

Policy on Safeguarding and Promoting the Welfare of Children

Document Control Summary

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Part 1

Legal and Organisational Framework

1. Introduction

1.1 Background

This Policy is designed to support all Trust staff, whatever their role in the organisation and whoever they work with, in fulfilling their legal duty to safeguard and promote the welfare of children.

Public sector organisations have an overall duty to:

- Take all reasonable measures to ensure that they minimise risk of harm to the welfare of children (covered in Part 2 of this policy)
- Take appropriate action when there are child protection concerns, by working to agreed local policies and procedures, in full partnership with other agencies (covered in Part 3 of this policy)

Historically, mental health services may be more accustomed to leaving the task of protecting children to Social Services and to taking a lesser role in safeguarding children. Clearly, Local Authority Children's Services (as Social Services are now known) have key legal powers to protect children however, government legislation and guidance spells out that all agencies, including adult mental health, CAMHS and addictions services have to play their part in safeguarding children in a more pro-active way. This is set out in the statutory guidance that accompanies the Children Act 2004 entitled *Working Together to Safeguard Children – a guide to inter-agency working to safeguard and promote the welfare of children (HM Government 2006)*.

The London Child Protection Procedures (due for revision during 2006 to take account of recent legislation and guidance) are for **all agencies** to follow and Part 3 of this Policy addresses how staff can comply with the London Procedures.

However, in Part 2, this Policy also addresses how the needs of children should be routinely considered as part of the CPA process and in day-to-day work with patients/service users. This is with a view to supporting patients with parenting responsibilities and their families and to preventing children experiencing significant harm or impairment to their health or development.

There is a folder on the Trust's (P:) drive entitled Child Protection and Safeguarding Children where this Policy, the London Child Protection Procedures and a wide range of other documents can be found. This information will also be on the Trust intranet. See Section 3.6 for further details.

The Trust's Safeguarding Children Team will also be ensuring that each team and ward has access to their own hard copy of the procedures, the Government's glossy in-colour booklet entitled '*What to do if you're worried a child is being abused*' and relevant Trust policies, including this one. The Team are a source of advice and support on any issues arising from this Policy. Their contact details can be found in Appendix 8.

1.2 Children and Young People affected by this Policy

This policy applies to the following:

- Unborn children of service users who are pregnant or expectant fathers
- Children and young people up to their 18th birthday
- All children and young people who are patients of CAMHS or their siblings
- Children who are the offspring of service users whether living in the same household or not
- Children who are in any way related to service users – as grandchildren, nephews, nieces, siblings etc
- Children who live in households shared with, or visited by, service users
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse

1.3 Role of Staff

Staff in the Trust may play a role in relation to safeguarding and promoting the welfare of children in one or more of the following ways:

- Identifying children who are being, or have been abused or neglected
- Making referrals to Children's Services if a child is in need of support or protection
- Contributing to Section 47 Child Protection investigations and subsequent child protection conferences and reviews
- Providing information for other agencies and courts where necessary
- Treating children who are being, or have been abused or neglected
- Supporting parents care for their children and keep them safe
- Advising parents about the impact of their mental illness or substance misuse on their children (including unborn)
- Identifying when the impact of a service user's mental illness or substance misuse is impairing their child's health and development and taking action to safeguard the child including adapting care and treatment plan for adult
- Contributing to multi-agency common assessments of children and their families
- Liaising with other community services for children
- Treating or working with adults who have been subject of childhood abuse
- Treating or working with adults who have been convicted of abusing children
- Undertaking parenting assessments

Staff can seek advice from the Safeguarding Children Team to support them in their work.

2. Legal Context

2.1 Definition of Safeguarding Children and Child Protection

Working Together to Safeguard Children 2006 states that '**safeguarding and promoting the welfare of children**' means the process of:

- Protecting children from maltreatment (i.e. abuse or neglect) and
- Preventing impairment of children's health and development and

- Ensuring that children are growing up in circumstances consistent with the provision of safe and effective care and
- Undertaking that role so as to enable children to have optimum life chances and to enter adulthood successfully.

‘Child Protection’ is part of safeguarding and promoting welfare. The term child protection refers to the activity which is undertaken to protect specific children who are suffering, or at risk of suffering, significant harm.

2.2 Legal Duties under the Children Act 2004

- Section 11 places a statutory duty on the Trust to make arrangements to ensure that it has regard to the need to safeguard and promote the welfare of children in exercising its functions.
- Section 10 reinforces and updates the Trust’s existing duty (under the Children Act 1989) to co-operate and share information with local authorities in order to improve children’s well-being and promote the five outcomes for children and young people set out in Every Child Matters: Change for Children (see below).
- Section 12 allows for databases or indexes on children that CAMHS and adult services working with service users who are parents/carers may need to contribute to and be able to access in order to work together to help families and protect children.

2.3 Legal Duties under the Children Act 1989

Section 27 of the Children Act 1989 provides that a local authority may request help from any NHS Trust (and other bodies).

Section 47 of the Children Act 1989 places a duty on any NHS Trust (and other bodies) to help a local authority with its enquiries in cases where there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm, unless doing so would be unreasonable in all the circumstances of the case.

The Principles of the Children Act 1989 are:

- The welfare of the child is paramount
- Children are generally best looked after by their own families
- The child and family’s race, religion and culture must be taken into account
- Children have a right to be consulted about decisions affecting them
- Children’s wishes and feelings must be taken into account
- Delay in decision-making is harmful for children

2.4 Every Child Matters – Five Outcomes for Children

Change for Children: Every Child Matters is an umbrella term for a wide range of national policy, guidance and standards.

The government requires that all agencies ensure that their services contribute to five outcomes for children that have been adopted as national priorities:

- Being healthy
- Staying safe
- Enjoying and achieving

- Making a positive contribution
- Achieving economic wellbeing

These outcomes will be used by inspection regimes, such as Joint Area Reviews (JAR) to assess the effectiveness of inter-agency working in relation to children.

2.5 The Assessment Triangle

When a multi-agency assessment is carried out to determine how to safeguard and promote the welfare of a child, the framework to be used is the assessment triangle. The diagram below is reproduced from *the Framework for the Assessment of Children in Need and their Families, HM Government 2000*.

There are three inter-related domains, each of which has a number of critical dimensions (see diagram below). The interaction or the influence of those dimensions on each other requires careful exploration during assessment, with the ultimate aim being to understand how they affect the child or children in the family.



Depending on their role Trust staff may be asked to provide information for a multi-agency assessment and/or a referral to Children's Services and/or a child protection conference in any or all of the three domains:

- Child's developmental needs
- Parenting capacity
- Family and environmental factors

2.6 Common Assessment Framework

The Common Assessment Framework has been introduced by the Government to strengthen inter-agency assessments and to provide:

- a simple **pre-assessment checklist** to help practitioners identify children who would benefit from a common assessment by more than one agency;
- a **process for undertaking a common assessment**, to help practitioners gather and understand information about the needs and strengths of the child, based on discussions with the child, their family and other practitioners as appropriate;
- a **standard form** to help practitioners record, and, where appropriate, share with others, the findings from the assessment in terms that are helpful in working with the family to find a response to unmet needs.

2.7 Standards for Better Health

Three of the Standards set by the Department of Health for health organisations relate to child protection. These are:

- The healthcare organisation has defined and implemented effective processes for identifying, reporting and taking action on child protection issues, in accordance with the *Protection of Children Act 1999*, *the Children Act 2004*, *Working Together to Safeguard Children* (HM Government 2006) and *Safeguarding children in whom illness is induced or fabricated by carers with parenting responsibilities* (Department of Health 2001)
- The healthcare organisation works with all relevant partners and communities to protect children in accordance with *Working Together to Safeguard Children* (HM Government 2006)
- Criminal Records Bureau (CRB) checks are conducted for all staff and students with access to patients and relatives in the normal course of their duties in accordance with CRB disclosures in the NHS B5 (NHS Employers 2004)

3. Trust Infrastructure

3.1 Accountability

The Director of Nursing is the Lead Director for Safeguarding Children at Board level. The Board is ultimately accountable for safeguarding children within the Trust. It does this through the Healthcare Governance Framework which includes a Safeguarding Children Committee.

The Trust is also accountable to Local Safeguarding Children Boards (LSCBs formerly Area Child Protection Committees) in City and Hackney, Newham and Tower Hamlets and to the three commissioning local Primary Care Trusts (PCTs). The Associate Director for Safeguarding Children has been delegated the responsibility for representing the Trust on all LSCBs and along with the other Trust Named Professionals for safeguarding children attends LSCB sub-groups and PCT Child Protection Health Co-ordinating Groups.

3.2 Safeguarding Children Committee

The Trust Safeguarding Children Committee meets monthly and oversees all issues relating to the Trust's statutory responsibilities. It links in where necessary with other committees and groups in the Healthcare Governance Framework. The Committee is accountable to the Board.

It is chaired by the Lead Director for Safeguarding Children (the Director of Nursing and Quality) and its work is led by the Associate Director for Safeguarding Children.

Each service directorate has a lead for safeguarding children who is a member of the committee and who is responsible for ensuring that safeguarding children is raised at appropriate directorate committees and for taking up operational issues with managers and staff.

3.3 Named Professionals/Safeguarding Children Team

The Trust is legally required to have, as a minimum, a Lead Director, a Named Doctor and a Named Nurse for child protection. These named professionals must promote good practice and effective communication on child protection issues. The Trust has in addition, decided to have a full-time Associate Director post to lead and co-ordinate the work of a corporate Safeguarding Children Team which includes three full-time Named Nurses/Professionals (one for each borough) and three Named Doctors (one for each borough) with limited dedicated time.

The Team's Named Professionals are a source of information, advice and support on all child protection matters for all staff. Named Professionals will sometimes need to intervene in cases that come to their attention to ensure that a child's welfare is safeguarded. They will also be involved in reviewing and auditing incidents and cases involving children or pregnant women.

Staff can email or phone one of the team to help with:

- Thinking about information gathering, record keeping, risk assessments etc
- Decisions about referrals to Local Authority Children's Services
- Preparing reports for, and attending Child Protection Conferences
- Their role when patients are involved in any type of court proceedings regarding children
- Planning for pregnant women
- Any other issue regarding children they wish to explore

Details of how to contact members of the team can be found Appendix 8.

3.4 Mandatory Training

The Safeguarding Children Team runs monthly training courses and details can be found in the Trust's Training Brochure. The Brochure also includes details of how to access free multi-agency courses run by the Local Safeguarding Children Boards (formerly Area Child Protection Committees) in City and Hackney, Newham and Tower Hamlets.

All staff must attend the two-hour Level 1 course on *Arrangements for Safeguarding Children within the Trust*. All clinical staff whose work may involve direct contact with children or adults who are parents/carers of children must also attend the one-day Level 2 course.

Staff should use the personal development planning and appraisal process to monitor access to mandatory training and identify any additional training needs.

The Safeguarding Children Team will continue to develop training in the light of identified staff training needs and emerging national and local requirements.

3.5 Parental Mental Health and Child Welfare Support Services

Each locality adult service directorate, along with local colleagues in CAMHS and Local Authority Children's Services, is developing and expanding services to help staff find support for service users in their parenting role or those who are pregnant. For details of who to contact ask one of the Safeguarding Children Team for further information.

3.6 Procedural and Reference Documents

There is a folder on the Trust's (P:) drive called *Child Protection and Safeguarding Children* which staff are recommended to explore for forms, procedures, policies, resources, background reading etc. It is being updated regularly. The folder includes:

- *London Child Protection Procedures*, London Child Protection Committee (2003)
(P:) drive/child protection and safeguarding children/London Child Protection Procedures/ London CP Procedures full.pdf
- *Inter-Agency Referral Form for Child in Need of Support or Protection* (2004)
(P:) drive/ child protection and safeguarding children /London Child Protection Procedures/ Referral Form Children and Families 2004

Key documents issued by the Government and the London Child Protection Committee can also be found on the Trust intranet. Each main folder such as Policies or Forms has a section in it called *Safeguarding Children*.

For further information about the wide range of supplementary guidance and procedures available from the Government, London Child Protection Committee and Local Safeguarding Children Boards please contact the Safeguarding Children Team.

3.7 CRB Checks

The Trust carries out Criminal Records Bureau (CRB) checks on all staff and students with access to patients and relatives in the normal course of their duties.

Part 2

Minimising Risk and Promoting Welfare of Children as Part of CPA Process

4. Introduction

- 4.1 Staff are advised to consider the needs of children and the support needs of their parents on a routine basis whether or not there are immediate and obvious child protection concerns. Part 2 covers how staff can do this as part of their day-to-day work with service users. Part 3 will highlight key actions that may need to be taken if staff have child protection concerns that warrant the involvement of Children's Services.

5. Processing Referrals

- 5.1 When making decisions about referrals and case allocation staff should do the following:

Routinely record basic details about all patient's children whether or not they live with their children namely:

- First name and surname
- Gender
- Date of birth
- Relationship to patient
- Where children live if not resident with patient
- Expected date of delivery for pregnant woman
- Health visitor (for children under five)
- School/nursery

- 5.2 Check whether children are known to Local Authority (LA) Children's Services and whether they are or have been on the Child Protection Register.

- 5.3 Consider whether there are any child protection concerns or family support needs that warrant a referral to LA Children's Services or any other family support service run by another agency or organisation.

- 5.4 Consider whether the patient's illness is having a detrimental impact on their parenting capacity and whether this is taken into account when prioritising allocation of cases.

- 5.5 Consider whether the child/children are providing unacknowledged support to the patient, without which the patient's condition would be liable to deterioration – e.g. children take on additional chores, don't bring friends home, don't attend school, accompany parents to appointments or activities etc

6. Mental Health Act Assessments

- 6.1 Consideration for the protection of other persons must include the impact on the welfare of any children if their parent is admitted to hospital. Children must not be left unsupported with caring responsibilities if the patient is not hospitalised.

Staff should make a referral to Local Authority Children's Services if the family needs additional support.

- 6.2 Where possible, the presence of children should be ascertained before the assessment and Children's Services involved in planning the assessment if there are likely to be childcare needs, whether or not the patient is hospitalised. It is good practice to take account of the views of children and any information that they may have about their parent's illness. Research shows that patients and children benefit if children are given an explanation about their parent/relative's illness, the role of professionals, what is happening and what will happen next.
- 6.3 Staff should ensure children have not been left at school, nursery or elsewhere waiting to be collected.
- 6.4 If there is a delay in carrying out a Mental Health Act assessment staff must ensure that the welfare of children is not compromised and that they are safe and supported in the meantime.

7. Risk Assessments

- 7.1 Staff should have honest discussions with their patient about any potential risk to children arising from their illness or addiction. Consideration should be given to the level of insight patients have about the impact of their illness on their children including any actual or potential risk. Risks will vary according to the age of the child and research shows that children under four, especially infants, are particularly vulnerable. The potential impact of puerperal psychosis should be considered when working with pregnant women or women with infants.
- 7.2 All risk assessments must include an assessment of any current or potential risk to children in the household and/or in the wider community or to future children. Risks include:
- Risks of injury to a child as a result of adult's aggressive or dangerous behaviour
 - Child involved in adult's delusional state
 - Neglect especially of children under five (see Appendix 2 for further details)
 - Impact on child's emotional state
 - Living in a household where there is domestic violence
- 7.3 Information must be clearly recorded in the risk assessment and identified risk and relevant actions required must be reflected in the patient's Care or Management Plan.
- 7.4 If the patient lives apart from their children, staff must find out the extent of the contact he/she has with their children and whether it constitutes any risk.
- 7.5 If identified risks could lead to actual or potential significant harm to children which warrants a child protection investigation under Section 47 of the Children Act 1989 staff must make a referral to Local Authority Children's Services and provide full written information about the risks identified.

8. Needs Assessments

- 8.1 Staff should consider patient's parenting support needs. Staff should discuss with the patient their own concerns about how their illness is affecting their confidence and functioning as a parent and any support they may need in their parenting role.
- 8.2 Staff should talk to the patient about their perceptions of how their illness is affecting their children and in what ways. If the patient does not live with their children staff should discuss with them how they perceive this arrangement is affecting them and their children.
- 8.3 Staff should be aware of relevant services that could provide parenting support for parents with children of all ages. There are a wide range of community services for pregnant women and patients who have children under five, such as those set up under the umbrella of Children's Centres. In addition, there are services for children with caring responsibilities.

9. Contingency and Emergency Planning

- 9.1 Staff should ensure that they ask and clearly record full accurate details of who will look after the children in case of emergency. They should satisfy themselves that proposed arrangements will keep the children safe and well.
- 9.2 Staff should provide, as needed, information and support for alternative carers and children about what is happening to their parent/relative.
- 9.3 If there are no appropriate family members available staff should engage in a joint planning process with Local Authority Children's Services about arranging emergency foster care.
- 9.4 The Local Authority Private Fostering Team must be informed by law if the alternative carers are not close relatives and the situation may constitute a private fostering arrangement. If it is an emergency placement such as in response to a mental health act assessment, notification should take place within 48 hours. In all cases, the Private Fostering Team must be notified within 6 weeks of the placement starting.
- 9.5 Staff should contact a member of the Safeguarding Children Team if they have any queries.

10. Pregnant Women and Expectant Fathers

- 10.1 A SEPARATE POLICY ON THE CARE MANAGEMENT OF PREGNANT SERVICE USERS AND PERINATAL ISSUES IS ALSO TO BE IMPLEMENTED IN 2006.
- 10.2 The needs of pregnant women and their unborn children must be considered at the earliest opportunity whether or not there are obvious child protection concerns. Staff should consider pregnant service users as well as male service users with a pregnant partner or other service users in close contact with a

pregnant woman. In order to address any needs a multi-disciplinary planning meeting should be convened.

- 10.3 There are three types of pre-birth planning meetings:
- Pre-birth Professionals/Strategy Meeting
 - Pre-birth Initial Child Protection Conference
 - Perinatal Care Planning Meeting run by ELCMHT
- 10.4 Staff should first ascertain whether the situation warrants a Pre-birth Professionals Strategy Meeting. See London Child Protection Procedures Section on Pre-Birth Referral and Assessments. If one or more of the criteria set out below are met staff should make a referral to Local Authority Children's Services for them to instigate the meeting. It will be chaired by a Children's Services Manager.

The criteria are:

- There has been a previous unexplained death of a child whilst in the care of either parent
 - A parent or other adult in the household has committed an offence on the government list of offences posing a risk to children (formerly known as Schedule 1 offender)
 - A sibling in the household is on a child protection register
 - A sibling has previously been removed from the household either temporarily or by court order
 - Domestic violence is known to have occurred
 - The degree of parental substance misuse is likely to significantly impact on the baby's safety or development
 - The degree of parental mental illness/impairment is likely to significantly impact on the baby's safety or development
 - There are concerns about parental ability to self care and/or to care for the child – e.g. unsupported young or learning disabled mother
 - Any other concern exists that the baby may be at risk of significant harm including a parent previously suspected of fabricated or inducing illness in a child
- 10.5 If the criteria are not met, the Trust's policy is that co-ordinated support should be available to pregnant women as part of their routine care management. A Perinatal Care Planning Meeting should be convened by the Care Co-ordinator and chaired by a Trust Manager or convened and chaired by an ELCMHT mental health perinatal specialist if relevant to a particular locality and available. Further guidance will be available in 2006.
- 10.6 The perinatal care planning meeting must be held as soon as possible after staff become aware of the pregnancy and a Perinatal Care Plan agreed. Consideration must also be given to any risk a mentally ill father may present to a new baby and/or the mother and the impact of a birth on a mentally ill father. Pre-birth planning for male service users with pregnant partners should also be considered.

- 10.7 The meeting must include all agencies involved in the pregnant woman's maternity care and the parents-to-be must be invited and informed about its purpose. Local Authority Children's Services should also be invited.
- 10.8 The Perinatal Care Plan must ensure that the needs and safety of the unborn baby are considered early enough to arrange support.
- 10.9 The Perinatal Care Plan must ensure that the pregnant woman is offered appropriate support and advice during pregnancy and following birth.
- 10.10 If child protection concerns arise before, at or after the meeting then the London Child Protection Procedures Section on Pre-Birth Referral and Assessment must be followed.
- 10.11 If there is a need for a Section 47 Child Protection Investigation there may need to be a Core Assessment and a Pre-Birth Initial Child Protection Conference. This is usually held around 10 weeks prior to the expected delivery date or earlier if a premature birth is likely.

11. Outpatients Arrangements for Patients with Children

- 11.1 Staff should consider the child care arrangements of patients when offering appointments. If patients need to take or collect children from school these times should be avoided if possible.
- 11.2 Staff should be aware in advance of whether a patient may need to bring a child with them to an appointment and have arrangements in place as to how to deal with this situation that are agreed and understood by all relevant staff.
- 11.3 If children are brought to an outpatient area consideration should be given as to the suitability and safety of the environment for children and clear expectations provided about the supervision of children.

12. Children Visiting Relatives in Hospital

- 12.1 Staff must comply with the Trust's Child Visiting Policy and draw up their own ward arrangements in order to comply. SEE SEPARATE POLICY – CHILDREN AND YOUNG PEOPLE VISITING SERVICE USERS IN HOSPITAL.
- 12.2 Inpatient services must have suitable and safe designated space for visits by children to take place. This applies to services run by the Trust and those commissioned or bought from the private or independent sector.
- 12.2 Staff should ensure that any visits by children to inpatients are in the child's best interests. This should be assessed or discussed with specialist children's staff.
- 12.3 A Child Visiting Plan must be discussed and recorded and placed in the patient's notes.

13. Leave Arrangements

- 13.1 Staff must be aware of where patients are going on leave. The Leave Plan must consider the impact on children when the patient is on leave and must be clearly recorded in the patient's notes.
- 13.2 If a patient does not usually reside with their own or other children checks must be made as to whether they are likely to be visiting or staying in a household with children and whether this poses any risks or practical problems for the household.
- 13.3 Staff must ensure that leave arrangements comply with plans made at Child Protection Conferences or as part of Children's Services assessment plans.

14. Discharge Planning

- 14.1 Discharge arrangements must take account of any impact on children in the family, household or wider community. There must be a clear Discharge Plan that evidences this.
- 14.2 Discharge planning meetings should routinely invite LA Children's Services staff, if they are already involved with the family. If there is a child under five, the health visitor should be invited. Schools may also need to be informed of the discharge of a child's parent/carer. Discharge letters should be copied, with the patient's knowledge, to relevant health and social care children's professionals involved with the family.

15. Carer's Assessments

- 15.1 If a patient has children under the age of 18 staff should discuss with the patient whether the children are carrying out any caring responsibilities towards their parent/s, siblings, grandparents or other relatives.
- 15.2 Staff should ascertain from the patient and child/young person what impact this caring role has on their own development, education, leisure activities etc.
- 15.3 Children under 16 with caring responsibilities are entitled to a Child in Need Assessment carried out jointly with LA Children's Services. Staff should discuss this option with the family and make a referral when required. Young people over 16 with caring responsibilities are entitled to a Carer's Assessment.
- 15.4 Staff should consider applying for Carer's Grants to support the children. They should also find out about young carer's groups and offer to facilitate the child or young person to attend. Staff should also offer facilitation for children or young people to access and attend Child and Family Consultation Service (CFCS)/CAMHS provision.

16. Closing or Transferring a Case

- 16.1 Before closing a case or transferring a case to another team, staff must consider any impact on the children or unborn child if the service discontinues contact with the family.

- 16.2 If Local Authority Children's Services are involved in the case they must be invited to any transfer or closure/discharge meeting and be sent a copy of the discharge report. If children are on the Child Protection Register, staff should ensure transfer or closure plans are discussed first with the Core Group.
- 16.3 Discharge letters should be copied, with the patient's knowledge, to relevant health and social care children's professionals involved with the family.
- 16.4 Staff should ensure that there are appropriate family/parenting support services in place if necessary. This can be discussed with the Parental Mental Health Liaison Service in your area – ask the Safeguarding Children Team for contact details.

17. Incident Reporting

SEE ALSO TRUST'S INCIDENT POLICY.

- 17.1 The Trust's Incident Form includes sections for recording information about children involved or affected by an incident and pregnant women. If the patient has children (resident or not) or substantial involvement with children the details of the children must be completed even if they were not present at the incident.
- 17.2 The incident may have a practical or emotional impact on children – e.g. suicide or attempted suicide of parent, living in a household with violence.
- 17.3 Staff must ensure that children are safe after an incident. Where a pregnant woman is involved staff must ensure there is no risk to an unborn child. A maternity check up should be arranged if necessary.
- 17.4 Incident forms that identify children or pregnant women are forwarded by the SUI Incident Co-ordinator to the Associate Director for Safeguarding Children. If children or pregnant women have not been identified but it is apparent to the SUI Co-ordinator from the circumstances of the incident that there is a strong possibility that they should have been identified this will be followed up with the person completing the form or their manager.
- 17.5 The Safeguarding Children Team will follow up the incident to ensure that children are safe and their needs are being addressed.
- 17.6 The Safeguarding Children Team will play a role in all incident investigations that affect children or pregnant women namely SUI Panels, SUI 28 Day Reports and Local Clinical Reviews.

18. Legal Proceedings

- 18.1 If any patient is subject to any criminal or public or private family court proceedings concerning children staff must inform the Safeguarding Children Team and the Trust's Head of Consumer Relations and Legal Affairs at Trust HQ on tel: 020 7655 4064 or secure fax: 020 7655 4076 (see Appendix 8 for full contact details). This will enable appropriate support and advice to be offered to

staff in relation to their role and any potential court directions with which the Trust has to comply.

19. Use of Interpreting Services

- 19.1 It is good practice that professional, accredited interpreters are used rather than children, partners or other family members for patients who need such services.

Part 3

Compliance with London Child Protection Procedures

20. Introduction

- 20.1 The London Child Protection Procedures must be used by all public agencies in London including all 32 local authorities plus the Corporation of London, all NHS Trusts, the Probation Service and the Metropolitan Police Service. Multi-agency and single agency adherence to the procedures is monitored through Local Safeguarding Children Boards (LSCBs formerly Area Child Protection Committees). The Trust is represented on the three relevant LSCBs (Newham; Tower Hamlets; City and Hackney) by the Associate Director for Safeguarding Children.
- 20.2 The Children Act 1989 introduced the concept of *Significant Harm* as the threshold that justifies compulsory intervention in family life in order to safeguard children. The Local Authority has a duty to investigate where there is reason to suspect that a child is likely to suffer, or is suffering significant harm. See Appendix 2 for definitions of categories of abuse and Appendix 3 for possible indicators of abuse.
- 20.3 Trust staff must familiarise themselves with the London Child Protection Procedures and comply with them. They can be found in the Child Protection and Safeguarding Children on the (P): drive and in the Trust intranet Forms Section.
- 20.4 Staff should note that there is a wide range of more detailed national and regional supplementary guidance and procedures available on issues such as children of families living in temporary accommodation, children and families who go missing, internet child abuse, child abuse linked to belief in 'possession' or 'witchcraft' or in other ways related to spiritual or religious belief, female genital mutilation, forced marriages, bullying, children living away from home, children in custody, children in hospital, sexually exploited children, trafficked and exploited children, domestic violence. Please contact the Safeguarding Children Team for further information.

21. Staff Involvement in Formal Child Protection Processes

- Refer concerns about significant harm or child in need to Social Services Children and Families by phone and on an *Inter-Agency Referral Form for Child in Need of Support and Protection* within 24 hours of verbal referral (form on intranet and (P): drive and attached as Appendix 6)
- Co-operate and share information with Children's Services when they undertake a Children Act 1989 Section 47 Child Protection Investigation or a Section 17 Children in Need assessment
- Contribute to assessment of parenting capacity, child's needs and family and environmental factors
- Attend and contribute to Strategy/Professionals Meetings, Child Protection Conferences, and Core Groups and provide written reports
- Make a judgement about registration of child on CP Register – *neglect; emotional abuse; physical abuse; sexual abuse*
- Continue to work jointly until no longer necessary

22. Making a Referral to Children's Services

- 22.1 By law, the only agencies authorised to investigate child protection concerns are Local Authority Children's Services (formerly known as Social Services), the Police and in some areas the NSPCC. However, the Trust has a legal duty to refer concerns and to co-operate and share information with agencies investigating concerns.
- 22.2 ***If the situation warrants a child in need or child protection assessment by Local Authority Children's Services it is YOUR RESPONSIBILITY to adhere to the London Child Protection Procedures and to make a referral using the Inter-Agency Referral Form for Child in Need of Support or Protection.***
- 22.3 The referral form is attached as Appendix 6 and this along with the London Child Protection Procedures can be found electronically on the Trust intranet Forms section and the (P): drive in the folder entitled Child Protection and Safeguarding Children.
- 22.4 Referrals should be made initially by phone to the relevant Duty Team (see last page of Referral Form for contact details) and followed up in writing within 24 hours of initial phone contact using the Referral Form. A copy of the referral form must be sent to the Named Nurse/Professional for the appropriate service directorate. Children's Services should acknowledge referrals within one working day of receipt. If this does not occur within three working days the referrer should contact Children's Services again.
- 22.5 Children's Services will discuss any concerns you may have but you may also require advice and support from within the Trust about the thresholds for triggering child protection enquiries, assessment of risk and information about the whole child protection process. Staff can contact any member of the Safeguarding Children Team for advice and support. Contact details can be found in Appendix 8.

23. Ascertaining whether a family is known to Children's Services or the Child Protection Register

- 23.1 The referral form in Appendix 6 has details on the last page of all of the Children's Services Duty Teams in the East London area covered by the Trust. You can contact them to see if a child is known to Child Protection or Children in Need teams and if a child is on the Child Protection Register.

24. Record Keeping

- 24.1 The following records should all show that children have been considered and include relevant information about children and impact on children:
- Risk assessments
 - Needs assessments
 - Contingency plans
 - Leave arrangements
 - Discharge arrangements
 - Arrangements for children visiting inpatients

- Incident reporting forms
- 24.2 When assessments show that a child is deemed to be vulnerable or at risk of harm information from these records should be shared with colleagues in Local Authority Children's Services.
- 24.3 Staff dealing with cases where there is a child/children at risk of harm must keep full factual records of what is said by all parties, details of all findings and observations and record dates and times of all entries.

25. Information Sharing

- 25.1 It is recognised that information sharing is a thorny issue and that Trust staff can feel constrained from sharing information by their uncertainty about when they can do so lawfully. It is best practice to discuss concerns with patients and any intention to share information unless by doing so there would be increased risk to a child or children. Legally, staff can share confidential information with the patient's consent (check the most recent Consent to Disclosure Form on file) and if the information is in the public interest it can be shared without the patient's consent. Public interest considerations are covered in the list of exemptions in the Data Protection Act 1998. Risk to children is covered by the public interest exemption.
- 25.2 The Government has produced guidance for all practitioners to follow, as part of its *Every Child Matters* Series which sets out to promote integrated working to improve outcomes for children and young people. It explicitly states that as well as applying to staff working mainly with children, it also applies to *practitioners who work in services provided for adults, for example mental health services and drug and alcohol services, as many of the adults accessing those services may have parenting or caring responsibilities.*

The guidance documents are:

- Information Sharing: Practitioners Guide (HM Government 2006)
- Information Sharing: Further Guidance on Legal Issues (HM Government 2006)
- Information Sharing: Case Examples (HM Government 2006)

These documents can all be found on the (P:) drive in the Child Protection and Safeguarding Children folder.

- 25.3 Six key points identified in the Practitioners Guide are:
- *You should explain to children, young people and families at the outset, openly and honestly, what and how information will, or could be shared and why, and seek their agreement. The exception to this is where to do so would put that child, young person or others at increased risk of significant harm or an adult at risk of serious harm, or if it would undermine the prevention, detection or prosecution of a serious crime (note 1 - see below for definition) including where consent might lead to interference with any potential investigation.*

- *You must always consider the safety and welfare of a child or young person when making decisions on whether to share information about them. Where there is concern that the child may be suffering or is at risk of suffering significant harm, the child's safety and welfare must be the overriding consideration.*
- *You should, where possible, respect the wishes of children, young people or families who do not consent to share confidential information. You may still share information, if in your judgement on the facts of the case, there is sufficient need to override that lack of consent.*
- *You should seek advice (note 2 below) where you are in doubt, especially where your doubt relates to a concern about possible significant harm to a child or serious harm to others.*
- *You should ensure that the information you share is accurate and up to date, necessary for the purpose for which you are sharing it, shared only with those people who need to see it and shared securely.*
- *You should always record the reasons for your decision – whether it is to share information or not.*

Note 1 – for the purposes of this guidance a serious crime means any crime which causes or is likely to cause significant harm to a child or young person or serious harm to an adult.

Note 2 - Advice can be sought from your manager, members of the Safeguarding Children Team and the Trust's Caldicott Guardian (the Medical Director). The Caldicott Guardian is legally responsible for the Trust's compliance with information sharing guidance.

25.4 Staff should also be aware that the Trust is signed up to an agreement entitled *East London Health and Social Care Inter-Organisation General Protocol for Sharing Information, 2004*, which reiterates principles set out in government guidance and legislation. It can be found on the (P:) drive in IM&T Directorate/Information Governance/Information Sharing Protocols/Pan East London Information Sharing Protocol V9 (April 2004).

25.5 The protocol states:

- Where a member of staff has serious concerns about the immediate health and well being of an individual, or others that might come into contact with that person, then guidance on sharing personal information with another organisation without the individual's consent must be sought in the first instance from a line manager.
- Where the risks to the individual or another person are considered so great, and/or the individual is either unwilling or unable to give consent to disclosure, then the member of staff or line manager, **acting in good faith**, should disclose this personal information to the relevant organisations immediately. **Failure to do so might be viewed as failure of the organisation that is aware of the risk to discharge its duty of care, particularly if there is resultant harm.**

25.6 Staff should always record on the patient's notes the reason for disclosing information and whether disclosure was with or without the patient's consent.

25.7 Written information likely to be shared with Local Authority Children's Services or other services concerned with the child will be:

- Child Protection or Children in Need referral
- Reports for Child Protection Conferences
- Risk assessments and any other relevant parts of CPA documentation

25.8 Information shared with other agencies must be as factual as possible and provide evidence and sources of information. It should be discussed with the service user unless doing so would put a child at further risk of harm.

25.9 CHILD PROTECTION CONCERNS ALWAYS OVERRIDE

- CONFIDENTIALITY CONSIDERATIONS and
- WORRIES THAT STAFF MAY HAVE ABOUT POTENTIAL DAMAGE TO A THERAPEUTIC RELATIONSHIP

25.10 Staff may also be directed by the court to provide written reports in a range of court proceedings involving children. Staff should notify the Safeguarding Children Team and Legal Affairs Manager of such situations.

26. Children Who Live outside the Trust Area

26.1 If a child who is the subject of concern does not live in Hackney, Newham, Tower Hamlets or the City, staff should contact the relevant Children's Services Department in the Local Authority area where the child lives. Their contact details may be available from any of the East London local authority Children's Services offices.

27. Out of Hours Child Protection Concerns

27.1 If you need to make an out of hours child protection referral you should contact the Emergency Duty Team (EDT) for the relevant borough. Details can be found at the end of the Referral Form in Appendix 6. In the event of the EDT worker being unavailable and the situation being urgent staff should call the Police.

27.2 You should discuss this with your Duty Nurse or Doctor. If the situation is serious the Duty Director should be informed.

28. Child Protection Conferences and Meetings

28.1 There are a number of types of conferences and meetings convened under child protection arrangements. These are:

- Child Protection Professionals Strategy Meeting
- Initial Child Protection Conference
- Initial Pre-Birth Child Protection Conference
- Review Child Protection Conference
- Child Protection Core Group Meeting

28.2 Staff invited to a Child Protection Conference MUST:

- Inform a member of the Safeguarding Children Team, preferably by email and fax, giving date, time and venue of conference AND name, date of birth and address of child and patient
- Prepare a typed report including your assessment of risk (a standard format is being piloted)
- Send report to the conference chair/administrator and a copy to the Safeguarding Children Team
- Share contents of your report with your patient in advance as he/she will be invited to the conference
- Attend conference and take enough copies of your report or if unable to attend send a colleague who you have adequately briefed
- At the conference, verbally present your report
- When asked by the Chair, express a view about whether the child's name should be placed on the Child Protection Register

If required the Safeguarding Children Team can:

- Help staff prepare a report
- Help staff prepare for the conference and
- May attend the conference with staff if support is needed

28.3 See poster in Appendix 5 with guidance about Child Protection Conferences. This can be used by teams and wards for display purposes.

29. Dealing with Differences of Opinions

29.1 If Children's Services conclude that an initial Child Protection Conference is not required but Trust staff remain seriously concerned about the safety of a child staff should seek further discussion with the social worker and their manager. Staff should involve their manager and if necessary one of the Safeguarding Children Team. Concerns, discussions and any agreements made should be recorded in the patient's notes.

29.2 If concerns remain staff may, with the support of a member of the Safeguarding Children Team, formally request that Children's Services convene an initial child protection conference. In accordance with the London Child Protection Procedures, Children's Services must convene a conference where one or more professionals, with the support of a senior manager and a Named Professional from the Safeguarding Children Team, request one.

29.3 If this approach fails to achieve agreement or where differences of opinion across agencies occur about risk the procedures for resolution of conflicts in the London Child Protection Procedures should be followed.

29.4 Where differences of opinion occur within a Trust multi-disciplinary team advice should be sought from the Trust's Safeguarding Children Team.

30. Multi-Agency Public Protection Arrangements (MAPPA)

- 30.1 Staff may be working with a service user who is subject to, and monitored under MAPPA arrangements. These cover the management of individuals who pose a risk of harm to children. In these circumstances, staff should ensure that appropriate information is shared with the MAPPA panels.

31. Induced or Fabricated Illness

- 31.1 Government guidance on working together to safeguard children in whom illness is fabricated or induced can be found on in the Child Protection and Safeguarding Children folder on the (P:) drive. Further guidance on this in relation to the role of ELCMHT staff will be issued by the Trust at a later date.

32. Domestic Violence

- 32.1 Staff should be aware of the inter-relationship between domestic violence, adult mental health problems and child protection. A referral should be made to Children's Services if a child lives in a household where domestic violence is believed to be a factor which may lead to them being in need of support or protection. Local Domestic Violence Forums and Local Safeguarding Children Boards in East London are doing a great deal of work on this issue and the Trust is also developing a strategy on domestic violence. Further guidance on this will be issued by the Trust at a later date to take into account all other existing guidance. See Appendix 7 for details of further guidance.

33. Serious Case Reviews

- 33.1 Working Together to Safeguard Children (HM Government 2006) sets out criteria for the circumstances for when Local Safeguarding Children Boards should instigate a multi-agency serious case review.
- 33.2 They are held when a child dies or sustains serious injury and there is suspected or actual child abuse or when there is a child protection issue with a major public concern.
- 33.3 The purpose of a serious case review is to:
- Establish where there are lessons to be learned from a case about the way in which local professionals and agencies work together to safeguard children
 - Identify clearly what those lessons are, how they will be acted upon, and what is expected to change as a result, and hence
 - Improve inter-agency working and better safeguard children
- 33.4 Each agency involved in the case must carry out an internal management review to contribute to the overall serious case review. This review is very similar to a Serious Untoward Incident (SUI) Panel Investigation. The Trust's Safeguarding Children Team will lead the process and will contact the appropriate directorate management team to identify and secure all appropriate case records. The Team will work with colleagues to carry out the investigation

and write the report. Affected services will be expected to draw up an action plan in response to the report's recommendations.

- 33.5 The implementation of Serious Case Review Action Plans will be monitored by the Safeguarding Children Committee.
- 33.6 Similarly to SUIs some serious cases are also subject to independent inquiries commissioned by regional or national government bodies.

Appendix 1

Key Statutory Procedures and Guidance Applicable to all Public Bodies in London

HM Government

The Government has produced a wide range of legislation and guidance. Much of it can be found on the Every Child Matters website. See hyperlinks below. See also Appendix 7.

[Publications - Every Child Matters](#)

<http://www.dh.gov.uk/Home/fs/en>

London Child Protection Committee

[LCPC-Home Page](#)

In order to promote consistent practice across London and to pool knowledge and expertise the London Child Protection Committee publishes a range of procedures on behalf of the 32 Local Safeguarding Children Boards in London. LSCBs are consulted and choose whether to adopt them. Trust policies will be consistent with London Procedures and LSCB procedures used by City and Hackney, Newham and Tower Hamlets.

These documents have all been published by the London Child Protection Committee. They can all be found on the London Child Protection Committee website – see hyperlink above.

1. Endorsed by Local Safeguarding Children Boards.

- London Child Protection Procedures

Supplementary Procedures

- Safeguarding Sexually Active Children and Young People
- Safeguarding Sexually Exploited Children
- Safeguarding Trafficked and Exploited Children
- Safeguarding Children Policy for Licensed Premises

2. Consulted on and Awaiting Final Endorsement

- Safeguarding Children Abused through Domestic Violence
- Safeguarding Missing Children
- Safeguarding Children Missing from School
- Safeguarding Children in Education Handbook
- Competence Matters

Appendix 2

Definitions of Child Abuse

Working Together to Safeguard Children, HM Government 2006 and the London Child Protection Procedures define child abuse according to the categories listed below. These define the type of situation which professionals from agencies must refer.

They define the type of situation which will be investigated by the local authority (in conjunction with the police if a crime may have been committed). Although there is overlap with the criteria for placing a child on the child protection register, the definitions here are necessarily broader than those criteria.

Somebody may abuse or neglect a child by inflicting harm or by failing to act to prevent harm. Children may be abused in a family or in an institutional or community setting; by those known to them or more rarely, by a stranger. They may be abused by an adult or adults or another child or children.

Neglect

Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born neglect may involve a parent or carer failing to provide adequate food and clothing, shelter including exclusion from home or abandonment, failing to protect a child from physical and emotional harm or danger, failure to ensure adequate supervision including the use of inadequate care-takers or the failure to ensure access to appropriate medical care or treatment. It may also include neglect of, or unresponsiveness to a child's basic emotional needs.

Emotional Abuse

Emotional abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to a child he/ she is worthless, unloved or inadequate or valued only insofar as they meet the needs of another person. It may feature age or developmentally inappropriate expectations of children. These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve more serious bullying causing children frequently to feel frightened or in danger, or the exploitation or corruption of children. Some level of emotional abuse is involved in all types of ill treatment of a child, though it may occur alone.

Physical Abuse

Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces illness in a child. Female genital mutilation is also a form of physical abuse.

Sexual Abuse

Sexual abuse involves forcing or enticing a child or young person to take part in sexual activities, including prostitution, whether or not the child is aware of what is happening. This may involve physical contact including penetrative (e.g. rape, buggery or oral sex) or non-penetrative acts. Sexual abuse also includes non-contact activities, such as involving children in looking at or in the production of pornographic material, or watching sexual activities, or encouraging children to behave in sexually inappropriate ways.

Appendix 3

Possible Indicators of Child Abuse

Introduction

Lists of signs and symptoms are not fail-safe mechanisms, but they are often helpful indicators in certain combinations of the likelihood or reality of abuse.

Children may behave strangely or appear unhappy for many reasons, as they are move through the inevitable stages of growing up, and their families experience changes.

These are lists of the some of the signs and types of behaviour which may indicate that a child is being abused. In themselves they are not evidence of abuse, but they may suggest abuse if a child exhibits several of them or if a pattern emerges.

There can be other explanations for a child showing such signs or behaving in such ways.

There is a good deal of overlap between the signs and symptoms of the different types of abuse, particularly between emotional and other types of abuse.

Child Neglect

Failure to meet a child's basic needs for warmth, food, protection and care

Possible Indicators in the child's presentation:

- Looks thin and pale/uncared for
- Lacks energy/apathetic/listless
- Constant cold/red hands or feet
- Repeated accidents especially burns
- Untreated nappy rash
- Left alone
- Babies who fail to thrive when there is no medical cause
- Constant hunger
- Poor personal hygiene
- Inappropriate clothing for conditions/situation
- Untreated medical problems
- Low self esteem
- Poor social relationships
- Compulsive stealing/scrounging
- Constant tiredness
- No help sought by parents when child becomes ill/injured
- Frequent lateness or non-attendance at nursery/school

Emotional Abuse

Lack of love, affection and encouragement, verbal attacks – threats, taunting and shouting, rejection and scapegoating

Emotional abuse would also be taking place if there were any other type of abuse namely neglect, physical or sexual

Possible indicators in the child's presentation:

- Continual self-deprecation
- Fear of new situations
- Inappropriate emotional responses to painful situations
- Self-harm or mutilation
- Compulsive stealing/scrounging
- Drug/solvent abuse
- Neurotic behaviour – obsessive rocking, thumb sucking etc
- Air of detachment – don't care attitude
- Social isolation – does not join in and has few friends
- Desperate attention seeking behaviour
- Eating problems – including over-eating and lack of appetite
- Depression, withdrawal
- Withdrawn and anxious
- Loss of confidence and self-esteem
- Demanding/attention seeking
- Inability to communicate

Sexual Abuse

The use of a child to meet an adult's sexual needs

Possible Indicators:

- Bruises, scratches, burns or bite marks on the body
- Scratches, abrasions in the anal or genital regions
- Repeated urinary or genital/anal infections
- Fear of going to the toilet
- Pregnancy – particularly in the case of young adolescents who are evasive concerning the identity of the father
- Frequent public masturbation
- Attempts to teach other children about sexual activity
- Refusing to stay with certain people or go to certain places
- Aggressiveness, anger, anxiety, tearfulness
- Withdrawal from friends
- Child kept away from school medicals
- If the child says anything about sexual activity. The child must be believed unless there is substantial evidence to the contrary.
- Young child with an unusual amount of sexual knowledge or behaving in a sexual way
- If a child's reaction to adults (especially men) is unexpected/inappropriate e.g. frightened, wary, provocative, over affectionate
- Unhappy isolated child

- Child exhibits any of the above in play or drawings

Child Physical Abuse

Physical injury to a child by a parent or other person with responsibility for his/her care

Possible indicators in the child's presentation:

- Any injuries to babies
- Frozen stare
- Untreated injuries or lingering illness not attended to
- Shrinking from physical contact
- Fear of returning home or parents being contacted
- Fear of undressing
- Fear of medical help
- Aggression/bullying behaviour
- Over compliant behaviour or watchful attitude
- Running away
- Significant changes in behaviour without apparent reason or explanation
- Deterioration in work
- Grip marks, finger tip bruising
- Small round burns
- Frequent bruising, bruises of different ages
- Long marks made by belts or canes
- Child kept off nursery/school on days when child needs to change clothes
- Unexplained pattern of absences which may serve to hide bruises or other physical injuries
- Child is frightened or watchful or over anxious to please
- Injuries that can't be adequately explained
- Unexplained injuries or burns particularly if they are recurrent
- Refusal to discuss injuries
- Improbable explanations for injuries
- Admission of punishment which appears excessive

Appendix 4

Dimensions of Parenting Capacity

Parenting Capacity is one side of the Assessment Triangle. The other two are *Child's Developmental Needs* and *Family and Environmental Factors*.

Source: *Working Together to Safeguard Children – A guide to inter-agency working to safeguard and promote the welfare of children* (HM Government 2006)

Basic Care

Providing for child's physical needs

- Food
- Drink
- Warmth
- Shelter
- Clean and appropriate clothing
- Adequate personal hygiene
- Appropriate medical and dental care

Ensuring Safety

Ensuring the child is adequately protected from harm or danger

- Protection from significant harm or danger
- Protection from contact with unsafe adults/other children
- Protection from self-harm
- Recognition of hazards and danger in the home and elsewhere

Emotional Warmth

Ensuring the child's emotional needs are met giving the child a sense of being specially valued and a positive sense of own racial and cultural identity

- Ensuring secure, stable and affectionate relationships with significant adults
- Sensitive responsiveness to child's needs
- Appropriate physical contact, comfort and cuddling sufficient to demonstrate warm regard, praise and encouragement

Stimulation

Promoting child's learning and intellectual development through encouragement and cognitive stimulation and promoting social opportunities

- Interaction and communication
- Talking and responding to child's language and questions
- Encouraging and joining the child's play
- Promoting educational opportunities
- Enable child to experience success
- Ensure school attendance
- Facilitate child to meet challenges of life

Guidance and Boundaries

Enabling the child to regulate own emotions and behaviour

- Demonstrate and model appropriate behaviour and control of emotions and interactions with others
- Setting boundaries
- Not over protecting children from exploratory and learning experiences
- Social problem solving, anger management, consideration for others
- Effective discipline and shaping of behaviour

Stability

Providing a sufficiently stable family environment to enable a child to develop and maintain a secure attachment to the primary caregiver(s) in order to ensure optimal development.

- Ensuring secure attachments are not disrupted
- Consistency of emotional warmth over time
- Responding in a similar manner to the same behaviour
- Respond according to child's developmental progress
- Ensuring child keeps in touch with important family members and significant others

Appendix 5

CHILD PROTECTION CONFERENCES AND MEETINGS

This applies to:

- Child Protection Initial and Review Conferences
 - Child Protection Pre-Birth Conferences
 - Professionals/Strategy Meetings
 - Core Group Meetings

If you are invited to a Child Protection Conference you MUST:

- Inform a member of the Safeguarding Children Team, preferably by email and fax, giving date, time and venue of conference AND name, date of birth and address of child and patient
- Prepare a typed report including your assessment of risk (a standard format is being devised)
- Send report to the conference chair/administrator if enough notice and a copy to Safeguarding Children Team
- Share contents of your report with your patient in advance as he/she will be invited to the conference
- Attend conference and take enough copies of your report or if unable to attend send a colleague who you have adequately briefed
- At the conference, verbally present your report
- When asked by the Chair, express a view about whether the child's name should be placed on the Child Protection Register

SUPPORT FROM THE SAFEGUARDING CHILDREN TEAM

The Safeguarding Children Team can:

- Help you prepare a report
- Help you prepare for the conference and
- May attend the conference with you if you need support

Marion Delaney

CITY & HACKNEY

Safeguarding Children Advisor/Named Nurse

Marion.Delaney@elcmht.nhs.uk

Tel: 020 8533 6116

Mob: 07855 342711

Emma Hutton

TOWER HAMLETS

Safeguarding Children Advisor/Named Nurse

Emma.hutton@elcmht.nhs.uk

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Jan Pearson

CORPORATE

Associate Director for Safeguarding Children

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Mob: 07971 664232

Appendix 6

on Trust intranet - [http://elcmhtintranet/uploads/Templates and Forms/SafeChild/Inter-Agency Referral Form for Child in Need of Support or Protection.doc](http://elcmhtintranet/uploads/Templates_and_Forms/SafeChild/Inter-Agency Referral Form for Child in Need of Support or Protection.doc)

INTER-AGENCY REFERRAL FORM FOR CHILD IN NEED OF SUPPORT OR PROTECTION

This form is to be used by all agencies referring a child/children to Local Authority Children's Services for assessment as a child in need, including in need of protection.

CONTACT DETAILS FOR SOCIAL SERVICES DUTY TEAMS IN HACKNEY, NEWHAM, TOWER HAMLETS AND THE CITY CAN BE FOUND ON PAGE 5.

All urgent referrals should be initiated by phone/fax and followed up in writing within 24 hours, by completion of as much of this form as possible.

A. CHILD/ YOUNG PERSON

| | | | |
|---|--|---------------------------------------|------------------------------|
| Family Name | | Forename/s | |
| D.O.B. | | M / F | Ethnicity code * Religion |
| Child's first language | | Is an interpreter or signer required? | Y / N |
| Address | | | |
| Postcode | | Tel. | |
| Current address if different from above | | | |
| Postcode | | Tel.: | |

***ONS Ethnicity Codes:** White British 1a; White Irish 1b; White other 1c; White & Black Caribbean 2a; White & Black African 2b; White & Asian 2c; Other Mixed 2d; Indian 3a; Pakistani 3b; Bangladeshi 3c; Other Asian 3d; Caribbean 4a; African 4b; Other Black 4c; Chinese 5a; Other ethnic group 5b

B. CHILD/YOUNG PERSON'S PRINCIPAL CARERS

| FULL NAME | DOB | Relationship to child | Ethnicity code | Parental responsibility |
|---------------------------|-----|---|----------------|-------------------------|
| | | | | Y / N |
| | | | | Y / N |
| First language of carers: | | Is an interpreter or signer required: Y / N | | |

C. SIBLINGS/OTHER HOUSEHOLD MEMBERS

| FULL NAME | DOB | Relationship to child/ young person | Ethnic -ity code | Tick if also referred |
|-----------|-----|-------------------------------------|------------------|-----------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

D. OTHER SIGNIFICANT PEOPLE IN THE CHILD/YOUNG PERSON'S LIFE, INCLUDING OTHER FAMILY MEMBERS

| FULL NAME | Relationship to child/young person | Address | Tel No |
|-----------|------------------------------------|---------|--------|
| | | | |
| | | | |
| | | | |
| | | | |

Referrals will be shared with the family and should not be made without their knowledge/agreement unless this would jeopardise the child/young person's safety

| | Y / N | If no, state reason |
|---|-------|---------------------|
| The child/young person knows about the referral | | |
| The parent/carer knows about the referral | | |

REASON FOR REFERRAL/REQUEST FOR SERVICES

If allegation of actual or suspected abuse, please give specific details of evidence including any injury/medical intervention with dates and explanations given

F. INFORMATION ON STATUTORY STATUS

| | | |
|--|------|--|
| | Y/ N | Please give details of name of child, dates, category (if known) |
| Is any child in family on the disability register? | | |
| Has any child in family been on the child protection register (CPR)? | | |
| Has any child or other family member been looked after by a local authority? | | |
| Does any child have recognised Special Educational Needs? | | |

G. KEY AGENCIES INVOLVED

| Insert name of professional if involved | | Tel: | Insert Name of professional if involved | | Tel: |
|---|--|------|---|--|------|
| Health Visitor | | | Probation officer | | |
| Nursery | | | Police | | |
| School | | | Dentist | | |
| Youth Offending Team | | | Community Paediatrician | | |
| Community mental health | | | Education welfare officer | | |
| School Nurse | | | Housing officer | | |
| G.P. | | | Other (state) | | |

H. INFORMATION SUPPORTING THIS REFERRAL

The purpose of this section is to assist the inter-agency assessment. Where you have no information about a particular area please write N/K. Record strengths as well as areas of need or risk so that resources can be directed appropriately.

| |
|---|
| <p>Child/young person's developmental needs and identified risk factors <i>Consider health, emotional & behavioural development, education, identity, family & social relationships, social presentation and self care</i></p> |
|---|

Parents/carers capacities to respond to child/young person
Consider basic care, ensuring safety, emotional warmth, stimulation, provision of guidance and boundaries, and stability

Issues affecting parent/carers capacity to respond appropriately to child/young person's needs

Family and environmental factors which impact on the child
Consider family history & functioning, the wider family, housing, employment, income, the family's social integration and the availability of community resources to provide support

I. DETAILS OF REFERRER AND SOCIAL WORKER TAKING REFERRAL

| | | | |
|--|--|------|--|
| Name of worker completing this referral (please print) | | | |
| Agency | | | |
| Address | | | |
| Telephone number | | | |
| Signature | | Date | |

| | | | |
|--|--|------|--|
| Name of Social Worker / Referral Officer taking referral | | | |
| Team | | Date | |

TO MAKE A PROFESSIONAL'S REFERRAL TO LOCAL AUTHORITY CHILDREN'S SERVICES

for children in need of protection or support residing in these boroughs

| Hackney | The City | Newham | Tower Hamlets |
|--|--|---|--|
| <p>Tel: 020 8356 5500 (C & F Admin team)</p> <p>Fax: 020 8356 5516</p> <p>Ask Admin. team to put you through to the Duty Room.</p> <p>Hackney Social Services Children and Families Duty and Assessment Service 205, Morning Lane London E9 6JX</p> | <p>Tel: 020 7332 3621 (Duty team) or</p> <p>Tel: 020 7332 1224 (C & F Reception)</p> <p>Fax: 020 7332 1573</p> <p>Speak directly to Duty team or ask Receptionist to put you through.</p> <p>Corporation of London Social Services Department of Community Services PO Box 270 Guildhall London EC2P 2EJ</p> | <p>Tel: 020 8430 2000 (Council Contact Centre) then key in one of these ext. nos: 45621 45645</p> <p>Fax: 020 8430 6468</p> <p>You will speak directly to an Information and Referral Officer. Fax referral also required.</p> <p>Newham Social Services Children's Assessment and Intake Team (CAIT) Unit 12, Stratford Office Village 4, Romford Rd London E15 4EA</p> | <p>Tel: 020 7364 5606 (East Team – E3 and E14)</p> <p>Fax: 020 7364 5071</p> <p>Tel: 020 7364 2904 (West Team – E1 and E2)</p> <p>Fax: 020 7364 2969</p> <p>The appropriate team will take your referral.</p> <p>Tower Hamlets Social Services Advice and Assessment Team East Gladstone Place 1, Ewart Place, E3 5EQ</p> <p>Advice and Assessment Team West Cheviot House 227-233, Commercial Rd E1 2BU</p> |
| <p>Emergency Duty Team</p> <p>5 pm – 9 am Mon-Fri and 24 hours weekends and bank holidays</p> <p>Tel: 020 8356 2346 (direct line with answerphone) Fax: 020 8356 2347</p> | <p>Emergency Duty Team</p> <p>5 pm – 9 am Mon-Fri and 24 hours weekends and bank holidays</p> <p>Tel: 020 8356 2346 (direct line with answerphone) Fax: 020 8356 2347</p> | <p>Emergency Duty Team</p> <p>5 pm – 9 am Mon-Fri and 24 hours weekends and bank holidays</p> <p>Tel: 020 8552 9587 (duty social worker will be paged) Fax: 020 8470 5174</p> | <p>Emergency Duty Team (EDT)</p> <p>5 pm – 9 am Mon-Fri and 24 hours weekends and bank holidays</p> <p>Tel: 020 8980 8595 (duty social worker will be paged) Fax: none</p> |

Appendix 7

Safeguarding Children/Child Protection - Some Reference Documents

Local Protocols/Guidance

| Title | Publisher | Notes |
|---|---|--|
| <i>London Child Protection Procedures 2003</i> | London Child Protection Committee – a joint initiative by: London NHS, Association of London Government, Metropolitan Police, Association of Directors of Social Services, London Probation, Association of London Chief Education Officers | Hard copies to be available in all teams and wards when revised and republished 2006 (currently out of stock). Electronic copy on Trust intranet http://elcmhtintranet/uploads/Policies/Safeguarding Children Policies/London Child Protection Procedures .pdf |
| <i>Inter-Agency Referral Form for Children in Need of Support or Protection</i> | London Child Protection Committee | Electronic copy on Trust intranet http://elcmhtintranet/uploads/Templates and Forms/SafeChild/Inter-Agency Referral Form for Child in Need of Support or Protection.doc |
| <i>Leaflet - Trust Staff available to discuss issues relating to Child Protection or Children in Families in Need of Support</i> | East London and The City Mental Health Trust 2006 | Electronic copy on Trust P drive: P/Child Protection and Safeguarding Children/Safeguarding Children Team/Team Leaflet |
| <i>Joint Protocol – Interagency Working Arrangements between Adult Mental Health Services and Children and Families Services 2002</i> | Hackney Council, East London and The City Mental Health Trust, City and Hackney Primary Care Trust Endorsed by City and Hackney Area Child Protection Committee | Ring binder available in each team and ward in City and Hackney Under review. |
| <i>Draft Joint Protocol Between Hackney Drug and Alcohol Services and Children and Families Services</i> | Will be: Hackney Council, East London and The City Mental Health Trust, City and Hackney Primary Care Trust Endorsed by City and Hackney ACPC | Currently being drafted. |
| <i>Parenting and Mental Illness Joint Protocol 2003</i> | Tower Hamlets Council and East London and The City Mental Health Trust | Leaflet available in each team and ward in Tower Hamlets. |
| <i>Children’s Resource Pack – advice and information for adult mental health staff when a parent has a mental illness 2004</i> | Tower Hamlets Council and East London and The City Mental Health Trust | Ring binder available in each team and ward in Tower Hamlets. |
| <i>The Safe Parenting Handbook 2004</i> | Newham Area Child Protection Committee and Sure Start Newham Tower Hamlets Area Child Protection Committee | Booklet available for each team and ward in Newham from Safeguarding Children Team On Tower Hamlets ACPC website |
| <i>ELCMHT Policy on Children and Young People Visiting Service Users in Hospital</i> | East London and The City Mental Health Trust 2006 | Electronic copy on Trust intranet http://elcmhtintranet/uploads/Policies/Safeguarding Children Policies/Child Visiting Policy.pdf |
| <i>ELCMHT Safeguarding Children Policy</i> | East London and The City Mental Health Trust 2006 | Electronic copy on Trust intranet |

Government Legislation and Guidance

| Title | Publisher | Date | Notes |
|--|---|------|---|
| <i>The Children Act 1989</i> | HM Government | 1991 | Remains in force after new Children Act 2004 |
| <i>The Children Act 2004</i> | HM Government | 2005 | Complements, does not replace Children Act 1989 |
| <i>Working Together to Safeguard Children</i> <i>A guide to inter-agency working to safeguard and promote the welfare of children</i> | HM Government | 2006 | The full text of this publication is available on the internet: www.doh.gov.uk |
| Framework for the Assessment of Children in Need and their Families | Department of Health, Home Office and Department for Education and Employment | 2000 | The full text of this publication is available on the internet: www.doh.gov.uk |
| <i>What To Do If You're Worried a Child is Being Abused</i> <i>A4 booklet and A5 summary</i> | Department of Health, Home Office, Department for Education and Skills, Department for Culture, Media and Sport, Office of the Deputy Prime Minister and the Office of the Lord Chancellor. | 2003 | <i>Ask one of the Safeguarding Children Team for a free A5 copy.</i> |
| Safeguarding Children in Whom Illness is Fabricated or Induced | Department of Health, Home Office, Department for Education and Skills, Welsh Assembly Government | 2002 | Electronic pdf copy on Trust P drive: P/Child Protection and Safeguarding Children /government documents. Includes role for forensic psychiatrists. |
| Green Paper – Every Child Matters | MH Government | 2003 | Paved the way for the Children Act 2004 and Common Assessment Framework http://www.everychildmatters.gov.uk/publications |
| National Service Framework for Children, Young People and Maternity Services | HM Government | 2004 | 11 standards to be implemented over next 10 years. |
| Common Assessment Framework for Children | HM Government | 2005 | Framework out for consultation Nov 2004. To be rolled out by 2008. http://www.everychildmatters.gov.uk/publications |
| Mental Health Act 1983 Code of Practice Guidance on the visiting of psychiatric patients by children | Department of Health Health Service Circular HSC 1999/222 | 1999 | Electronic pdf copy on Trust P drive: P/Child Protection and Safeguarding Children/government documents |
| Responding to Domestic Abuse; a Handbook for Health Professionals | Department of Health | 2005 | The full text of this publication is available on the internet: www.doh.gov.uk Gateway reference 5802 |
| Safeguarding Children and Young People: Roles and Competences for Healthcare Staff | Intercollegiate document supported by the Department of Health | 2006 | http://www.rcpch.ac.uk/publications/recent_publications/Latest_news/safeguarding/safeguarding_children.pdf |

Royal College of Psychiatrists Council Reports

All these reports can be found on the Trust's (P): drive. Look in P/Child Protection and Safeguarding Children/Royal College Psychiatrists Reports. <http://www.rcpsych.ac.uk/publications/collegereports/councilreports.aspx>

| Title | Author(s) | Report Number | Dates | Notes |
|--|---|---------------|------------|---------------------------|
| <i>Child Abuse and Neglect: the role of mental health services</i> | Edited by Danya Glaser | CR120 | April 2004 | Due for review 2006 |
| <i>Patients as Parents Addressing the needs, including the safety, of children whose parents have mental illness</i> | Editors Dr Adrian Falkov, Dr Caroline Lindsey Working party included Dr Alyson Hall, Consultant Child and Adolescent Psychiatrist and Named Doctor for Child Protection for ELCMHT | CR105 | June 2002 | Due for Review 2007 |
| <i>Domestic Violence</i> | Working group chaired by Dr Gillian Mezey and included Dr Alyson Hall, Consultant Child and Adolescent Psychiatrist and Named Doctor for Child Protection for ELCMHT | CR102 | April 2002 | Due for review 2005 |
| <i>Perinatal Maternal Mental Health Services</i> | Margaret Oates FRCPsych | CR88 | April 2000 | Due for review 2005 |
| <i>The Treatment of Perpetrators of Child Sexual Abuse</i> | Psychotherapy Section of Royal College of Psychiatrists | CR31 | March 1994 | Due for review March 1999 |

Other National Reports

| Title | Publisher | Date | Notes |
|--|---|-----------|--|
| <i>Hidden Harm – Responding to the needs of children of problem drug users</i> | The Report of an Inquiry by the Advisory Council on the Misuse of Drugs | June 2003 | A 16 page Executive summary is also available |
| <i>Mainstreaming Gender and Women's Mental Health, Implementation Guidance</i> | Department of Health | Sept 2003 | Section 8.3 Women who are mothers Section 8.8 Perinatal women |
| <i>The Chief Nursing Officer's Review of the nursing, midwifery and health visiting contribution to vulnerable children and young people</i> | Department of Health | Aug 2004 | Gateway reference - 3244 |
| <i>Sixth Report of the Confidential Enquiry into Maternal Deaths in the UK 2000-2002</i> | Department of Health | Nov 2004 | These are now published every 2 years so there are earlier reports available |
| <i>Families that have alcohol and mental health problems: a template for partnership working</i> | Social Care Institute for Excellence (SCIE) | June 2003 | Social Care Institute for Excellence (SCIE) |
| <i>Alcohol, Drug and Mental Health Problems: working with families</i> | Social Care Institute for Excellence (SCIE) | June 2003 | Social Care Institute for Excellence (SCIE) |
| <i>Safeguarding Children and Adolescents detained under the Mental Health Act 1983 on adult psychiatric wards</i> | Mental Health Act Commission | Dec 2004 | Reference - MHAC/112/04 |

Books

| Title | Author(s) | Publisher | Dates |
|--|---|---|----------------|
| <i>Child Protection and Mental Health Services – inter-professional responses to the needs of mothers</i> | Nicky Stanley, Bridget Penhale, Denise Riordan, Rosaline S.Barbour and Sue Holden | The Policy Press www.policypress.org.uk ISBN 1-86134-427-9 | 2003 |
| <i>Children Caring for Parents with Mental Illness – perspectives of young carers, parents and professionals</i> | Jo Aldridge and Saul Becker | The Policy Press www.policypress.org.uk ISBN 1-86134-399-X | 2003 |
| <i>Living with Risk – mental health service user involvement in risk assessment and management</i> | Joan Langan and Vivien Lindow | The Policy Press www.policypress.org.uk ISBN 1-86134-596-8 | April 2004 |
| <i>Social Work, Domestic Violence and Child Protection – challenging practice</i> | Catherine Humphreys | The Policy Press www.policypress.org.uk ISBN 1-86134-190-3 | 2000 £12.99 |
| <i>Child Protection and Adult Mental Health – Conflict of Interest?</i> | Amy Weir and Anthony Douglas | Butterworth Heinemann www.bh.com ISBN 0 7506 2904 5 | 1999 |
| <i>The Child in Mind – A Child Protection Handbook for health professionals</i> | Judy Barker and Deborah Hodes | Routledge ISBN 0 415 32175 1 | 2004 |
| <i>Women in Transition – A Study of the experiences of Bangladeshi women living in Tower Hamlets</i> | Chris Phillipson, Nilufar Ahmed and Joanna Latimer | The Policy Press www.policypress.org.uk ISBN 1 86134 510 0 | 2003 |
| <i>Social Work, Domestic Violence and Child Protection</i> | Catherine Humphreys | The Policy Press www.policypress.org.uk ISBN 1 86134 190 3 | 2000 |
| <i>Living with Risk – mental health service user involvement in risk assessment and management</i> | Joan Langan and Vivien Lindow Joseph Rowntree Foundation | The Policy Press www.policypress.org.uk ISBN 1 86134 596 8 | 2004 |
| <i>Parental Psychiatric Disorder – distressed parents and their families</i> | Edited by Michael Gopfert, Jeni Webster and Mary V Seeman | Cambridge University Press www.cambridge.org ISBN 0 521 45892 7 | 2006 |
| <i>Family Matters – Interfaces between Child and Adult Mental Health</i> | Edited by Peter Reder, Mike McClure and Anthony Jolley | Routledge ISBN 0 415 22217 6 | 2000 |

Appendix 8

Safeguarding Children Team and Trust Legal Adviser Contact Details

| Name | Position | Tel No | Email | Address |
|------------------|--|--|--|---|
| Lynne Hunt | Director of Nursing and Quality (Lead Director for Safeguarding Children) | Wk: 020 7655 4059 | Lynne.Hunt@elcmht.nhs.uk | Trust HQ, East One 22 Commercial Street, Aldgate London E1 6LP |
| Jan Pearson | Associate Director for Safeguarding Children | Wk: 020 7655 4136 Mob: 07971 664232 | Jan.Pearson@elcmht.nhs.uk | Trust HQ, East One 22 Commercial Street, Aldgate London E1 6LP |
| Kelly Marshall | Team Administrator | Wk: 020 7655 4048 Mob: 07974 723349 | Kelly.Marshall@elcmht.nhs.uk | Trust HQ, East One 22 Commercial Street, Aldgate London E1 6LP |
| Marion Delaney | Named Nurse for Safeguarding Children (City and Hackney) | Wk: 020 8533 6116 Mob: 07855 342711 | Marion.Delaney@elcmht.nhs.uk | South East Mental Health Team 26 Shore Road, Hackney London E9 7TA |
| Linda Geddes | Named Professional for Safeguarding Children (Newham) | Wk: tbc Mob: 07891 865051 | Linda.geddes@elcmht.nhs.uk | 1st Floor, Unit 9 Stratford Office Village 4 Romford Road, Stratford London E15 4EA |
| Emma Hutton | Named Nurse for Safeguarding Children (Tower Hamlets) | Wk: 020 7791 3701 Mob: 07891 862029 | Emma.Hutton@elcmht.nhs.uk | 3 rd Floor Steels Lane Health Centre 384-398 Commercial Road Tower Hamlets London E1 0LR |
| Alyson Hall | Consultant Child and Adolescent Psychiatrist/Named Doctor (Tower Hamlets) | Wk: 020 7515 6633 | Alyson.Hall@elcmht.nhs.uk | Emanuel Miller Centre 11 Gill Street, Tower Hamlets London E14 8HQ |
| Cathy Lavelle | Consultant Child and Adolescent Psychiatrist/Named Doctor (Newham) | Wk: 020 7055 8400 | Cathy.Lavelle@elcmht.nhs.uk | CFCS, York House 411 Barking Road, Newham London E13 8AL |
| Susan Woollacott | Consultant Child and Adolescent Psychiatrist/Named Doctor (City and Hackney) | Wk: 020 8809 5577 | Susan.Woollacott@elcmht.nhs.uk | John Scott Health Centre Green Lanes, Hackney London N4 2NU |
| Jane Quinn | Head of Consumer Relations and Legal Affairs | Tel: 020 7655 4064 Fax: 020 7655 4076 | jane.quinn@elcmht.nhs.uk | Trust HQ, East One 22 Commercial Street, Aldgate London E1 6LP |

Appendix 9
Child Protection Conference Report Pro-forma
for Adult Services to use

to follow when approved

Appendix 9
Child Protection Conference Report Pro-forma
for CAMHS to use

to follow when approved