Paediatric Clinical Practice Guideline

Information Sharing at RACH – making an Initial contact with social services (Care First check)

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On arrival at CED the receptionists will check the patient details, the BSUH flagging system and CP-IS and enter the details on the yellow safeguarding paperwork.

CP-IS will only indicate if a child/YP has a child protection plan or is a looked after child and will give relevant contact details.

CP-IS does not indicate if a child is a child in need or has early help support, therefore further questions will need to be asked to clarify if the child/YP has a social worker.

The information sharing posters and leaflets should be clearly visible in CED & if a referral is to be made then the leaflet should be given to the parents/carers.

- **If a child is deemed not to be known to social services**…..
  After clinical assessment and taking a detailed history, an ENP / medical professional may feel that they need clarification as to whether a child is known to social services. This is termed an initial contact (Care First Check, named after the Care First database). It is NOT a referral.

- The reasoning behind the initial contact / info sharing should be documented in the medical notes (social services may log this contact information).
- **Consent should be sought from the parents prior to the check** unless there are overriding safeguarding concerns (see below).

  If consent has not been sought then the reasons should be documented. There may be times when consent is sought but refused. This does not mean that information cannot be shared. The refusal of consent should be considered in conjunction with other concerns and if it is considered justifiable then information can and must be shared.
- *Do NOT gain consent if doing so increases the risk of harm to child / family member / staff-member / 3rd party e.g. in possible FII*
- When hospital staff are making an enquiry to social services they **do** need to give a context as to why they are making contact.
- Please stress that this contact is **not** a referral.
- BUT providing just the child's name and DOB is not an option – this will lead social services to question why an enquiry is being made and they rightly won't share information.

- Be aware that social work team will place this information into the context of all known information, and may make a professional decision that means social services intervention is required.
- If the information provided by RACH heightens the social worker's concerns leading to intervention, the family will NOT be given staff names and the source of the information will be termed as from the 'hospital'.

We have discussed the above in great detail with our social work colleagues in order to ensure that we are open and honest with families whilst ensuring that RACH staff and patients benefit.

Detailed info here about information sharing

If you are worried or need to discuss making a referral then please ask a senior member of your team or the safeguarding team (ext 2363)

I think I want to refer?

Referral to social services

A referral should be made if you have grounds to suspect that a child has suffered, significant harm (physical abuse, sexual abuse, emotional abuse and neglect are all categories of significant harm)

What is harm? Harm is defined as the ill treatment or impairment of health and development. For e.g. with Domestic violence – "a child can suffer impairment from seeing or hearing the ill treatment of another".

Suspicions or allegations that a child is suffering or likely to suffer Significant Harm may result in a Core Assessment incorporating a Section 47.

There are no absolute criteria on which to rely when judging what constitutes significant harm. Sometimes a single violent episode may constitute significant harm but more often it is an accumulation of significant events, both acute and longstanding, which interrupt, damage or change the child's development.