson (Independent Reviewing Officer [IRO] / Chair of Conference / Social Worker Manager) for each safeguarding meeting, as per the local safeguarding procedure, supported by relevant agenda items and checklists as designed for the purpose of identifying those children who meet the criteria for additional safeguarding process to be applied will:

- Confirm that the procedure applies to this child or identify any further actions required to confirm this.
- Identify any gaps in the child and family health information and how these will be followed up.
- Identify progress on the Child Protection Medical or when this will be completed if required and evaluate the implications of the medical information provided in relation to the impact on the child's future health and development and the plan.
- Check that the child's health treatment plan has been kept up to date and, where relevant, aspects of the child protection plan that specifically focus on the parents'/carers' own support needs, including in response to mental health, substance use, domestic abuse.
- Review the impact of the plan and confirm that it is robustly meeting the child's health needs.
- Ensure that all relevant agencies in the core group, including the child's school, have a copy of the child's treatment plan which is up to date, and roles and responsibilities are clear and being delivered.
- Review the need for taking formal legal advice to reduce serious health impact on the child in line with Local Authority procedures.

3. Health information presented as part of multi-agency local safeguarding arrangements

The local Health information sharing system is covered by a suite of proformas: the Strategy Discussion Health Report, to be submitted by the LPT Safeguarding Team on behalf of Health; Child Protection Conference Health Report, to be submitted by GPs and/or Paediatricians; and Health needs checklist for Child Protection Conference and Core Groups, to be completed by the Chair of the meeting. These contain relevant child and parent medical history to be shared in line with the Best Practice Guidance for Health Staff: Sharing health information with Children's Social Care and partner agencies.

The Health information sharing proformas consider:

- The nature and status of the child's health condition

- Consideration of the child/young person's capacity to manage age-appropriate self-care
- Consideration as to the need for a child protection medical examination
- Consideration for a request to the child's Specialist Medical Consultant or Surgeon to provide a medical history with an outline of any concerns
- Names, roles and contact details of all professionals involved in the child's healthcare
- Explanation as to the impact on the child's health should poor compliance with medication, treatment plans and was not brought (WNB) to appointments, including detail of any Emergency Department attendance and in-patient hospital admissions
- Relevant adult's health information, including general and mental health conditions and relevance of their compliance/non-compliance with medication, treatment plans and attending appointments and how this impacts upon the management of the child's health needs
- Impact of any general health or mental health conditions or health needs (including substance use) on parents/carers in relation to parenting capacity, highlighting the parent's abilities and motivation to manage the full range of responsibilities to manage their child's life-threatening medical condition.

4. Responding to parent and carers needs

The role of the parent or caregiver in managing a child's health needs is essential. Forming a partnership with health practitioners to collaborate to deliver treatment, monitor impact and identify periods of deterioration is a standard when managing health conditions.

When a child's health needs are being managed in the context of wider safeguarding concerns, it is possible that this will prevent the parents or carers proactively managing the child's health needs or causing problems in the coordination of the child's treatment.

In some situations, this will be clearly identified as parental neglect and safeguarding concerns will be specifically linked to the management of the child's health needs.

Alternatively, a child's health needs may be being managed in the context of other safeguarding concerns, which may directly or indirectly affect the parents' ability to manage the child's health needs consistently. When the health needs are chronic and potentially life threatening, this will create additional risk as identified in this procedure. Examples of adult needs which may affect a parent or carer consistently meeting a child's health needs are domestic abuse, substance misuse, mental health needs and learning disability.

Taking account of the adult focused needs is essential when developing a treatment plan and for this reason understanding the parents' or carers' own needs, any support they have in place already or would benefit them is an important part of developing a treatment plan for the child.

To understand a parents' or carers' needs it is important to:

i) Be curious about the adults' needs and explore with them any help or support they have in place or may need

ii) Ask for adult focused information as part of the strategy discussion so their needs are well understood
iii) Make contact with agencies providing support to the parent or carer to gather their information as part of developing the child protection plan and child's health treatment plan
iv) Ensure that agencies supporting the adult are invited to meetings in the child protection process such as strategy meeting, case conference and core group
v) Include roles and responsibilities for agencies supporting parents to the child protection plan and, when necessary, the child's health treatment plan
vi) Partner agencies such as Probation, Adult Services, Adult Mental Health Services and Substance Misuse Services should be routinely invited to share information with the safeguarding process when it is known or suspected that the parent or carer is linked to that service
vii) Ensure the treatment plan is developed with the adults' needs being understood so that their capacity to implement the plan is reflected in the plan details.

5. Information sharing (about the child's health) provided by education/schools

- When providing information into the child protection process, including strategy discussion and conference processes, the child's school, college or early years provider should include their knowledge of the child's health care needs and provide insight into the child and parents'/carers' abilities to successfully manage the child's treatment plan and impact on school attendance and engagement.

- This will include any role the school plays in supporting the management of the child's health needs when in that setting and how this is managed during holiday periods. This may be a link to a child's IHP.

- They will report on the school's knowledge and observations of the child's health status including progress as part of any Education Health and Care plan (EHCP).

- The school or college will be a key part of the core group and implementation for the child protection plan. It is essential that they have a copy of the linked health treatment plan and any role be explicit.

6. Early referral for Child Protection Medical and/or request for relevant medical history from the child's Paediatrician

- A Child Protection Medical will be requested at the earliest opportunity, via children's social care and/or Police, in line with safeguarding procedures as one outcome of a strategy discussion when Section 47 enquiries are being undertaken.
- In addition, for these children, a Child Protection Medical may be prompted as a recommendation from a child protection conference as an 'additional safeguard'.

- The child protection medical report will provide:
    - Full detail of all physical injuries and factual medical information relating to emotional abuse and neglect
    - Issues relating to concern of parental neglect (for example, poor engagement and non-compliance)
    - Features of child self-care neglect of their health care treatment plan
    - Areas of concern, which should trigger increased support and intervention through the child protection process
    - Taking account of the child's existing health needs
- Although a Child Protection Medical is the first consideration as part of additional safeguards, in cases where it is felt that a Child Protection Medical is not warranted, a request for a medical health history about the child's complex health condition and its progress, including risk associated with poor management, should be requested as part of the child protection process. Consent will not be required in these cases.
- Specialist Paediatricians and Paediatricians in general have a key role to play in the lives of children with complex potentially life-threatening medical conditions. It is important that medical information in child protection cases is shared swiftly and contains all relevant information to safeguard the child and promotes their health and wellbeing, and that this takes account of the wider safeguarding concerns in terms of management of the health needs.
- Paediatricians managing the life-threatening medical condition of a child who is subject of additional safeguards in the local child protection arrangements should have the direct contact details of the Key Social Worker / Manager and must share information urgently when there is concern of non-compliance, deteriorating health status and if the child is admitted to hospital with acute episode of ill health.
- In cases of suspected sexual abuse, children should be immediately referred to East Midlands Sexual Assault Referral Centre (SARC).

7. Production of the child's health treatment plan for monitoring as part of the child protection planning arrangements

What is the health treatment plan?

The health treatment plan will be collated by a nominated lead health practitioner and be maintained, kept up to date and will check clinical detail for accuracy and be considered within the safeguarding supervision process for that health practitioner.

The health treatment plan will be shared as part of the child protection plan and be available to all core group members, including parents and any member of the child's family network, who is identified with a specific role in the treatment plan.

The health treatment plan will be written in a way that makes health information accessible to the wider core group so that it is effective in helping clarify how to support the child's health needs.

A simplified age-appropriate version of the heath treatment plan may be provided to the child to support their understanding of their health needs and treatment, particularly if there are any elements of self-care agreed.

It will include clear triggers for escalation across agencies and contingency actions when poor/non-compliance with the child's health care plan is recognised.

The health treatment plan will form part of the wider child protection plan and will include:

- Names and contact details of relevant health practitioners and services supporting the child's medical treatment including their roles and responsibilities
- The name of the lead health practitioner who will be a main point of contact for other agencies
- Details of key escalation points and triggers for taking additional action to support the child should the child's health deteriorate – for example, how the child will access urgent medical attention if their health is deteriorating – who will do what and when to support the child
- Details of any key parts of treatment that all agencies should be aware of – for example, impact of treatment on the child's presentation, key review dates or appointments
- Any key medications and how these will be managed
- Specific roles and responsibilities for agencies and parents and carers to manage the child's health needs appropriately
- Any elements of self-care for the child and how these are managed.

The health treatment plan will be monitored and reviewed as part of the standard child protection process.

Social care will always be informed of any deterioration in the child's health presentation to support any additional actions that are needed in response, including support to the parents and/or the child.

8. Joint working as part of the child protection process for children requiring "additional child safeguards" will require the identification of a lead child health professional

For any child subject to additional child safeguards under this procedure, the child protection plan should be explicit about how health and other professionals collaborate to support the child and this will include how and when joint visits are considered necessary which may include for example:

- A joint home assessment visit between the Social Worker and Named Health Professionals working directly with the child and family is required to consider the child's sleeping arrangements as a key indicator of the child's lived experience when additional child safeguards are first identified
- After a period of change, such as changes in treatment, which may need joint discussion with parents and carers and the child
- As part of a Safe Discharge Planning Meeting
- To share the health treatment plan to support implementation
- Attendance at meetings in the Child Protection process including Core group and Initial and Review child protection conferences.

9. Hospital Admissions & Safe Discharge Planning Meeting

Identifying the need for additional safeguards for a child

Careful consideration of a child's health needs in the context of admissions to hospital, when wider safeguarding concerns are identified, require the application of expected practice (see the Thresholds document and Referrals procedure).

Health professionals should always consider making a new child protection referral in cases where children or young people are admitted with life-threatening conditions as a result of poor health engagement / management or parental neglect.

This may include a request that the application of the additional safeguards procedure is considered for this child if a new safeguarding process starts, based on health needs identified in that setting during the referral process, for example, in the strategy discussion.

Responding to hospital admission for children where additional safeguards are in place

If a child is admitted to hospital and is subject to additional safeguards, robust communication between the hospital setting, the child's health care team and the child's social worker will be required including:

The allocated Key Social Worker is to be notified:

- When a child who is subject to additional safeguarding procedures is admitted to hospital in an unplanned way
- When a hospital admission raises new or additional concerns in respect of the child's health management or wider safeguarding concerns
- To consider the arrangements for discharge planning as early as possible, including to agree if a Safe Discharge Planning Meeting is required.

When is a Safe Discharge Planning Meeting required?

If a child has additional safeguarding within this procedure, routine information sharing and communication between health and children's social care will continue as expected.

A Safe Discharge Planning Meeting will not always be required and does not replace standard safeguarding processes such as core group meetings.

A Safe Discharge planning meeting will be considered for this group of children in the following circumstances:

- When the admission is unplanned and represents a deterioration of their health needs or increased concern about parental management of the child's health needs
- When a child's self-management appears to be insufficient to manage their needs and requires review of their capacity
- When the health treatment plan or wider child protection plan requires urgent review – for example, changes in roles and responsibilities which cannot wait for the next Core group meeting

- When discharge home requires additional safeguards and support to the child's health needs to make it safe.

Who should attend the Safe Discharge Planning Meeting?

- Representatives of the core group members, who can facilitate a safe discharge plan
- The parents and carers and family network members who are contributing to the health treatment plan or child protection plan
- Key health representatives managing the admission/discharge together with any clinician managing the child's health needs more generally if this is not related to the admission.

Aims of the Safe Discharge Planning Meeting

The meeting will:

- Prevent any delay in the discharge planning process whilst considering immediate risk to the child
- Share information and evaluate the impact of the admission to hospital in the context of the child's wider health needs and the new emerging child protection concerns linked to admission
- Facilitate any necessary updates to the child protection plan and associated health treatment plan immediately necessary for a safe discharge
- Consider changes needed to roles and responsibilities and additional supports needed at the point of discharge and how these will be actioned.

Addressing disagreement

Should there be disagreement within the Safe Discharge Planning Meeting, these will be escalated within the normal line management process and whilst being resolved the child will remain in hospital.

10. Supervision for specialist practitioners working with children with life-threatening medical conditions as part of any safeguarding arrangements

It should be recognised that, whilst specialist health practitioners are highly trained and skilled in their area of specialism, they may be inexperienced in working within the complexity of the multi-agency safeguarding arena.

It is also the case that these practitioners may only have access to a limited amount of health information.

The LPT Safeguarding Team are to notify UHL Safeguarding Team via SystmOne when a strategy discussion proceeds to child protection enquiry/conference, when the child is open and receiving services in UHL.

The UHL Safeguarding Team will contact any Hospital Specialist Health Practitioners involved, in order to commence arrangements for safeguarding supervision. This is to ensure that this highly specialised group of health practitioners is adequately supported through the complexity of child protection arrangements.

11. Trigger points to escalate concerns

A number of factors in isolation or combination should be taken as possible trigger points under this procedure to prompt urgent multi-agency action to safeguard the child.

This includes the following which should always lead to evaluation of any necessary steps to ensure the child's health needs are not becoming life threatening:

- Missed appointments/was not brought/multiple rebooked appointments indicating possible avoidance
- No access visits by any agency meaning the child is not seen
- Non-attendance at school without a clear reason
- Increased concern for parents'/carers' own health and wellbeing such as increased substance misuse or acute or deteriorating mental health
- Parents or carers disengaging from services provided to support their needs
- Concerns about child or parent self-neglect

Urgent information sharing between agencies, including health, social care and the school and any other agency involved, should always follow the identification of emerging concerns as set out above and consideration of further action including:

- Notify the social worker/lead health practitioner to evaluate the information
- Consider carrying out an urgent home visit, if necessary, jointly between health and social care
- Getting advice from the lead medical practitioner in terms of amendments to the treatment plan, health review or urgent health appointment
- Request urgent medical responses, such as calling an ambulance, escorting the child to an urgent care setting or emergency department
- Coordination of a strategy discussion in the safeguarding process to manage any escalation of risk
- Convening an urgent core group meeting to further explore information across agencies
- Considering any legal action that might need to be taken to safeguard the child, including immediate police intervention or Local Authority application to court.

Separately, any agency should feel able to escalate a concern more generally about participation in the process or how this procedure is being applied. This may relate to:

- Incomplete information sharing by an agency
- Lack of agency representation in the child protection process such as non-attendance at Core group meetings
- Failure to comply with the procedure.

When addressing these issues with the way the procedure is applied, normal escalation processes should be used including manager to manager liaison, input from the agency safeguarding lead and, if issues remain unresolved, application of the LLR professional escalation policy.

Appendices

- Appendix 1: Multi-Agency Pathway
- Appendix 2: Strategy Discussion Health Report
- Appendix 3: Child Protection Conference Health Report
- Appendix 4: Health needs checklist for Child Protection Conference and Core Groups

Resources and References

- Leicester, Leicestershire & Rutland Safeguarding Children Partnerships Best Practice Guidance for Health Staff: Sharing health information with Children's Social Care and partner agencies

- Effective multi-agency working and information sharing: evidence snapshot (NSPCC, January 2025)

- Working Together to Safeguard Children 2023: A guide to multi-agency working to help, protect and promote the wellbeing of children

Appendix 1

Multi-Agency Pathway / Multi-Agency Touchpoints

Child with long-term chronic health needs identified as requiring "additional child safeguards"

Strategy Discussion

Considerations for this cohort of children:

- Effective information gathering of the health status of the child – Strategy Discussion Health Report, submitted by LPT Safeguarding Team on behalf of Health
- Request Child Protection Medical, when Section 47 enquiries are being undertaken
- Request Health Treatment Plan, taking account of parents'/carers' needs in relation to their ability to manage a child's health needs and how any gaps are supported
- Review the need for taking formal legal advice to reduce serious health impact on the child in line with Local Authority procedures

Child Protection Conference

Considerations for this cohort of children:

- Health care needs, including Health Treatment Plan, fully recognised and understood as part of the multi-agency Child Protection Plan – Child Protection Conference Health Report, submitted by GP and/or Paediatrician, and Health needs checklist for Child Protection Conference and Core Groups, completed by Chair
- Family members and all agencies, including schools / colleges / early years settings, clear about their role and responsibilities in the plan and in keeping the child/young person safe specifically related to their health needs
- Request Child Protection Medical as an 'additional safeguard' or, where it is felt that a Child Protection Medical is not warranted, a medical health history about the child's complex health condition and its progress

Core Group

Considerations for this cohort of children:

- Effective monitoring of the child's health and development within the context of the Health Treatment Plan as part of the Child Protection Plan, including when and how to escalate medical and safeguarding concerns – Health needs checklist for Child Protection Conference and Core Groups, completed by Chair
- Review the impact of the plan and confirm that it is robustly meeting the child's health needs
- Ensure that all relevant agencies in the core group, including the child's school / college / early years setting, have a copy of the child's treatment plan, which is up to date, and roles and responsibilities are being delivered

Discharge Planning Meeting

Discharge planning meeting to be considered for this cohort of children when required:

- Invite as necessary representatives from core group, including the Police as required; parents / network who are contributing to the Health Treatment Plan or Child Protection Plan; key health representatives managing the discharge
- Share information and evaluate the impact of the concerns linked to admission to hospital in the context of the child's wider health needs and child protection concerns
- Make any necessary immediate updates to the Child Protection Plan and associated Health Treatment Plan to facilitate discharge
- Consider immediate changes to roles and responsibilities and additional supports needed at the point of discharge

Always consider if urgent escalation of health or safeguarding need is required – do not wait for a meeting to do this

Inform the Key Social Worker of any deterioration in the child's health presentation – do not wait for a meeting to do this

Appendix 2 – To be submitted by LPT Safeguarding Team on behalf of Health

Strategy Discussions

Health Information for sharing at strategy Discussions.

Appendix A form received Y/N- Date.

Reason for strategy discussion

Health Information

What are we worried about:

Include- child health needs, long term medical conditions, any child/adult information proportionate to the incident, any appointments missed, WNB to appointments, recent A&E and OOH attendances.

Do the parents/carers appear to be engaging with the health care plan	Yes	No

What is the impact /potential impact of the abuse and neglect on the child's health?

Health practitioners currently involved with the child's health.

Include details of GP, LPT staff and any UHL staff.

Outcome of strategy discussion

Met S17 threshold 

Met S47 threshold 

Action plan

Social Worker details

Name : Contact number: Email address :

Now task all LPT services child currently open to advise of strategy discussion. **Task box.**

Appendix 3 – To be submitted by GP and/or Paediatrician

CHILD PROTECTION CONFERENCE HEALTH REPORT
FINAL APRIL 2025

This form is for social care to request health information for the Child Protection Conference from Health staff including GPs and Paediatricians.

An Initial/Review Child Protection Conference is taking place on …… for (Child's Name and Date of Birth). According to our records this child is under your health care.

The Child Protection Conference needs to understand whether in your professional opinion the abuse and neglect is impacting or likely to impact upon the management of any health condition this child may have.

Life threatening medical conditions can include:

- Diabetes
- Childhood cancers
- Epilepsy
- Asthma
- Serious allergies
- Congenital heart disease
- Cerebral Palsy
- Cystic Fibrosis
- Mental health issues including anorexia and suicide ideation.

This is not an exhaustible list.

Please respond with information from your health consultations with the child or adult.

Confidentiality must not compromise the welfare and protection of children.
Where non-compliance is an issue, sharing information across agencies can assist in forming a plan to address this. Your help is greatly appreciated.

Please complete the questions below and send to: …….

GPs: This form is available on PRISM.

Social Worker name and contact details	
Name of the child's health condition under your care/speciality.	
When was the last child seen/their last health review?	
Is the child's health & development within the expected range for their health condition?	
Please advise any planned management of acute deterioration in the health condition.	
Do parents/carers appear to be engaging with the health care plan, e.g. following professional advice, supporting the child to manage their medication, therapy, and any equipment they require?	
Please state any concerns and the potential impact upon the child's health if parents or carers do not follow medication or therapy plans or use of correct equipment.	

Name of prescribed medication(s)	
Has the child *not been brought* to the health appointments in the last 12 months? How many occasions?	
Details of any other health professionals involved in the child's health care.	
GPs & HVs only: Has the child been brought for childhood immunisations?	
Based upon this health information, should this child be considered for additional safeguards as per the local child safeguarding arrangements?	
"Sharing of information between organisations and agencies within a multi-agency system is essential to improve outcomes for children and their families." Working Together to Safeguard Children (2023)	

Leicester, Leicestershire & Rutland Safeguarding Children Partnerships Procedures Manual

Child Protection Conferences procedure

Appendix 4 – To be completed by Chair

CHAIRS OF CONFERENCE & INDEPENDENT REVIEWING OFFICERS (IROs)

Health needs checklist for Child Protection Conference and Core Groups

APRIL 2025

Child's Name and identity number: **NHS Number:**	
Child Protection Conference/Core Group Date & Time:	
Question	**Response & Action required**
Does the child have any diagnosed medical / behavioural needs?	Yes/No
Names of health staff involved	GP:
Does the child's medical condition require parents to comply with a health care plan?	Yes/No
Is a copy of health care plan available to CP Conference & Core Group?	Yes/No In the absence of a health care plan, please provide details of medication and any therapies, equipment, and health appointments the child requires. Please state whether without this support the child's health is at risk of serious deterioration that could lead to death.
Does the child require a CP Medical? (A strategy discussion is not required if the conference agrees a medical is required for a child with complex health needs)	
Multi-agency Action Plan	
Multi-agency action: If parents/carers are having difficulty supporting the child to manage their health needs, including access to medication, therapy and equipment.	**Action agreed:**
Multi-agency action: If the child refuses to engage with their health care plan, including access to medication, therapy and equipment.	**Action agreed:**
Multi-agency action:	**Action agreed:**

In the event of sudden deterioration of the child's health condition, ensuring access to emergency services and notifying the lead Social Worker.	