



West Hampshire Clinical Commissioning Group  
North Hampshire Clinical Commissioning Group  
North East Hampshire & Farnham Clinical Commissioning Group  
South Eastern Hampshire Clinical Commissioning Group  
Fareham & Gosport Clinical Commissioning Group

## **A Practical Guide to Successful Vulnerable Family (Safeguarding) meetings in Primary Care**

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Hampshire 5 Clinical Commissioning Group Safeguarding Teams

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This guidance has been developed to support practices conduct effective, efficient meetings that support vulnerable families.



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## Introduction

GPs, Health Visitors, Midwives and School Nurses have a critical role to play in safeguarding children and are in a strong position to identify welfare needs or safeguarding concerns and where appropriate provide support<sup>1</sup>. Vulnerable family meetings are integral to good safeguarding practice and it is known that participants in the meetings find them useful, particularly to share concerns and pool relevant information<sup>2</sup>.

Vulnerable family meetings are necessary for effective child safeguarding in Primary Care and actively promoted by the Royal College of General Practitioners<sup>3</sup>. The meetings allow the opportunity to bring together key health and multi-agency partners and provide an excellent opportunity to discuss cases, improve information sharing, monitor the progress of care plans and provide supervision<sup>2,3,4</sup>. Information sharing is paramount in Child Safeguarding and lack of information sharing is repeatedly highlighted in Serious Case Reviews<sup>5</sup>. Vulnerable family meetings provide an opportunity to share relevant safeguarding information effectively in line with national guidance and promote multi-agency working<sup>6</sup>.

Following recommendations from 3 recent Hampshire SCRs (Child K, D and N) this guidance has been developed to support practices conduct effective, efficient safeguarding meetings that support vulnerable families. The guidance has been developed based on current recommendations<sup>2, 3, 4</sup> and shared good practice by Hampshire GP Safeguarding Practice leads. It has been written in a succinct format to be easily used as a practical guide to develop and improve the quality and outcomes from the vulnerable families meetings.

Within this guidance is a newly developed tool to help professionals consider the risks and protective factors for children in vulnerable families and focus discussions at the vulnerable families meetings.

## Recommendations for Effective Vulnerable Family Meetings

1. For an effective meeting the GP (s), 0-19 representation (health visitor and/or school nurse) and midwife should be present. If the midwife does not have any patients of concern on her/his case load it may be acceptable for communication to occur via email in this situation. It can be beneficial to invite attendance from other organizations such as Children's Services, Supporting Families Workers and the police.
2. Meetings should take place as a minimum every 3 months but many practices benefit from undertaking these meetings on a more frequent basis.
3. Appointing a member of staff to a 'safeguarding administrator' role is an effective method of improving in house safeguarding systems, READ coding and provides support to the practice safeguarding lead. The safeguarding administrator should attend the vulnerable family meeting to update the clinical records, ensure coding is correct and maintain the vulnerable families list.
4. Two to three weeks prior to the meeting, the list of families to be discussed should be collated by the safeguarding administrator. This will require liaising with the 0-19 representative (health visitor and/or school nurse) and the midwife to cross reference the list and ensure it is complete. A current list of midwifery contact details is provided in the document (appendix 1.3)
5. If a GP is unable to attend the meeting he/she should provide any updates to the GP safeguarding lead and/or other GPs who will be in attendance. This information is best collected in written format (appendix 1.4).
6. Children/families should be discussed under 4 headings;
  - Children on Child Protection Plans
  - Children classified as CIN
  - Vulnerable children (those not under Statutory Services but with vulnerabilities, including children with complex health needs, end of life care, frequent attenders and disengaged families/children)
  - Unborn babies at risk
7. For each case it is important to ensure the medical records are adequately coded using the recommended RCGP READ/SNOWMED codes. If a child is coded as 'on a Child protection plan' ensure the reason for the plan is specified and coded, for example neglect, physical abuse, emotional abuse or sexual abuse. Any updates from the meeting should be added to the patient record and key codes added to family members' notes. Use of the

Visibility button may be needed so the information is not visible to patients with on line access.

8. For each case discussed, consider and document in the medical records;
  - Current risks, consider use of the predictive triangles to support this (appendix 1.1)
  - Protective factors triangle (appendix 1.2)
  - Current plan for example refer to Children Services, Early Help, support by Health Visitor
  - Who is working with the family currently and contact details if possible
  - Any actions that arise from the meeting and who is responsible for ensuring that the action (s) is completed
  
9. Following the meeting it is important to feedback any updates to GPs unable to attend the meeting. This can be done by sign posting to the medical record or by use of an in house spread sheet (appendix 1.4)
  
10. Representatives from 0-19 years settings (Health Visitor and/or School Nurse), Midwives and other organisational representatives are responsible for ensuring that they record appropriate information in the patient records (and/or parent/carer records where applicable) in line with their own policies and procedures.

## References

1. Working Together to Safeguard Children July 2018 *Assets.Publishing.Service.Gov.Uk*, 2018 [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/729914/Working\\_Together\\_to\\_Safeguard\\_Children-2018.pd](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pd)
2. Woodman, Jenny et al. "Vulnerable Family Meetings: A Way Of Promoting Team Working In GPs' Everyday Responses To Child Maltreatment?". *Social Sciences*, vol 3, no. 3, 2014, pp. 341-358. *MDPI AG*, doi:10.3390/socsci3030341.
- 3."Safeguarding Children Toolkit For General Practice". *Rcgp.Org.Uk*, 2018, <http://www.rcgp.org.uk/clinical-and-research/resources/toolkits/the-rcgp-nspcc-safeguarding-children-toolkit-for-general-practice.aspx>
4. Brodie, Tristan, and Sarah Knight. "The Benefits Of Multidisciplinary Safeguarding Meetings". *British Journal Of General Practice*, vol 64, no. 624, 2014, pp. e456-e458. *Royal College Of General Practitioners*, doi:10.3399/bjgp14x680701.
5. Triennial Analysis of Serious Case Reviews 2011-2014 *Assets.Publishing.Service.Gov.Uk*, 2018, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/533826/Triennial\\_Analysis\\_of\\_SCRs\\_2011-2014\\_-\\_Pathways\\_to\\_harm\\_and\\_protection](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/533826/Triennial_Analysis_of_SCRs_2011-2014_-_Pathways_to_harm_and_protection).
6. Information Sharing. Advice for practitioners providing safeguarding services to children, young people, parents and carers *Assets.Publishing.Service.Gov.Uk*, 2018, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721581/Information\\_sharing\\_advice\\_practitioners\\_safeguarding\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721581/Information_sharing_advice_practitioners_safeguarding_services.pdf).

## APPENDIX

### 1.1 Predictive Risk Factors For Abuse And Neglect

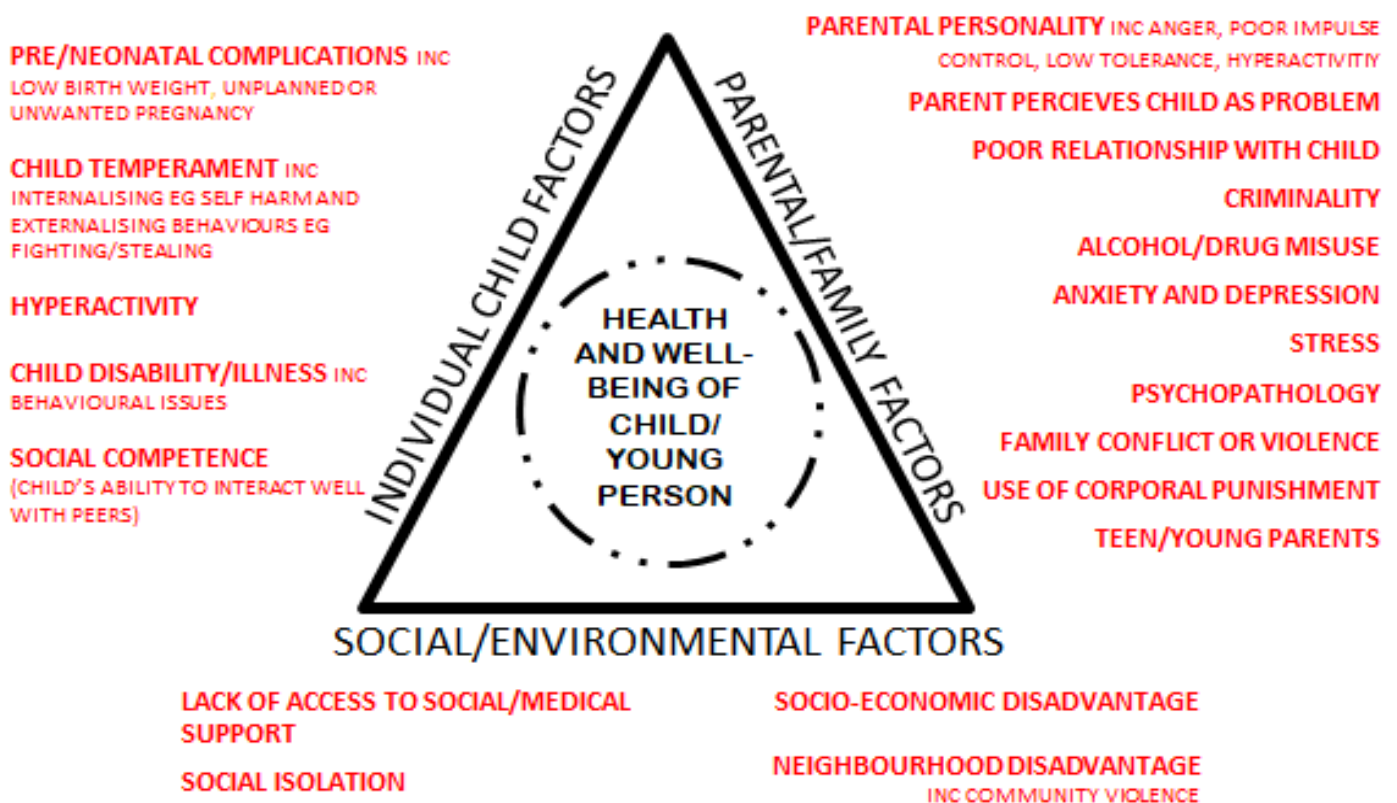
# PREDICTIVE RISK FACTORS FOR ABUSE AND NEGLECT



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Information is based on compiled data and meta-analysis from recent publications\*\*

Factors identified should be seen as indicators only.



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-Stith, S M. et al. (2009). Risk Factors in Child Maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behaviour*, 14, 13-29.

-Risk and Protective Factors for Child Abuse and Neglect (2004) Child Welfare and Information Gateway: *Bulletin for professionals*. Pp1-7. accessed at: [www.childwelfare.gov](http://www.childwelfare.gov).

-Risk and Protective Factors for Child Abuse and Neglect (2017) Child Family Community Australia. Australian Government: *Australian Institute of Family Studies*. Pp 1-11. accessed at: <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>.

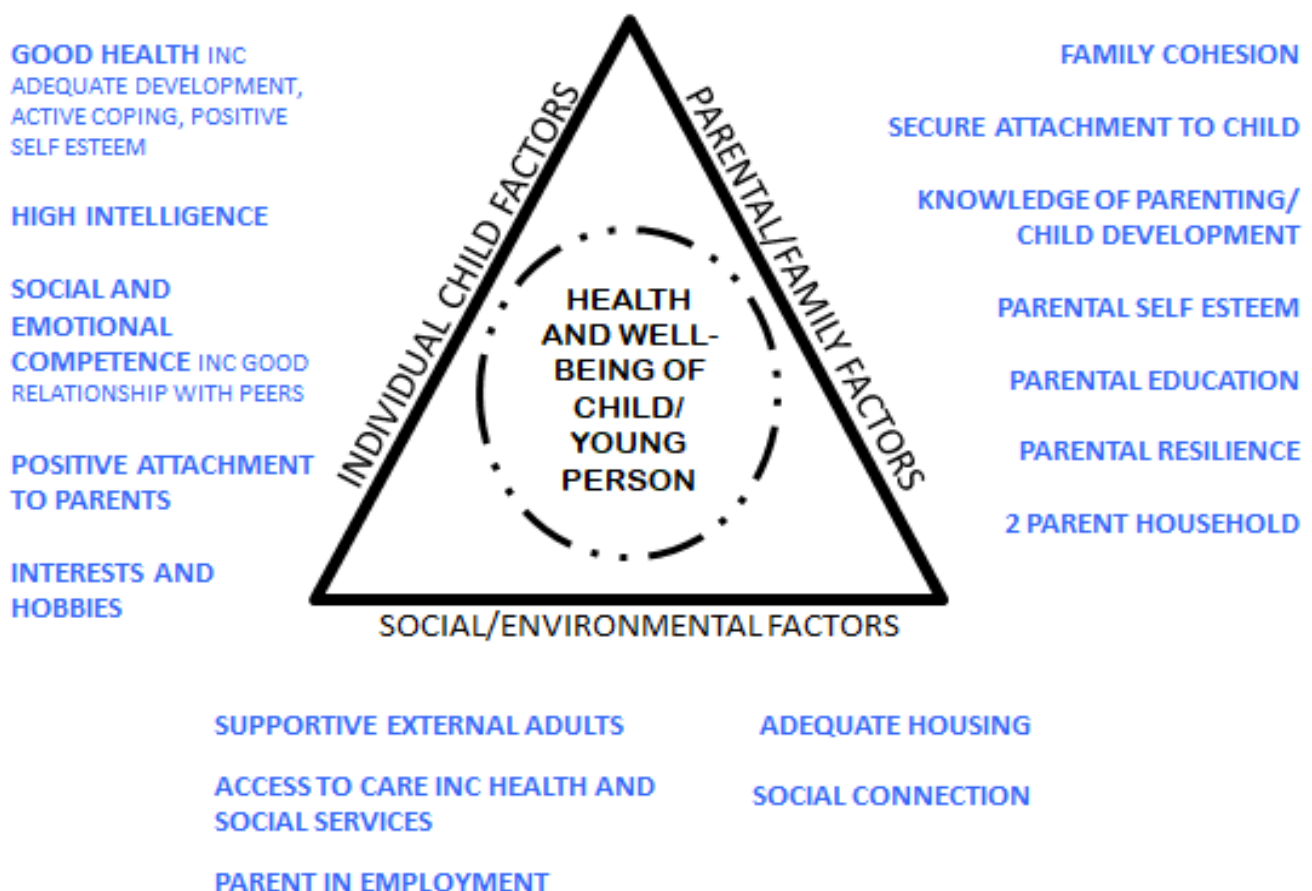


## 1.2 Predictive Protective Factors For Abuse And Neglect

# PREDICTIVE PROTECTIVE FACTORS FOR ABUSE AND NEGLECT

Information is based on compiled data and meta-analysis from recent publications\*\*

Factors identified should be seen as indicators only.



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-Stith, S M. et al. (2009). Risk Factors in Child Maltreatment: A meta-analytic review of the literature. *Aggression and Violent Behaviour*, 14, 13-29.

-Risk and Protective Factors for Child Abuse and Neglect (2004) Child Welfare and Information Gateway: *Bulletin for professionals*. Pp1-7. accessed at: [www.childwelfare.gov](http://www.childwelfare.gov).

-Risk and Protective Factors for Child Abuse and Neglect (2017) Child Family Community Australia. Australian Government: *Australian Institute of Family Studies*. Pp 1-11. accessed at: <https://aifs.gov.au/cfca/publications/risk-and-protective-factors-child-abuse-and-neglect>.

## 1.3 Midwifery Email Contact Details for Primary Care Vulnerable Families Meetings

### **Frimley Park Linked Midwifery Services**

[fph-tr.maternitysafeguarding@nhs.net](mailto:fph-tr.maternitysafeguarding@nhs.net)

The local teams can be contacted on the emails below;

Aldershot Team: [fph-tr.AldershotAntenatal-Workshops@nhs.net](mailto:fph-tr.AldershotAntenatal-Workshops@nhs.net)

Brook Valley Team: [fph-tr.BrookTeam@nhs.net](mailto:fph-tr.BrookTeam@nhs.net)

Beacon Hill Team: [fhft.beaconhillteam@nhs.net](mailto:fhft.beaconhillteam@nhs.net)

Bordervale Team: [fph-tr.BVdiary@nhs.net](mailto:fph-tr.BVdiary@nhs.net)

Bracken Team: [fph-tr.brackenworkshops@nhs.net](mailto:fph-tr.brackenworkshops@nhs.net)

Forest: [fph-tr.forestmidwives@nhs.net](mailto:fph-tr.forestmidwives@nhs.net)

Maple Park: [fph-tr.mpdialary@nhs.net](mailto:fph-tr.mpdialary@nhs.net)

Villages: [fph-tr.villagesmidwives@nhs.net](mailto:fph-tr.villagesmidwives@nhs.net)

### **Hampshire Hospitals Foundation Trust Linked Midwifery Services**

[hh-ft.bnhhnorth@nhs.net](mailto:hh-ft.bnhhnorth@nhs.net) for all surgeries in Basingstoke/Odiham/Alton/Tadley/Bramley

[hh-ft.winchesterhhft@nhs.net](mailto:hh-ft.winchesterhhft@nhs.net) for surgeries in Winchester/Alresford/Eastleigh North

Please copy all invitations to - [bnh-ft.maternity-safeguarding@nhs.net](mailto:bnh-ft.maternity-safeguarding@nhs.net) ; currently invitations for Andover surgeries and Sutton Scotney will be handled through this address as the Midwives at the Andover Birth Centre do not have a generic secure e-mail

### **University Hospital Southampton linked Midwifery Services**

[UHS.maternitysafeguarding@nhs.net](mailto:UHS.maternitysafeguarding@nhs.net)

### **Queen Alexandra Hospital linked Midwifery Services**

[pho-tr.safeguardingchildrenteam@nhs.net](mailto:pho-tr.safeguardingchildrenteam@nhs.net)

## 1.4 Vulnerable Families Meetings - Recording Spreadsheet

[Vulnerable Families Spreadsheet.xlsx](#)



Vulnerable Families  
Spreadsheet.xlsx

EXAMPLAR:

| INDEX CHILD | FIRST DISCUSSION DATE | MEETING DATE | DATE OF BIRTH | NHS/EMIS NO | USUAL GP | CURRENT LEVEL OF CONCERN | REASON FOR CPP | CURRENT RISK | PROTECTIVE FACTOR | WORKER/ CONTACT DETAILS | OTHER PROFESSIONALS INVOLVED | CURRENT PLAN | ACTIONS | ACTION PROVIDER |
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