

London mental health Trusts network of safeguarding children professionals

Notes of the sixth meeting held on January 9th 2008 at Wellington House, Waterloo Road.

Approved 25/4/2008

1.0 Present:

Emma	Addison	SLaM
Christine	Christie	London SCB
Ian	Dean	London SCB
Toby	Humphreys	SLaM
Helen	Knight	SLaM
Sue	Lewis	SLaM (Notes)
Jan	Pearson	East London (Chair)
Colman	Pyne	BEH MHT
Sarah	Turner	Oxleas
Malcolm	Wiseman	SLaM

2.0 Apologies:

Kathy	Brooks	East London
Diana	Cassell	SWL & St George MHT
Marion	Delaney	East London
Linda	Geddes	East London
David	Lawler	Tavistock and Portman
Steph	Sollosi	CSIP
Susan	Woolacott	East London
Cressida	Zeilinski	WLMHT

3.0 Welcome and introductions

Attendee list appended [Appendix 1]

4.0 Notes of last meeting held on October 4th 2007.

These were agreed as correct

5.0 Matters arising from the last meeting:

5.1 Item 5. London Board website.

http://www.londonscb.gov.uk/mental_health_network/

Actions: EA and HK, SLaM to send joint agency protocols to ID for the site from Lewisham and Southwark SCB's respectively. ID will indicate on the site that these protocols only apply to the borough for which they are written.

There was a discussion on protected subsets of information. It was agreed that contact names [attached] would not be protected. **Action:** ID will post the network contact names on the site.

There is limited information on the site. **Action:** ID will contact the network with a request for information for the site.

5.2 Item 8. Health structures for London and networks.

Structure chart of subgroups was tabled. They can be accessed via the LSCB website. CC outlined the work of each subgroup / network.

5.2.1 Health network:

Membership comprises members of LSCB subgroups. **Action:** Network members to send lists of staff sitting on LSCB subgroups to ID so he can put them on the health network. This may explain why members have not been included in the health network mailing list.

5.2.2 ICS and data set initiative:

CC reported on this. The Integrated Children's electronic system: This does not contain functionality to allow the whole family connections to be viewed together. CC advised the LSCB will accept a paper from the network on this and the LSCB representative can present to the DCSF – Department for Children Schools and Families. Some boroughs have contracted front end software to enable this. **Action:** Members should alert their ICT directors to need to identify family connections.

Money has gone to LSCBs with a consultant managed by Waltham Forest to support LSCBs to assure themselves that children are safe. This will identify demographics such as accidental deaths, children subject of protection plans to indicate how safe children are in an area. The pilot is running to March.

5.2.3 Sexual abuse subgroup:

There will be three meetings this year. The next is on July 10th when TW and MW from SLaM are presenting. Sexual abuse subgroup is 18/6/2008.

5.2.4 Training subgroup:

This is in abeyance.

5.2.5 FGM:

This group is specifically for issues related to maternity services for now.

5.2.6 BME group:

This is a high level group and the FGM subgroup reports into it.

5.3 Item 9. Integration of SCR and NHS SUI processes:

This is the subject of the next health network meeting on 21/2/2008. SL outlined some of the issues. CC will incorporate these into the programme.

5.4 Item 11. Joint workshop with LSCB development officers on integration between children and adult services:

CC reported on this. **Action:** The next seminar will focus on this drawing on work from Crossing Bridges, parental mental health networks and the Family Welfare Association.

6.0 Terms of Reference

Safeguarding children representative seconded to NHS London, Briony Ladbury, will attend the meeting April 25th 2008

Network commission from CSIP / SS to overview key themes and challenges facing London MH Trusts in respect of safeguarding children.

SS has sent an amended report to JP for updating following discussion at the last meeting. **Action:** JP will finalise the report from the network and consider with CC how this will be presented to the chief executive group for mental health Trusts.

7.0 London CP procedures:

There is a new smaller print run in January 2008. Members should order via LSCBs. Feedback will be received every year and consulted on before annual amendments are made in each September. Typographical changes will be automatic. Annual summative comments will be incorporated into the next full revision.

London Review of London Serious Case Reviews.

This is a confidential report for Chair's of LSCBs.

Action: Trusts should invite LSCB development officers to present London Review of SCRs to Trust SC committees with a focus on MH findings.

The Review of reviews has been useful in highlighting themes e.g. domestic violence, parental mental ill health and issues in relation to BME families.

JP scrutinises all incidents involving children including those of adult patients in East London Trust to identify if there are safeguarding issues including where a parent is murdered. Useful learning has arisen from this.

8.0 Reports from subgroups:

Training minimum standards:

EA tabled the report from the subgroup with reference to the Intercollegiate Document. No comments had been received. **Action:** Attach with the minutes. Feedback to be sent to EA by March 25th 2008

Serious Case Reviews:

London health network meeting of February 21st 2008 will include presentations from E London and SLAM on models of integration of health and LSCB procedures.

Infrastructures:

The subgroup has met twice. **Action:** JP is drafting findings from the group.

11 Future dates in 2008
April 25th 9.30 am – 1 including lunch

London mental health Trusts network of safeguarding children professionals. Notes of January 9th 2008

July 3rd 9.30 am – 1 including lunch
Room bookings requested from: Robin Partridge. 0207 972 1230
m 07870 996 470 Robin.Partridge@dh.gsi.gov.uk; Details to be confirmed by SL.

Minute date		Topic	Action Log	Resp. person	Outcome
09/01/2008	1	London SCB website	Send joint agency protocols to ID	HK and EA	
09/01/2008	2	London SCB website	The site will indicate that these protocols only apply to the borough for which they are written.	ID	
09/01/2008	3	London SCB website	Network names to be posted on the site	ID	
	4		Contact network members for information for the site	ID	
09/01.2008	5	LSCB health network members not on the mailing list.	Network members to send lists of staff sitting on LSCB subgroups to ID so he can put them on the health network.	MH network members and ID	
09/01.2008	6	MH Network members are not on the Health network mailing list.	List of MH network members to be sent to ID.	JP / SL	SL sent attached network list to ID 30/1/2008
09/01.2008	7	Whole family view on ICT systems	ICT members to alert ICT directors of the need to identify whole family 'records/links'.	Network members	Network members
09/01.2008	8	Integration between child and adult services	Seminar	CC / ID	
09/01.2008	9	Network commission from CSIP / SS	Finalise the report from the network and consider with CC how this will be presented to the chief executive group for mental health Trusts.	JP	
09/01.2008	10	Confidential First Annual Report – Summary Findings for MH.	Clarify with the LSCB co ordinator if this can be placed on the MH site.	CC / ID	
09/01.2008	11	London Review of SCRs	Trusts should invite SCB development officers to present to Trust CP committees with a focus on MH findings.	All	
09/01.2008	12	Infrastructures	JP will draft the findings of the subgroup into a report	JP	

London NHS Mental Health Trusts Safeguarding Children Network Members. Updated January 2008.

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**London Mental Health Trust Safeguarding Children's
Network.
Draft Standards for Safeguarding Training.**

5.12.07

1.0 Introduction

The London Mental Health Safeguarding Children's Network convenes 3 monthly to review and promote the safeguarding agenda across Mental Health Trusts in London.

The group has many aims but is particularly concerned with promoting parity of safeguarding training delivery within Mental Health Trusts across London.

Safeguarding training delivery across a number of London Mental Health Trusts has been reviewed.

This document outlines minimum training standards that Mental Health trusts should be delivering in their local areas in accordance with current national and Pan London guidance. It utilises best practice from current training programmes being delivered across London's Mental Health Trusts.

2.0 Responsibilities

Working Together [2006] states that

'All Staff working with children should attend training in safeguarding and promoting the welfare of children, and should have regular updates as part of any post-registration educational programme.

Employers have a responsibility to ensure that all staff, including administrative staff, are given opportunities to attend local courses in safeguarding and promoting the welfare of children, or to ensure that safeguarding is provided within the team.

All health care organisations have a duty under the children act 2004 to make arrangements to promote the welfare and safety of children. Chief executives are required in law to enable staff to meet these requirements'.

3.0 Aims

As stated in Working Together 2006, all health professionals who work with children and families should be able to:

- Understand the risk factors and recognise children in need of support and/or safeguarding.
- Recognise the needs of parents who may need extra help in bringing up their children and know where to refer for help.
- Recognise the risks of abuse to the unborn child.
- Contribute to enquiries from other professionals about children and their family or carers
- Liaise closely with other agencies, including other health professionals.
- Assess the needs of children and the capacity of parents/carers to meet their children's needs, including the needs of children who display sexually harmful behaviour.
- Plan and respond to the needs of children and their families particularly those who are vulnerable.
- Contribute to child protection conferences, family group conferences and strategy discussions.
- Contribute to planning support for children at risk of significant harm, e.g. children living in households with domestic violence or parental substance misuse.
- Help ensure that children who have been abused and parents under stress (e.g. those who have mental health problems) have access to services to support them.
- Play an active part through the child protection plan, in safeguarding children from significant harm.
- As part of safeguarding children and young people, providing ongoing promotional and preventative support, through proactive work with children, families and expectant parents.
- Contribute to serious case reviews and their implementation.

4.0 Levels of Child Protection Training

The Safeguarding Children and Young People, Roles and Competencies for Health Care Staff (Intercollegiate Document, 2004) is a generic training competency framework. This document tiers training into different levels based on complexity and its target audience. 6 levels of training have been identified, which allow professionals to be appraised and trained dependant on their roles relating to safeguarding.

4.1 Level 1 – For all staff working in health care settings [Induction/Basic awareness]

Safeguarding children basic awareness training is mandatory for all new staff and should be provided as part of Trust Induction Programmes. This applies not just to clinicians but also managers, administrative staff, receptionists, and domestic staff etc.

Level 1 training must include [not a comprehensive list];

- Understanding what constitutes child abuse.
- Knowing the range of physical, emotional, sexual abuse and neglect.
- Know what to do when there are concerns that a child is being abused.

The minimum standard is attendance at basic awareness training followed by 3 yearly updates.

4.2 Level 2 – Staff that work with adults.

These staff need to be aware of the impact that a parent's or carer's mental health may have on a child. They should be aware of the risk factors related to domestic violence and substance misuse and have knowledge of the different categories of abuse and the associated signs and symptoms. They also need to have an understanding of what to do if they think a child is being abused and the procedures to be followed.

Level 2 training must include [not a comprehensive list];

- As level 1.
- recognising child abuse.
- Be able to adequately document their concerns.
- Knowing who to inform.
- Understanding the next steps in the child protection process.

Level 2 safeguarding training should be repeated every three years.

4.3 Level 3 – All staff that work predominantly with children, young people and parents.

Professional staff who work predominantly with children, young people and Local leads for Safeguarding Children.

Level 3 training must include [not a comprehensive list];

- As level 2
- Knowledge of the implications of key national documents and reports.

- Risk Management.
- Multi agency working.
- Contributing to Serious Case Reviews.
- Presenting child concerns in a child protection conference.

Level 3 safeguarding training should be refreshed every year.

4.4 Level 4 – Specialist Roles and Named Child Protection Professionals.

Level 4 training must include [not a comprehensive list];

- As level 3
- Provision of sound policy advice.
- Cascading information throughout the health service.
- Teaching and training.
- Serious Case Review report writing.
- Writing child protection policies.

Level 5 and 6 training guidance applies mainly to Designated Professionals and experts.

5.0 Additional Child protection training particularly suitable for Mental Health Trusts.

The London Mental Health Safeguarding Children's Network advocates the implementation of the intercollegiate guidance on the delivery of safeguarding training. However we also acknowledge that Mental Health Trusts work with a unique client group and that locally planned safeguarding training should be individually designed to meet the needs of our client group that sometimes goes beyond the basic training outlined by the intercollegiate committee.

Mental Health Trusts should consider modifying existing training guidance to include an increased focus on;

- Adequate assessment of the safeguarding needs of children of Adult Mental Health and substance misuse service users.
- Promoting children's involvement in parent/guardians mental health care.
- Increasing confidence of adult mental health service professionals in talking to children.
- Increasing awareness of safeguarding issues concerning pregnant mothers with mental health issues.
- Safeguarding Training as part of clinical risk training

6.0 Particular Target Groups

Safeguarding training needs to be adapted to meet the requirements of specific professional groups within the Mental Health Trust.

Mental Health Act officers and administrators.

Mental Health Act Review Officers need to consider the needs of children when reviewing Mental Health Act Sections.

Consultants and Lead Professionals.

It is essential that senior professional access the appropriate level of training and are reminded of its priority. Senior professionals have a key role in decision making that will impact on the safety of children.

Trust Executive.

The Trust Executive has a key role in ensuring safeguarding strategy is implemented across the trust, including specific safeguarding responsibilities for,

- Information technology ie safe and secure systems for sharing information.
- Human resources ie safe recruitment.
- Finance ie budgeting to include plans to promote the welfare of children.
- Services Directors to include safeguarding as part of annual business plans.

7.0 Summary

The London Mental Health Safeguarding Children's Network are committed to delivering quality training to safeguard and promote the welfare of children and young people across London.

This guidance is intended to promote parity of training across London Mental Health Trust . It outlines the responsibilities of Trust to ensure standards of safeguarding training as outlined in London and national guidance and identifies the levels of training required for each health care worker.

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