



### Message from Deborah Lightfoot, LSCB Chair

Dear colleagues welcome to the May edition of the LSCB newsletter, in this edition I am challenging you to think about a very specific issue – what you would do if you disagree with colleagues in partner agencies about the level of risk a case presents? Specifically agencies involved in safeguarding may disagree about the level of risk a case presents and whether a referral to Children’s Social Care and subsequent statutory response is necessary. Set out below is an exploration of this issue and some guidance about how to handle such a situation.

### Multi-agency challenge: Resolution and Escalation

Nationally a very helpful range of practice papers have been produced by the NSPCC based upon their analysis of 38 Serious Case Reviews carried out across the country, one of these practice papers, number 5, focuses upon disagreements about the need for social care involvement as a core practice issue running through these 38 reviews - see link below:

<https://www.nspcc.org.uk/globalassets/documents/advice-and-info/practice-issues-scrs-05-unresolved-disagreement.pdf>

In this helpful report, one of the reasons why differences of opinion were not resolved or escalated was identified as an issue that referrers were not always aware of escalation procedures available to them when a disagreement occurs. When professionals were aware of an escalation process, some were reluctant to use the process.

This has also been a feature of our own local learning and we have addressed this issue in a number of ways, including highlighting the LSCB Resolution and Escalation Protocol at every opportunity across all agencies who have responsibility for safeguarding children in Kingston and in Richmond.

The local LSCB Resolution and Escalation Protocol is based upon the pan London Child Protection procedures and can be accessed here:

<http://kingstonandrichmondlsqb.org.uk/news-resources/policies-and-procedures-87/resolution-and-escalation-protocol-151.php>

The key principles of this process are as follows:

- Share key information appropriately and often;
- Seek to resolve the issue quickly and at the practice rather than the management level;
- Avoid disputes which place children at further risk by obscuring the focus on the child or which delay decision making;
- Liaise with lead professionals in safeguarding or child protection designates in your organisation at the earliest opportunity. Clarity is expected from all agencies in respect of designated roles and responsibilities;
- Familiarise yourself with the escalation routes within your agency for escalation and resolution;
- Ensure accurate and contemporary recording on the child’s file of key decisions and conversations in relation to the resolution process.;
- Stay proactively involved; safeguarding is everyone’s responsibility.;
- Use the LSCB resolution processes.

The protocol provides links to assist in understanding information sharing, and gives some helpful examples of areas and situations where disagreements may arise and sets out the process for professional resolution and escalation of concerns.

## Child Safety Week – 6-12 June 2016

Child Safety Week is run by the Child Accident Prevention Trust to raise awareness of the risks of child accidents and how they can be prevented. This year's theme 'Turn off technology' is intended to encourage parents to consider setting aside technology at key times where accidents can occur due to a lack of supervision.

Local and national child death reviews have highlighted the risks to children of accidents in the home including, burns, drowning, choking, poisoning, suffocation and strangulation.

For ideas and resources on awareness raising you can undertake as part of CSW visit:

<http://www.childsafetyweek.org.uk/action-pack/>

## A day in the life of a School Nurse

We're asking all our partners what their average day is like to get an insight into their work to safeguard children – first we're hearing from School Nursing:

AM:

- ❖ Meeting a parent and child in a primary school for a Health Assessment, following a referral from a G.P. to assess a child for enuresis
- ❖ Attending a Strategy Meeting; (Child Sexual Exploitation) for a child on a child protection plan. 42 York St.
- ❖ Back in the clinic to check emails/ write up reports/ make myself, and the engineer fixing the photocopier, a cup of tea!

PM:

- ❖ Attend a network meeting for a child in need. 42 York St.
- ❖ Talk to staff; after school – Anaphylaxis and Adrenaline auto-injector pen training.
- ❖ Back to the clinic, liaison with social services following a MASH referral. Catch up with the rest of the team. Lock the laptop away.

School Nurse, Central London Community Healthcare

## FGM Guidance

On 1<sup>st</sup> April 2016 the government has published multi-agency statutory guidance on Female Genital Mutilation. It can be accessed here:

<https://www.gov.uk/government/publications/multi-agency-statutory-guidance-on-female-genital-mutilation>

## The LSCB is recruiting

We are currently looking to fill full and part time positions in both Kingston and Richmond LSCBs. The deadline for applications for all posts is 5 June 2016. Full details can be found on the following websites:

[https://www.kingston.gov.uk/info/100008/jobs\\_and\\_careers](https://www.kingston.gov.uk/info/100008/jobs_and_careers)

<https://careers.richmond.gov.uk/pages/search.aspx>