Camden and Islington
NHS Foundation Trust

SAFEGUARDING CHILDREN
MAY 2017

This policy supersedes all previous policies for Safeguarding Children

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Document history

Date	Version	Summary of amendments
September 2010	1	First draft circulated for comments
February 2011	2	Amended and re-circulated
December 2013	3	Updated
February 2016	4	Updated
May 2016	5	Inclusion of new paragraphs to become compliant with national policy and practice
May 2017	6	Comprehensive revision and inclusion of referral pathway guidance

Membership of the policy development/ review team	Alwyn Davies – Safeguarding Manager Deborah Wright – Head of Social Care and Social Work Jackie Dyer – Designated Nurse, Camden CCG
Consultation	C&I Safeguarding Committee Camden CCG Islington CCG

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Further copies of this document can be found on the Foundation Trust intranet.

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1. INTRODUCTION

1.1 Camden & Islington NHS Foundation Trust recognises its responsibility for protecting and safeguarding the welfare of children. The Trust acknowledges its responsibility to take all reasonable steps to promote safe practice and to protect children from harm, abuse or exploitation; and to work in collaboration with partner agencies to continually drive up quality.

1.2 Responsibilities for safeguarding are enshrined in legislation. The Trust has a legal duty under Section 11 of the Children Act 2004 to make appropriate arrangements to safeguard and promote the welfare of children.

1.3 For the purposes of this policy, as defined by the Children Acts (1989 and 2004 respectively) a child or young person is anyone who has not yet reached their eighteenth birthday. For the purposes of child protection this includes the unborn child.

1.4 Everyone who comes into contact with children and families has a role to play in safeguarding. Safeguarding and promoting the welfare of children is the process of:

- protecting children from maltreatment;
- preventing impairment of children's health or development;
- ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and
- taking action to enable all children to have the best life chances

1.5 Abuse is a form of maltreatment of a child. 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 others (e.g. via the internet). They may be abused by an adult or adults, or another.

1.6 The four categories of child abuse are'

- Physical,
- Emotional
- Sexual Abuse
- Neglect (Appendix 2)

1.7 Significant Harm is the threshold that justifies the compulsory intervention in family life in the best interests of children – the point at which Local Authority Social Care Services must be involved

1.8 Working Together to Safeguard Children (2015) (national guidance) states that each Agency must follow the child protection procedures agreed by the Local Safeguarding Children Board (LSCB). Camden and Islington LSCB's have formally adopted the London Child Protection Procedures (5th Edition 2016).

1.9 This Policy should therefore be read in conjunction with the following statutory, national and pan-London safeguarding children guidance:

- **The Children Act (1989 and 2004)**
  http://www.legislation.gov.uk/ukpga/1989/41/contents
  http://www.legislation.gov.uk/ukpga/2004/31/contents

- **Working Together to Safeguard Children (2015)**
  https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

- **London Child Protection Procedures (5th Edition 2016)**
  http://www.londoncp.co.uk/index.html

1.10 These documents are available to all staff and can be accessed via the Trust Safeguarding Intranet Site. They can also be found on the London Safeguarding Children Board, Camden Safeguarding Children Board and Islington Safeguarding Children Board Websites via the following links:

- **London Safeguarding Children Board**
  http://www.londonscb.gov.uk/

- **Camden Safeguarding Children Board**
  http://www.cscb-new.co.uk/

- **Islington Safeguarding Children Board**
  http://www.islingtonscb.org.uk/Pages/default.aspx

1.11 Good partnership working is essential within safeguarding children and individual practitioners should continue to develop relationships and work closely with colleagues across their local safeguarding system to develop ways of working that are collaborative, enable learning and effective information sharing.

2. POLICY STATEMENT

2.1 This policy sets out the statutory requirements for the Trust to discharge its appropriate accountability for safeguarding children, young people at risk of harm or abuse.

2.2 It defines the key principles required by all staff to enable them to safeguarding children and young people at risk of harm or abuse.

2.3 The policy sets out the collective and individual expectation for Trust staff to comply with safeguarding children legislation, codes of conduct and behaviours required as an employee of the Trust to enable them to fulfil their safeguarding children responsibilities.

2.4 The policy is specifically aimed at the continual improvement of services for children in terms of equity, effectiveness, safety, timeliness, efficiency and child-centeredness.

2.5 Trust Safeguarding Statement:
The Trust is committed to safeguarding and promoting the welfare of children, young people and vulnerable adults. All employees have a duty to be alert to potential vulnerabilities in children and adults, and to know what to do if they have concerns. All staff are expected to be aware of and implement Trust's safeguarding policies and procedures.

3. SCOPE OF THE POLICY

3.1 The interpretation of the definition of safeguarding within this policy is necessarily broad as there is a wide range of risks of abuse or neglect that can result in harm to children and adults. Effective safeguarding arrangements seek to protect individuals from harm caused by abuse or neglect occurring regardless of their circumstances. The arrangements set out within this policy will apply whenever a child is at risk of abuse or neglect; regardless of the source of that risk.

3.2 Section 11 of the Children Act (2004) states that:

"All public sector agencies providing services to children, including local authorities and all NHS bodies, "must make arrangements for ensuring that their functions are discharged having regard to the need to safeguard and promote the welfare of children".

3.3 Decisions regarding children in need or at risk of harm are often made in difficult circumstances and fine judgments are required about the significance of information.

3.4 Whilst Local Authority Children and Young People's Services have legal powers to protect children, government legislation and guidance directs all agencies, including services delivered by Mental Health Trust's to play their part in safeguarding children in a pro-active way.

3.5 It is essential that all agencies and their staff recognise that safeguarding children is everyone's business.

4. AIMS AND OBJECTIVES

4.1 The purpose of this policy is to ensure that all Trust staff:

- Are aware of their responsibilities in relation to children and young people;
- Have clear, detailed information and procedures about the steps needed to safeguard children who may be at risk of significant harm;
- Know when they must refer children to the Local Authority Children and Families Services and the process for doing this;
- Are able to access advice to help them implement safeguarding procedures for individual cases; and
- Can identify and access any other relevant policies to cover specific circumstances

5. DUTIES AND RESPONSIBILITIES

1 This policy applies to all employees of Camden & Islington NHS Foundation Trust including secondees, volunteers, students, honorary appointees, trainees, contractors, and temporary workers, including locum doctors and those working on a bank or agency contract.

2 For ease of reference, all employees and workers who fall under these groups will be uniformly referred to as "staff" within this document.

3 *"No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with the Local Authority Children's Social Care"*

(Working Together to Safeguard Children, 2015)

4 The task of monitoring inter-agency co-operation falls to the Local Safeguarding Children Board (LSCB).

5 The wider context continues to change in response to the findings of large scale inquiries, such as the Francis[1] and Lampard[2] reports, and new legislation. There has also been revised statutory and intercollegiate guidance[3]; all reflected in this policy.

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[1] The Francis Inquiry investigated the quality and safety failing in Mid Staffordshire Foundation NHS Trust http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/

[2] The Lampard Inquiry investigated the activities of Jimmy Savile in the NHS https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned

[3] Safeguarding Children and Young People: Roles and Competences for Health Care Staff – Intercollegiate Document - Third Edition (2014) http://www.rcn.org.uk/__data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

6 It remains the responsibility of every NHS funded organisation and each individual healthcare professional working in the NHS to ensure that the principles and duties of safeguarding are holistically, consistently and conscientiously applied, with the well-being of children at the heart of what is done.

7 *Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)*[4] outlines the roles and responsibilities of the health service in relation to safeguarding and defines the safeguarding responsibility and duty of Health Provider organisations. These safeguarding responsibilities and duties are found in Appendix 4.

5.1 Trust Roles and Responsibilities

The Trust is required to demonstrate safeguarding leadership and commitment and be fully engaged and in support of local accountability and assurance structures within Camden & Islington Safeguarding Children Boards. Safeguarding assurance is provided by the Trust in a range of metrics, which covers staff training, supervision and quality measures achieved through single and multi-agency audits.

The Trust is required to have, an Executive Lead Director for Safeguarding, a Named Doctor and a Named Nurse/Professional Safeguarding Children.

5.2 Trust Board

It is the responsibility of the Trust Board to lead and promote the development of initiatives to improve the prevention, identification and response to abuse and neglect in the Trust. The Trust Board will ensure that there are sufficient resources for safeguarding children arrangements and activities (e.g. infrastructure, training, awareness raising, support for staff and capacity to carry out the safeguarding processes). This responsibility has been delegated to the Trust Safeguarding Committee which monitors progress of all safeguarding arrangements and activities, reporting and providing assurance to the Trust Board via the Trust Quality Committee.

5.3 Trust Executive Lead Safeguarding

The lead Executive Director for Safeguarding is the Director of Nursing and People chairs the Trust Safeguarding Committee, reports to the Trust Board and is responsible for ensuring that all major strategic decisions taken by the Trust take safeguarding into consideration.

A Non-executive Director for safeguarding has also been appointed, to ensure the Trust Board is held to account for safeguarding.

The Chief Operating Officer is the Trust's representative at the Local (Camden and Islington) Safeguarding Children Boards (LSCBs).

5.4 Trust Safeguarding Manager

The Trust Safeguarding Manager is also the Named Professional for Safeguarding Children, reports to the Head of Social Work and Social Care and is accountable to the Director of Nursing and Performance.

The Trust Safeguarding Manager is responsible for overseeing safeguarding activity within the Trust; including ensuring there is appropriate oversight of serious safeguarding children

[4] Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework" (2015) https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

cases, and ensuring the Trust has robust links with the Local Safeguarding Children Safeguarding Boards in Camden and Islington.

The Trust Safeguarding Manager and Named Doctor Safeguarding Children are the Professional Leads within the Trust and offer a source of expert advice internally and externally.

5.5 Associate Divisional Directors and Senior Service Managers

Associate Divisional Directors and Senior Service Managers are responsible for ensuring safeguarding is embedded in the work of operational services and that staff are competent in their safeguarding activities. Associate Directors attend the Trust Safeguarding Committee; ensuring new initiatives and practices are fed back through their divisions. Each Division has a Divisional Social Work Lead with one day a week to increase divisional focus and commitment to safeguarding.

5.6 Team/Service/Line Managers

Team/Service Managers are responsible for championing the work of safeguarding within their operational remit. Team Managers oversee, advise and support their staff on safeguarding matters (e.g. ensuring that they; focus on children and young people in their work with adults service users identifying any unmet needs and risks, know how to make a safeguarding children referral, understand what and where to record safeguarding information, receive regular and effective safeguarding support, supervision, training and development).

Where actions emerge that can be taken to improve the Trust's safeguarding systems and processes Team Managers will inform the Trust Safeguarding Manager.

Team Managers will work with the Trust's Learning and Development Department to liaise on the training and developmental needs of their staff and oversee their staff team compliance with training and supervision ensuring it is recorded as required and effectively embedded and evident in practice.

Team/Service/Line Managers are responsible for complying with HR Policies on safe recruitment; approving only satisfactory references and ensuring that all staff in contact with vulnerable adults have appraisal, objective setting and a Personal Development Plan that supports them in recognising and acting on abuse and neglect.

5.7 Human Resources (HR) Department

The Associate Director for HR is responsible for ensuring that safe recruitment processes are in place for the management of recruitment including safeguarding checks. The Human Resource Department also ensures that job descriptions include the Trust safeguarding statement and monitor Trust compliance with the Disclosure and Barring Service (DBS)[5].

5.8 Learning and Development Department

The Learning and Development Department Induction and Mandatory Training Manager is responsible for coordinating safeguarding induction and training and ensuring that there are enough places available for staff to attend at appropriately identified levels.

Attendance at safeguarding training is accurately recorded on the Electronic Staff Record to enable training reports to be generated and staff compliance reports are provided to the

[5] The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, including children. It replaces the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA)
https://www.gov.uk/government/organisations/disclosure-and-barring-service

Trust Safeguarding Committee quarterly, Camden and Islington Safeguarding Children Boards on request, Camden and Islington Clinical Commissioning Groups quarterly via the KPI (key performance indicators) matrix and Service / Team managers regularly to enable effective monitoring of team compliance and address any gaps.

The Learning and Development Department will liaise closely with the Safeguarding Manager to ensure suitable safeguarding training is in place, and that staff are able to access the safeguarding children training delivered by the Camden and Islington Safeguarding Children Boards.

5.9 All Staff

All Trust staff, in whichever setting they work, have a responsibility to safeguard children at risk of abuse or neglect. They must ensure that they:

- Are aware about what to do to safeguard a child or young person;
- Have an understanding of the Trust safeguarding-related policies and guidance and ensure that their practice is compliant with and reflective of Trust, borough, pan-London and national guidance and procedures. Know how to access these documents;
- Work in collaboration and partnership with other agencies to ensure the safety and well-being of children and young people;
- Access the appropriate safeguarding children training reference this section and access where training , support and supervision;
- Respond quickly and effectively to communicate and follow-up on concerns they may have regarding children and young people; ensuring they are aware of the local processes and pathways in place to refer a child or young person to the appropriate Local Authority Children's Social Care Team; and
- Document concerns, response and interventions in a clear, timely and child-centered way focusing on achieving an outcome that safeguards and protects the child or young person; taking in to account their views, wishes and needs.

Trust Staff will play a vital role in relation to safeguarding and promoting the welfare of children by:

- Identifying children who are being, or have been abused, exploited, or neglected;
- Making referrals to Local Authority Multi-Agency Safeguarding Hub (MASH), Early Help or Child Protection Teams; establishing if a child is in need of support or protection;
- Contributing to Section 47 Child Protection Inquiries, Child Protection Case Conferences and Reviews;
- When elected to membership of a core group, attending and contributing as required in accordance with Local Safeguarding Children Board (LSCB) procedures;
- Providing relevant information for other Agencies and Courts where necessary;
- Supporting parents or carers to care for dependent children and keep them safe;
- Advising parents and / or carers about the impact their mental illness, and / or substance misuse may have on their children (including unborn babies);
- Identifying when the impact of the Service User's mental illness or substance misuse is likely to, or is, impairing their child's health and development; and take action to share information and work together to provide children and young people with the help they need and safeguard;
- Use a "Think Family Approach" to focus on the needs of the whole family to ensure that support is identified for both the child and the adult and delivered in a co-ordinated way to improve the outcomes for the whole family;
- Contributing to multi-agency assessments of children and their families;
- Liaising with other community services for children;
- Treating or working with adults who have been subject to child abuse; and
- Co-operating with LSCB Serious Case Reviews and with Serious Incident (SI) Investigations where children are affected

6. DEFINITIONS

6.1 Working Together to Safeguard Children (2015) defines safeguarding and promoting the welfare of children as:

- Protecting children from maltreatment;
- Preventing impairment of children's health or development;
- Ensuring that children are growing up in circumstances consistent with provision of sale and effective care; and
- Taking action to enable all children to have the best outcomes.

6.2 The safeguarding children glossary (taken from Working Together to Safeguard Children, 2015) is found in Appendix 2.

6.3 Definitions of harm and significant risk of harm are found within the legislation previously listed within this policy; with detailed definitions found in Appendix 3.

7. Safeguarding Management

7.1 Children and Young People Affected by this Policy

7.1.1 This policy applies to the following children and young people up to their 18th birthday:

- Unborn children of service users (i.e. those who are pregnant or expectant fathers) and who may be at risk of abuse;
- Children of service users whether living in the same household or not;
- Children who are related to service users - such as grandchildren, nephews, nieces, siblings, step-children, foster and privately fostered children;
- Children who live with, or are visited by service users;
- Any child who may have contact with a perpetrator about whom a service user has disclosed past abuse;
- Any children not listed above who may be at risk from a service user (e.g. service users who are in contact with children through paid work or volunteering opportunities);
- Children of staff members or volunteers, who have child abuse allegations made against them; and
- Any other children not listed above who may be at risk of harm based on knowledge, disclosures or information secured by staff in the course of their duties

7.1.2 The Trust Early Intervention Service (EIS) may see young people from the age of 14 years. There is Child and Adolescent Mental Health (CAMHS) input into the EIS to ensure young people receive a specialist service from appropriately trained staff.

7.1.3 Trust staff should also ensure that they have read and follow within their practice the *Admitting Young People to Mental Health Wards Policy (2016)*.

7.2 Risk Assessment and Safeguarding Children

All Trust Risk Assessments must include a documented assessment of any current or potential risk to children in the household or wider community. Some families may have some protective factors which may mitigate or lessen the risks to children and young people and these should also be part of the assessment.

Risk Assessment should explore and record:

- Misuse of drugs, alcohol or medication;
- Domestic violence (see Domestic Violence and Multi-Agency Risk Assessment Conference (MARAC) file on the safeguarding site of the intranet);

- History of any current or past involvement with Local Authority Children and Young People's Services for Children;
- If the child/ren are subject to a Child Protection or Child in Need Plan;
- The category of the Child Protection Plan e.g. emotional abuse, physical abuse, neglect or sexual abuse;
- Poor engagement with services;
- Non-compliance with treatment; and
- Protective factors e.g. presence of other adults (though there should not be an assumption that the presence of other adults is protective as the opposite may be the case), school attendance

Consideration should always be given to potential impact of parental mental illness and substance misuse on the following groups of children:

- Unborn children of service users who are pregnant or their partners;
- Children who are the offspring of service users, whether living in the same household or not;
- Children who are members of the extended family;
- Children who live in households shared with, or visited by, service users whether they are related or not; and
- Any child who may be currently in contact with a perpetrator about whom a service user has disclosed past abuse

7.3 Referrals to Local Authority Children's social Care

A referral to the Local Authority Children's Social Care should be made in the following circumstances:

- A child at risk of serious injury, profound neglect or death;
- Injury to a child as a result of adult's aggressive or dangerous behavior;
- A child being involved in the adult's delusional state or compulsive behaviors;
- A child is being neglected physically or emotionally;
- A child is considered at risk of / known to be a victim of sexual abuse or sexual exploitation;
- A child is living in a household where there is domestic violence, forced marriage, so call 'honour-based violence';
- The child is witness to disturbing behaviours arising from the mental illness e.g. repeated self-harm, disinhibited behaviours, suicide, violence, homicide. This also applies where a child does not live the 'unwell' parent or carer but has contact, which is unsupervised and or includes overnight stays or where the ability of the person supervising the child is unkown;
- A child is at risk of trafficking and being kept in conditions amounting to modern slavery; and
- A child is at risk of female genital mutilation (FGM);

7.4 Pregnant Women / Expectant Fathers / Partners

The needs of pregnant women / expectant fathers / partners who are known to Trust services and the impact their health needs may have on their unborn infant must be considered as soon as possible within the risk assessment. As pregnancy is a change in circumstances for all service users therefore a multi-agency disciplinary, planning meeting or CPA review should be convened.

If one or more of the criteria set below are met, staff should make a referral to the Local Authority Children's Social Care for them to consider the instigation of a pre-birth child protection assessment:

- A previous unexplained death of a child whilst in the care of either parent;
- A sibling in the household is subject to a Child Protection Plan;

- A sibling has previously been removed from the household either temporarily or by Court Order;
- Evidence or concern of past or present domestic violence;
- The degree of parental mental illness / impairment / substance misuse is likely to significantly impact on the infant's safety and development;
- Concerns about parental ability to self-care and/or care for the child (e.g. unsupported, young, or learning disabled parent); and
- Any other concerns that the child may be at risk of significant harm including parental delusional thoughts about the child and previous episodes of fabricated or inducing illness in a child

7.5 Recording

Recommendation 12 of the Victoria Climbie Inquiry Report (2003) indicates that all front line staff must record basic information about a child. When making decisions about admissions, referrals, and case allocations staff should routinely record details about all service users' children (including those unborn), whether or not they live with their children and/or those for whom they have significant caring responsibility namely:

- First name/s and surname/s;
- Dates of Birth;
- General Practitioner;
- Other professionals working with the family e.g. Health Visitor, Midwife, Social Worker;
- School attended if school age;
- Relationship to service user;
- Where children live if not resident with service user (including consideration of Private Fostering arrangements); and
- Expected date of delivery (EDD) for pregnant women

All Managers and Teams are asked to consider at the point of referral/admission and on an on-going basis, whether the service user's illness is having a detrimental impact on their parenting capacity; and ensure this is considered when prioritising allocation of cases and decisions around admission.

7.6 Minimising risk and promoting the welfare of children in clinical practice

CPA is the framework for the assessment, care planning and review of service user need in Mental Health Services.

Staff are required to consider the needs of children and support needs of their parents on a routine basis. The Starting point is talking to the Service User about their children, their social contacts and family situation. This should occur whether or not there are child safeguarding concerns. Good practice to ask about family and social contacts during as initial assessment, also a part of regular CPA reviews.

The national CPA Policy Guidance, Refocusing the Care Programme Approach (DH 2008) highlighted that adults with mental health problems who have parenting responsibilities are a 'key group' whose care and support needs should be met as a default position under the CPA, unless a full assessment of need and risk show otherwise.

The National Patient Safety Agency (NPSA) (2010) Rapid Response Report – Preventing harm to children from parents with mental health problems stated that a child protection referral to Local Authority Children Social Care should be made immediately if:

- The adult has delusional beliefs involving the child/ren
- The adult may harm the child/ren as part of a suicide plan

It also stated that, where there is risk to a child, a Consultant Psychiatrist should be directly involved in all clinical decision-making and assessment of risk.

Throughout the CPA assessment, monitoring review and discharge planning, staff should consider if the Service User is likely to have or resume contact with their own child or other children in their network, even when the children are not living with the service user.

7.7 Identification of Children as Young Carers

Consider referral for a Child in Need Assessment if the child/ren are providing support to the service user, without which the service user's condition would be liable to deteriorate (e.g. children take on additional chores, interpreting, looking after younger siblings, not being able to bring friends home from school and frequently accompany parents to appointments or activities).

The Local Authority Children's Social Care teams in each borough can provide more information about local Young Carers Groups. Information regarding Kids Time, a local project between the Trust, Child Adolescent Mental Health Service (CAMHS), Multi-Agency Learning Team (MALT) and Family Action; for children and young people affected by parental mental illness can be found on the Trust Safeguarding Intranet Site.

7.8 What to do if you are worried a child / young person is being abused and how to escalate concerns

If a Trust staff member has concerns or receives disclosure that a child or young person is at risk of harm or abuse, they should discuss with their manager or a senior manager and ensure the immediate safety and welfare of the child. (Refer to flow chart Appendix 5)

Where possible they should gain consent from the person with parental responsibility, and be open and honest about why/what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so. If in doubt seek advice.

The manager/supervisor/staff member may contact Trust Safeguarding Manager/Named Doctor if further advice is required.

Where such concerns remain regarding the welfare of a child the Trust member of staff should contact the appropriate children's social care team and complete the appropriate ecaf (Common Assessment Framework (CAF)) referral tool for the relevant borough. The CAF will be found in the assessment and referral tools available in the Risk Assessment tab of the Carenotes electronic patient record system.

The staff member will ensure that they document in a clear and timely way within the relevant adult's section of the Trust Carenotes (electronic patient record) system the identified concerns and actions taken to address. They will also complete or update the service user's Trust Risk Assessment.

It is important that these forms are completed on and saved to the service user's clinical record on the Trust Care notes system as this will enable this information to contribute to, inform and be visible as part of the whole clinical picture and planned interventions.

The staff member who has identified the concern will complete a Datix Incident Report and ensure that they have selected on the incident form that the incident is related to safeguarding children (this will ensure that the Trust Safeguarding Manager is automatically electronically alerted to the safeguarding concern and action taken to address.

7.9 In and Out-of-Hours Internal and Local Authority Advice & Support:

Internal:

In-hours (Monday to Friday 9am - 5pm) staff will contact their manager/senior manager for advice with further advice sought as required from the Trust Safeguarding Manager.

Local Authority Children's Social Care:

In-hours (Monday to Friday 9am - 5pm) the Local Authority Children's Social Team numbers to call for discussion of concerns and potential referrals are:

- **Camden Children & Families Contact Team**
  020 7974 3317
  LBCMASHadmin@camden.gov.uk.cjsm.net
  Children & Families Contact Team is a single access point providing advice and support for children and young people who are vulnerable and at risk. The team will transfer your referral to MASH (multi-agency team including Camden Council Family Services and Social Work division, Camden police and health services, dealing with police and e-CAF referrals with concerns about child's safety or welfare.

- **Islington Children's Services Contact Team (CSCT)**
  020 7527 7400
  CSCT will advise professionals on the next steps and the best course of action to keep the child safe

- **Kingston Single Point of Access Team (SPA)**
  020 8547 5008

Out-of-hours (5pm - 9am, weekends and bank holidays) staff will contact the Local Authority Children's Social Care Emergency Duty Team:

- Camden - 020 7974 4444
- Islington - 020 7226 0992
- Kingston - 020 8770 5000

In the event of emergency and immediate danger contact the Police using the 999 number

When making a referral to Camden Children's Social Care (CSC) referring staff are asked by Camden CSC to:

Complete the CAF form and email it back to the following secure email address:

LBCMASHadmin@camden.gov.uk.cjsm.net

If the referring staff member does not have a CJSM account to email to the following unsecure email address by ensuring that the document is password protect using 'MASH' as the password:

LBCMASHadmin@camden.gov.uk

Please note that nhs.net on its own is not a secure email address, you will need to use the cjsm.net destination email as well for it to be a secure email.

When making a referral to Islington Children's Social Care (CSC) referring staff are asked by Islington CSC to:

Complete the CAF form and return it to the following email address:

csctreferrals@islington.gov.uk

(Note that this is an unprotected email address so please password protect).

Please ensure that you obtain consent from the parent(s) before making a referral. Consent may not be necessary if the concerns are regarding Child Protection. If you are unsure about issues regarding consent, please contact our team for clarification on 0207 527 7400.

The Islington Children's Social Care referral form (CAF) should be filled with as much information as available, only pages 1 to 3 and page 8 (Consent for information storage and information sharing) have to be completed. The reason for referral can be found on page 2 under the heading, "What has led to this unborn baby, infant, child or young person being assessed? (and reason for referral when applicable).

When making a referral to Kingston Children's Social Care (CSC) referring staff are asked by Kingston CSC to:

Contact their Single Point of Access Team (SPA) by completing their secure online SPA referral form.

You can also call them for initial advice and guidance. In some cases it's important to contact them before completing the form so they can respond to the child's needs quickly, especially if you're concerned that the child is at risk. Call:

- 020 8547 5008 - Between 8.45am and 4.45pm, Monday to Friday
- 020 8770 5000 - Out of hours duty team (evenings and weekends)

Whether calling or completing the form - you will be asked for your name, address, details of the child and the concerns you have. These are to help them make further enquiries and to contact you again if necessary.

On the form - please include as much information as possible as this will help the SPA to make an informed decision and speeds up response to the needs you've identified.

A qualified professional will review the information and make a decision within 24 hours about the next appropriate steps. Concerns relating to the welfare of a child will be assessed by a qualified social care manager. Health concerns will be triaged by a qualified mental health clinician and/or signposted to the most appropriate healthcare service to clinically assess. Kingston CSC will contact you 72 hours after you initially made contact in order to provide feedback on your referral.

A flowchart to guide immediate response and action regarding concerns about the safety of a child is found in Appendix 5.

This flowchart should be displayed clearly in all Trust clinical areas to ensure that staff are clear and prompted regarding expectations of their safeguarding practice and to ensure that they have the correct information to enable timely and effective action and escalation of concerns.*

7.10 Common Assessment Framework (CAF) and (ECAF) for Children and Young People

The CAF/e-CAF was introduced by the Government to strengthen inter-agency assessments and to reduce the need for families to be repeatedly assessed by different agencies and provides:

- 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 as assessment and 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 help the family find a response to unmet need; and
- A way to identify who is the lead professional, this this is a person responsible for co-ordinating the actions identified in the assessment process and being a single point of contact for children with additional needs

The CAF should inform the assessment to be undertaken by the social worker. All good assessments should be based on the common principles, which are set out in the three domains represented by the Assessment Triangle[6]. This provides a systematic approach, which addresses the interactions between the three domains when considering the impact on the child and assessing their needs.

The three domains are:
- The child's developmental needs, including whether they are suffering or likely to suffer significant harm;
- The parents' or carers' capacity to respond to those needs; and
- The impact and influence on the child of wider family, community and environmental circumstances

Further support in using the Assessment Triangle is found within the Framework for Assessment of Children in Need and their Families, HM Government (2000) within the below footnote and in Appendix 6.

The use of the framework also ensures that all Trust service users are also considered as potentially either parents, carers or adults in contact with children and considers the implications for children whose parents experience problems and challenges associated with their mental health, substance misuse or learning disabilities.

7.11 Responding to Historical Allegations of Abuse

It is not unusual for people to disclose experiences of physical, sexual and / or emotional abuse and / or neglect which constitute significant harm only when they reach adulthood.

Childhood and family experience of abuse are important features in the development and presentation of mental disorders and substance misuse in many service users.

Significant harm is defined in as a situation where as a child the person suffered a degree of physical, sexual and / or emotional harm (through abuse or neglect), which was so harmful that there should have been compulsory intervention by child protection agencies into the life of the child and their family.

Organisational responses to allegations by an adult of abuse experienced as a child must be of as high a standard as a response to current abuse because:
- There is a significant likelihood that a person who abused a child/ren in the past will have continued and may still be doing so; and
- Criminal prosecution may be possible if sufficient evidence can be carefully collated

At an appropriate point in initial assessment, staff are expected routinely to ask questions about the experience of physical, sexual or emotional abuse at any time in a service user's

[6] http://www.londoncp.co.uk/chapters/appendix_4.html

life. When an adult discloses childhood abuse, the professional receiving the information should record the discussion in detail. If possible, the professional should establish if the adult has any knowledge of the alleged abuser's recent or current whereabouts and contact with children.

In view of the potential continuing risk the alleged abuser may pose to children, the professional should make a referral promptly to the Local Authority Children's Social Care, in line with local referral and assessment procedures.

7.59 If a patient makes an allegation about childhood or familial abuse, Trust staff should always consider whether:

- The adult patient may still be at risk from the alleged perpetrator;
- Any child or a vulnerable adult may still be at risk from the alleged perpetrator; and
- Any child or vulnerable adult may also have been affected by the alleged abuse

7.60 The London Child Protection Procedures (2015) section on Historical Abuse should be followed by Trust staff in line with its guidance on the required response by each agency through the process of supporting the individual who has made the disclosure/allegation.

7.12 Information sharing

Early sharing of information is the key to providing effective early help where there are emerging problems. At the other end of the continuum, sharing information can be essential to put in place effective child protection services.

Serious Case Reviews (SCRs) have shown how poor information sharing has contributed to the deaths or serious injuries of children. (Working Together to Safeguard Children, 2015).

Through a common approach to assessing children's needs and improved information sharing, Local Authorities and their partner agencies are expected to achieve:

- Effective communication between professionals;
- Understanding what information should be shared, with whom and under what circumstances, and the dangers of not doing so - building confidence and trust with partners and families;
- Better knowledge of other agencies' services;
- Working in multi-agency / disciplinary teams, when appropriate, to deliver services; and
- Less repetition for children and their families, and an active part in the decision making process.

Fears about sharing information cannot be allowed to stand in the way of the need to promote the welfare and protect the safety of children. To ensure effective safeguarding arrangements:

- All organisations should have arrangements in place which set out clearly the processes and the principles for sharing information between each other, with other professionals and with the LSCB
- No professional should assume that someone else will pass on information which they think may be critical to keeping a child safe. If a professional has concerns about a child's welfare and believes they are suffering or likely to suffer harm, then they should share the information with local authority children's social care

In addition the Trust has agreed protocols with both Camden and Islington Council and other partners providing services for children, also available on the intranet, they include:

- Camden and Islington NHS Foundation Trust and Camden and Islington Council Children and Families Social Work Services, Joint Mental Health and Children's Services Protocol (2011)[7].

[7] http://cift-ap06/sorce/apps/sorce_doc_manager/Actions/view_doc.aspx?docid=1503&revid=1514

- Camden and Islington NHS Foundation Trust and Camden and Islington Council Children and Families Social Work Services, Joint Supervision Protocol (2012)[8].

Staff should refer to these documents which set out in detail the agreed arrangements for inter-agency working in relation to the following areas:

- Confidentiality and information sharing;
- Role of mental health services;
- Role of children and families services;
- Procedures for joint working; and
- Resolution of disputes and disagreements

This policy should also be read in conjunction with the 2015 Department of Health Guidance – "Information Sharing Advice for Practitioners Providing Safeguarding Services to Children, Young People, Parents and Carers"[9] and the "Seven Golden Rules for Information Sharing":

- Remember that the Data protection Act 1998 is not a barrier to sharing information;
- Keep a record of your decision and the reasons for it. Record what you have shared, with whom and for what purpose;
- Be open and honest with the person (and/or their family where appropriate) at the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;
- Seek advice if you are in any doubt, without disclosing the identity of the person where possible;
- Share with consent where appropriate and, where possible, respect the wishes of those who do not consent to share confidential information. You may still share information without consent if, in your judgement, that lack of consent can be overridden in public interest. You will need to base your judgement on the facts of the case;
- Consider safety and well-being of the person and others who may be affected by their actions; and
- Necessary, proportionate, relevant, accurate, timely and secure**.**

7.13 The Multi-Agency Safeguarding Hub (MASH)

The MASH is a multiagency unit led by Children's Services and has members from Health, Social Care, Police and Children Assessment Team's Services. The purpose of the MASH is for any agency or member of the public to contact a central place and share information about children or families in the borough whose safety or well-being may be at risk. The MASH team members look up the details of the person/people referred on their agency databases and decide what further action may be required. All contacts with the MASH are rated blue, green amber or red and these correspond to the responses required by the services:

- **Red**: There is a potential child protection issue (e.g. serious injury to the child). *Requires immediate action, and information from MASH navigators is expected within 2 hours*
- **Amber:** There are significant concerns but immediate action is not required (e.g. on-going domestic violence issues in the household). *Requires information from MASH investigators within 6 hours*
- **Green:** There are concerns regarding a child's well-being but these do not meet statutory requirements (e.g. poor school attendance). *Requires information from selected MASH navigators within 24 hours*
- **Blue:** There is no safeguarding concern and the issue can be dealt with by Universal Services

[8] http://cift-ap06/sorce/apps/sorce_doc_manager/Actions/view_doc.aspx?docid=1504&revid=1515
[9] https://www.gov.uk/government/publications/safeguarding-practitioners-information-sharing-advice

7.71 Although there are many different types of health agencies, there is one main Health Navigator who collects and disseminates information to health providers. In the Trust there are designated staff who sit in the MASH in both boroughs.

8. DOMESTIC ABUSE

8.1 For Trust guidance and advice regarding safeguarding children and domestic abuse or violence please refer to the following Trust policy.

Domestic and Sexual Abuse Policy

http://www.candi.nhs.uk/sites/default/files/Documents/Policies/Domestic%20and%20Sexual%20Abuse%20Policy_CL61_November%202015.pdf

9. CHILD SEXUAL EXPLOITATION (CSE)

9.1 Child Sexual Exploitation is defined thus:

'Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.'

9.2 This will be included in the Government's 'Working Together to Safeguard Children' document, which can be accessed here: https://www.gov.uk/government/publications/working-together-to-safeguard-children--2

9.3 The Association of Chief Police Officers (ACPO) definition of child sexual exploitation includes the following:

- Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where the young person (or third person/s) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities;
- Child sexual exploitation (CSE) can occur through the use of technology without the child's immediate recognition; for example being persuaded to post images on the internet / mobile phones without immediate payment or gain;
- Violence, coercion and intimidation are common. Involvement in exploitative relationships is characterised by the child's or young person's limited availability of choice as a result of their social, economic or emotional vulnerability; and
- A common feature of CSE is that the child or young person does not recognise the coercive nature of the relationship and does not see themselves as a victim of exploitation

9.4 The above definition underpins the Metropolitan Police Service's London Child Sexual Exploitation Operating Protocol (2015) [10] which provides the procedural guidance for safeguarding partners across London.

[10] http://content.met.police.uk/Article/The-London-Child-Sexual-Exploitation-Operating-Protocol-March-2015/1400022286691/1400022286691

9.5 This Trust policy should be considered alongside the existing London Safeguarding Children's Board Procedures (2015) and other relevant procedural and statutory guidance.

9.6 Both Camden[11] and Islington[12] Safeguarding Children Boards are committed to enabling partner agencies and their staff to respond effectively to CSE with guidance in line with pan-London CSE guidance and further direction for local borough-based response in the below footnotes and focusing on the following:

- Prevention and Awareness Raising;
- Data Collection & Analysis;
- Provision of Effective Services and Support;
- Prosecution and Disruption; and
- Governance and Scrutiny

9.7 Often children and young people who are victims of sexual exploitation do not recognise that they are being abused. There are a number of warning signs that can indicate a child may be being groomed for sexual exploitation and behaviours that can indicate that a child is being sexually exploited. To assist you in remembering and assessing these signs and behaviours the mnemonic 'SAFEGUARD' has been created. A helpful one-page "Warning Signs of CSE" can be found at Appendix 7 including how the SAFEGUARD mnemonic can support the focus on CSE in day-to-day practice.

10. FEMALE GENITAL MUTILATION (FGM)

10.1 A new mandatory reporting duty for FGM has been introduced via the Serious Crime Act 2015, following a public consultation. The duty requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18-year-olds to the police. It came into force on 31 October 2015. The Mandatory Reporting of Female Genital Mutilation: Procedural Information document can be found via the following link:
https://www.gov.uk/government/publications/mandatory-reporting-of-female-genital-mutilation-procedural-information

10.2 Mandatory reporting **does not** replace general safeguarding responsibilities. Professionals must still undertake any safeguarding actions as required and make a referral to the appropriate social care team.

11. PREVENT DUTY GUIDANCE AND CHANNEL

11.1 Prevent and Channel are part of the Government Contest Strategy led by the Home Office that focuses on working with individuals and communities who may be vulnerable to the threat of violent extremism and terrorism. Supporting vulnerable individuals and reducing the threat from violent extremism in local communities is a priority for the health service and its partners.

11.2 Section 26 of the Counter-Terrorism and Security Act 2015 (the Act) 25 places a duty on health authorities when exercising their functions, to have "due regard to the need to prevent people from being drawn into terrorism". Health authorities in these circumstances are:

- NHS Trusts; and
- NHS Foundation Trusts

[11] http://www.cscb-new.co.uk/wp-content/uploads/2015/09/Multi_Agency_Guidance_On_Child_Sexual_Exploitation_2015.pdf

[12] http://www.islingtonscb.org.uk/key-practice-guidance/Pages/Sexual-Exploitation.aspx

11.3 The "NHS England Prevent Training and Competencies Framework" (2015)[13] requires all Trust staff to receive basic Prevent awareness training, with clinical staff required to receive the 90 minute Prevent Workshops to Raise Awareness of Prevent (WRAP). This is included in the Trust Strategic and Operational Safeguarding Children Training Plan (2016) and further covered in the "Training" section of this policy.

11.4 The following link clarifies the response required from all organisations, including a specific section for Health, to the national Prevent Duty Guidance: for England and Wales (2015): https://www.gov.uk/government/publications/prevent-duty-guidance

12. EMPLOYMENT PRACTICE

12.1 The Trust has a duty to ensure that safe recruitment processes are complied with and act in accordance with the NHS employer's regulations[14], the disclosure and baring scheme (DBS)[15] and the Safer Recruitment section of the London Child Protection Procedures (2015)[16].

12.2 The Trust must ensure safe recruitment policies and practices which meet the NHS employment check standards, including enhanced checks for all eligible staff. This includes staff on fixed-term contracts, temporary staff, locums, agency staff, volunteers, students and trainees.

12.3 The Trust will ensure that post-recruitment DBS checks are repeated for eligible staff in line with national guidance/requirements, must ensure that their employment practices meet the requirements of the Disclosure and Baring Scheme and that referrals are made to this organisation, for their consideration, in relation to inclusion.

12.4 The Trust will ensure that all contracts of employment (including volunteers, agency staff and contractors) include an explicit responsibility for safeguarding children.

12.5 The Trust will ensure that all safeguarding concerns relating to a member of staff are effectively investigated and that any disciplinary processes are concluded irrespective of a person's resignation and that 'compromise agreements' are not allowed in safeguarding cases.

13. ALLEGATIONS MADE AGAINST STAFF

13.1 Where there is an allegation against a member of Trust staff in relation to safeguarding children the "Allegations Against Staff or Volunteers, Who Work With Children" section of the London Child Protection Procedures (2015)[17] should be followed.

13.2 These procedures should be applied when there is an allegation or concern that any person who works with children, in connection with their employment or voluntary activity, has:

- Behaved in a way that has harmed a child, or may have harmed a child;
- Possibly committed a criminal offence against or related to a child; or
- Behaved towards a child or children in a way that indicates they may pose a risk of harm to children

[13] https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf
[14] http://www.nhsemployers.org/~/media/Employers/Documents/Pay%20and%20reward/AfC_tc_of_service_handbook_fb.pdf
[15] https://www.gov.uk/government/organisations/disclosure-and-barring-service
[16] http://www.londoncp.co.uk/chapters/safer_recruit.html
[17] http://www.londoncp.co.uk/chapters/alleg_staff.html

13.3 The staff member receiving the allegation should inform the Trust designated senior manager (as required within the London Procedures). Within this Trust this is the Trust Safeguarding Manager.

13.4 The Trust Safeguarding Manager will then contact the Local Authority's Designated Officer (DO) (formerly known as the LADO – many Local Authorities still use the term LADO) or team of Designated Officers **within 1 working day**, who will:

- Receive reports about allegations and will be involved in the management and oversight of individual cases;
- Provide advice and guidance to employers and voluntary organisations;
- Liaise with the police and other agencies;
- Monitor the progress of cases to ensure that they are dealt with as quickly as possible consistent with a thorough and fair process; and
- Provide advice and guidance to employers in relation to making referrals to the Disclosure and Barring Service (DBS) and regulatory bodies such as Ofsted, the GMC, NMC etc.

In Camden all DO/LADO referrals must be made directly to the Multi-Agency Safeguarding Hub Team (MASH)
Tel: 020 7974 3317
Email: LBCMASHadmin@camden.gov.uk
or Secure email: LBCMASHadmin@camden.gov.uk.cjsm.net

If the referrer is in doubt that the threshold is met, please discuss the case with the DO/LADO on Duty by calling Karen Lahat on 020 7974 4556 who will direct your call to the Duty DO/LADO.

In Islington all DO/LADO referrals must be made directly to the Local Authority Designated Officer (DO/LADO)
Tel: 020 7527 8102
Email: lado@islington.gov.uk

13.5 Immediate issues of investigation and management of the employee should be discussed and agreed at this time, including what information should be passed to the staff member concerned.

14. TRAINING

14.1 The Trust commits to provide line management support and opportunities for learning and development, to ensure that employees have the skills they need to perform their duties and to succeed in their role.

14.2 The Trust is committed to have arrangements in place to ensure effective competency of all staff and expects all staff to be trained in safeguarding children at level 1; further levels of training will be determined by the role of the staff member and responsibilities set out in job descriptions/role functions.

14.3 Working together to Safeguard Children (2015) states that all staff working in healthcare settings – including those who predominately treat adults – should receive training to ensure they attain the competences appropriate to their role and follow the relevant professional guidance:

- Safeguarding children and young people: roles and competences for health care staff – Intercollegiate Document - Third edition (2014)
  http://www.rcn.org.uk/__data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

14.4 The Trust Strategic and Operational Safeguarding Training Plan (2016) guides Trust staff in relation to the level and frequency of safeguarding children training required and sets out the Trust plan over the next three years. The Trust staff requirement section of the plan including this guidance is found in Appendix 8.

15. SUPPORT AND SUPERVISION

15.1 A proactive approach to supervision is required to ensure that all staff are supported and continue to develop their skills and knowledge in recognising and acting on concerns regarding the safeguarding of children and young people.

15.2 Team/Service/Line Managers must ensure that protected time is available to enable staff to receive regular supervision. They must be aware that unsupervised and unsupported staff will not raise concerns of alleged abuse in the required appropriate, timely and effective manner.

15.3 This section should be read in conjunction with the:

- London Safeguarding Children Board Child Protection Procedures (5th Ed 2015)
- Trust Supervision Policy (2014)
- Joint Supervision Protocol between Children and Family Services and Mental Health Services (2012)

15.4 The Trust policies will be found on the Trust Intranet Site.

15.5 Supervision should ensure that practitioners understand their roles, responsibilities and the scope of their professional discretion and authority. It should include reflecting on and evaluating the work carried out, and an assessment of strengths and weaknesses.

15.6 Supervision should also provide an opportunity to consider the emotional impact of such high-risk and stressful work on the individual practitioner.

15.7 Safeguarding Children Supervision should be offered when:

- There is a review on cases of actual or potential child abuse and neglect in order to support the practitioner in assessment and planning;
- Pre and post attendance at Child Protection Case Conferences, including preparation of reports and identifying action plans; and
- Emergency and adhoc consultation to advise and support the practitioner.

15.8 All practitioners should be aware of the principles of safeguarding children supervision and should raise the issue with line managers or the Trust Safeguarding Manager if they are not receiving supervision as required.

15.9 Managers should support staff to identify families where a child may be affected by the mental health, substance misuse or learning disability of an adult service user. Supervision arrangements must be made and recorded to ensure that:

- All potential and actual safeguarding issues are reported promptly to their line manager and if further consultation is required then the Named Doctor Safeguarding Children or Trust Safeguarding Manager should be contacted;
- The names and contact details of key professionals dealing with the case in other agencies and in particular the allocated social worker (if there is one) can be easily identified from the records;
- There is an appropriate and up-to-date Trust Risk Assessment;
- The level of risk to the child is clearly identified and the status of the child is clear on CareNotes (e.g. child in need, child subject to a Child Protection Plan, Child Looked After Plan);

- Plan and any specific contingencies or emergency arrangements are clearly recorded on CareNotes; and
- All safeguarding children supervision should be recorded in the child/family record, including the date and time of the supervision and an action plan if appropriate. All plans should be formulated to include expected outcomes and timescales.

15.10 Expected Outcomes of Safeguarding Children Supervision:

- Issues that relate to safeguarding and promoting the welfare of children are clearly identified;
- Child's needs and the parent/carer's needs are clearly identified;
- Safeguarding issues, needs and plans to address clearly recorded within the practitioner's supervision notes and recorded on the Carenotes system; and
- The legislative framework is understood and embedded within the practice relating to the safeguarding issue/case discussed in supervision.

16. EQUALITY AND DIVERSITY

Social Inclusion, Equality, Diversity and use the Interpreting Services

The Trust will promote children and young people's right to be safe from harm, regardless of age, race and ability to speak English, religion, gender, disability, sexual orientation or culture.

If interpreters are required it is good practice that professional, accredited interpreters are used rather than children, parents/carers, partners, other family members or friends.

Equality Impact Assessment

As part of its development, this policy and its impact on staff, patients and the public have been reviewed in line with expected Legal Equality Duties. The purpose of the assessment is to improve service delivery by minimising and if possible removing any disproportionate adverse impact on employees, patients and the public on the grounds of protected characteristics such as race, social exclusion, gender, disability, age, sexual orientation or religion/belief.

The Equality Impact Assessment has been completed and has identified impact or potential impact as "minimal impact" and is found in Appendix 8**.**

17. DISSEMINATION AND IMPLEMENTATION ARRANGEMENTS

17.1 This policy will be made available to all Trust staff via the Trust intranet site. Additionally they will be made aware via the Communication Department's "C&I iConnect" information update bulletin to all staff.

18. REFERENCES

London Child Protection Procedures (Edition 5, 2015)
http://www.londoncp.co.uk/index.html

NHSE Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)
https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

Promoting the Health and Wellbeing of Looked After Children
https://www.gov.uk/government/publications/promoting-the-health-and-wellbeing-of-looked-after-children--2

Safeguarding Children and Young People: Roles and Competences for Health Care Staff – Intercollegiate Document - Third Edition (2014)
http://www.rcn.org.uk/__data/assets/pdf_file/0008/474587/Safeguarding_Children_-_Roles_and_Competences_for_Healthcare_Staff_02_0....pdf

The Children Act (1989 and 2004)
http://www.legislation.gov.uk/ukpga/1989/41/contents
http://www.legislation.gov.uk/ukpga/2004/31/contents

Working Together to Safeguard Children (2015)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/419595/Working_Together_to_Safeguard_Children.pdf

The Francis Inquiry investigated the quality and safety failing in Mid Staffordshire Foundation NHS Trust
http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspublicinquiry.com/

The Lampard Inquiry investigated the activities of Jimmy Savile in the NHS
https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned

19. MONITORING AND REVIEW

Elements to be monitored *These elements are to be linked to the purpose / objectives of the document*	**Lead**	**How Trust will monitor compliance** e.g. Audit, checklist, dashboard	**Reporting Frequency**	**Reporting and Monitoring** *Which committee or group will be responsible for scrutinising reports and monitoring outcomes.*	**Implementation of Lessons Learnt** *How will changes be implemented and lessons learnt/ shared?*
Availability and dissemination of policy, including in alternative formats where requested or need identified;	Safeguarding Manager	Audit	Yearly	Safeguarding Committee	Required changes to practice will be identified and actioned within a specific time frame. Lessons will be shared with all the relevant stakeholders
Acceptance and understanding of staff	Safeguarding Manager	Training, spot checks, surveys	Yearly	Safeguarding Committee	Required changes to practice will be identified and actioned within a specific time frame. Lessons will be shared with all the relevant stakeholders
Reports of non-conformance	Safeguarding Manager	Incidents or risks	Yearly	Safeguarding Committee	Required changes to practice will be identified and actioned within a specific time frame. Lessons will be shared with all the relevant stakeholders
Compliance against the national and local guidance and legislation as detailed within this policy	Safeguarding Manager	Audit	Yearly	Safeguarding Committee	Required changes to practice will be identified and actioned within a specific time frame. Lessons will be shared with all the relevant stakeholders

This policy will be formally reviewed on a bi-annual basis, and in accordance with the following on an as-and-when required basis:

- Legislative or case law changes;
- Changes or release of good practice or statutory guidance;
- Identified deficiencies, risks or following significant incidents reported; and
- Changes to organisational infrastructure.

20. APPENDICES

Appendix 1	Equality Impact Assessment
Appendix 2	Safeguarding Children Glossary
Appendix 3	Definitions of harm or significant risk of harm
Appendix 4	Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015
Appendix 5	Safeguarding Children Referral Pathway
Appendix 6	Triangle Chart for the Assessment of Children in Need and their Families
Appendix 7	Child Sexual Exploitation (CSE) Warning Signs - SAFEGUARD Mnemonic
Appendix 8	Trust Safeguarding Training Broken Down by Level and Staff Group

Appendix 1

Equality Impact Assessment Tool

		Yes/No	Comments
1.	**Does the policy/guidance affect one group less or more favourably than another on the basis of:**	No	Policy applies to children and young persons under the age of 18 years.
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability - learning disabilities, physical disability, sensory impairment and mental health problems	No	
2.	**Is there any evidence that some groups are affected differently?**	No	
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

Appendix 2

Safeguarding Children Glossary

Children	Anyone who has not yet reached their 18th birthday. The fact that a child has reached 16 years of age, is living independently or is in further education, is a member of the armed forces, is in hospital or in custody in the secure estate, does not change his/her status or entitlements to services or protection
Safeguarding and promoting the welfare of children	Defined for the purposes of this guidance as: • protecting children from maltreatment • preventing impairment of children's health or development • ensuring that children are growing up in circumstances consistent with the provision of safe and effective care • taking action to enable all children to have the best life chances.
Child protection	Part of safeguarding and promoting welfare. This refers to the activity that is undertaken to protect specific children who are suffering, or are likely to suffer, significant harm
Abuse	A form of maltreatment of a child. 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 others (e.g. via the internet). They may be abused by an adult or adults, or another child or children
Physical abuse	A form of abuse which 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
Emotional abuse	The persistent emotional maltreatment 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 that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or 'making fun' of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children. These may include interactions that are beyond a 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 serious bullying (including cyber 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 maltreatment of a child, though it may occur alone
Sexual abuse	Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example, rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children

Neglect	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, clothing and shelter (including exclusion from home or abandonment) • protect a child from physical and emotional harm or danger • ensure adequate supervision (including the use of inadequate care-givers) • ensure access to appropriate medical care or treatment It may also include neglect of, or unresponsiveness to, a child's basic emotional needs
Young carer	A young carer is a person under 18 who provides or intends to provide care for another person (of any age, except generally where that care is provided for payment, pursuant to a contract or as voluntary work)
Parent carer	A person aged 18 or over who provides or intends to provide care for a disabled child for whom the person has parental responsibility
Education, Health and Care Plan	A single plan, which covers the education, health and social care needs of a child or young person with special educational needs and/or a disability (SEND). See the Special Educational Needs and Disability Code of Practice 0-25 (2014)

Working Together to Safeguard Children (2015)

Appendix 3

Definitions of harm or significant risk of harm

Harm and Significant Harm	Some children are in need because they are suffering, or likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries (Section 47) to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm. A Court may only make a Care Order or Supervision Order in respect of a child if it is satisfied that: ▪ The child is suffering, or is likely to suffer, significant harm; and ▪ The harm, or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31) In addition, Harm is defined as the ill treatment or impairment of health and development. This definition was clarified in section 120 of the Adoption and Children Act 2002 (implemented on 31 January 2005) so that it may include "impairment suffered from seeing or hearing the ill treatment of another" for example, where there are concerns of Domestic Abuse. There are no absolute criteria on which to rely when judging what constitutes significant harm. Consideration of the severity of ill-treatment may include the degree and the extent of physical harm, the duration and frequency of abuse and neglect, the extent of premeditation, and the presence or degree of threat, coercion, sadism and bizarre or unusual elements. Each of these elements has been associated with more severe effects on the child, and / or relatively greater difficulty in helping the child overcome the adverse impact of the maltreatment. Sometimes, a single traumatic event may constitute significant harm (e.g. a violent assault, suffocation or poisoning). More often, significant harm is a compilation of significant events, both acute and longstanding, which interrupt, change or damage the child's physical and psychological development. Some children live in family and social circumstances where their health and development are neglected. For them, it is the corrosiveness of long-term neglect, emotional, physical or sexual abuse that causes impairment to the extent of constituting significant harm.

London Child Protection Procedures (2015)

Appendix 4

Safeguarding Vulnerable People in the NHS – Accountability and Assurance Framework (2015)[18]

Health provider organisations' safeguarding children roles, responsibilities and duties:

- All staff, whether they work in a hospital, a care home, in general practice, or in providing community care, and whether they are employed by a public sector, private or not-for-profit organisation, have a responsibility to safeguard children at risk of abuse or neglect in the NHS.

- Health providers are required to demonstrate that they have safeguarding leadership, expertise and commitment at all levels of their organisation and that they are fully engaged and in support of local accountability and assurance structures, in particular via the LSCBs, and in regular monitoring meetings with their commissioners;

- Health providers must ensure staff are appropriately trained in safeguarding children, Prevent, domestic violence, at a level commensurate with their role and in line with the intercollegiate document (2014), and future guidance that may be produce to support training of staff. It is strongly recommended that safeguarding forms part of any mandatory training in order to develop and embed a culture within their organisation that ensures safeguarding is acknowledged to be everybody's business from "the board to the floor".

- All health providers are required to have effective arrangements in place to safeguard children at risk of abuse or neglect and to assure themselves, regulators and their commissioners that these are working. These arrangements include:
  - Safe recruitment practices and arrangements for dealing with allegations against people who work with children or vulnerable children as appropriate.
  - A suite of safeguarding policies including a chaperoning policy.
  - Effective training of all staff commensurate with their role and in accordance with the intercollegiate competences (2014)[19]
  - Effective supervision arrangements for staff working with children / families or adults at risk of abuse or neglect.
  - Effective arrangements for engaging and working in partnership with other agencies.
  - Identification of a Named Doctor and a Named Nurse for safeguarding children.
  - Developing an organisational culture such that all staff are aware of their personal responsibility to report concerns and to ensure that poor practice is identified and tackled.
  - All providers of health services are required to be registered with the Care Quality Commission (CQC). In order to be registered, providers must ensure that those who use the services are safeguarded and that staff are suitably skilled and supported. This includes private healthcare providers. NHS trusts without foundation trust status are also accountable to the NHS Trust Development Authority.
  - Named professionals have a key role in promoting good professional practice within their organisation, supporting the local safeguarding system and processes, providing advice and expertise for fellow professionals, and ensuring safeguarding training is in place. They should work closely with their organisation's safeguarding lead, Designated Professionals and the LSCBs.

[18] https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-accountability-assurance-framework.pdf

[19] http://www.rcpch.ac.uk/system/files/protected/education/Safeguarding%20children%20and%20young%20people%20-%20%20roles%20and%20competencies%20for%20health%20care%20staff%20-%20Intercollegiate%20document%20March%202014.pdf

Appendix 5

Safeguarding Children Referral Pathway

Your partner in care & improvement

Camden and Islington NHS
NHS Foundation Trust

Safeguarding Children Referral Pathway

Initial concern or disclosure of child abuse, ill-treatment, harm or neglect.

Discuss concern with your manager or supervisor and ensure the immediate safety of the child. Where possible gain the consent of the person with parental responsibility to share information unless this will increase risk to the child. Document the nature of the concern and initial outcome in the Progress section of Carenotes.

Manager, supervisor or staff member to contact the Trust's Named Doctor (Ian Collis) or Safeguarding Manager (Alwyn Davies) for advice if required.

Complete a Datix Incident Report and document in the Progress section of Carenotes.

Telephone the appropriate local authority Children's Social Care (CSC) Team (or EDT out of hours) to make a referral

Borough	Team	Office Hours (Weekdays 09:00 – 17:00)	Out of Hours (17:00 – 09:00, Weekends and Bank Holidays)
Islington	Children Services Contact Team	020 7527 7400	020 7226 0992
Camden	Multi-agency Safeguarding Hub	020 7974 3317	020 7974 4444
Kingston	Single Point of Access Team	020 8547 5008 (08:45 – 16:35)	020 8770 5000 (16:35 – 08:45)

Document your concern and actions within the Progress section of Carenotes and upload concern to Framework I or LAS dependent on which borough the child resides. Forward the completed CAF form to the MASH or relevant (CSC) team.

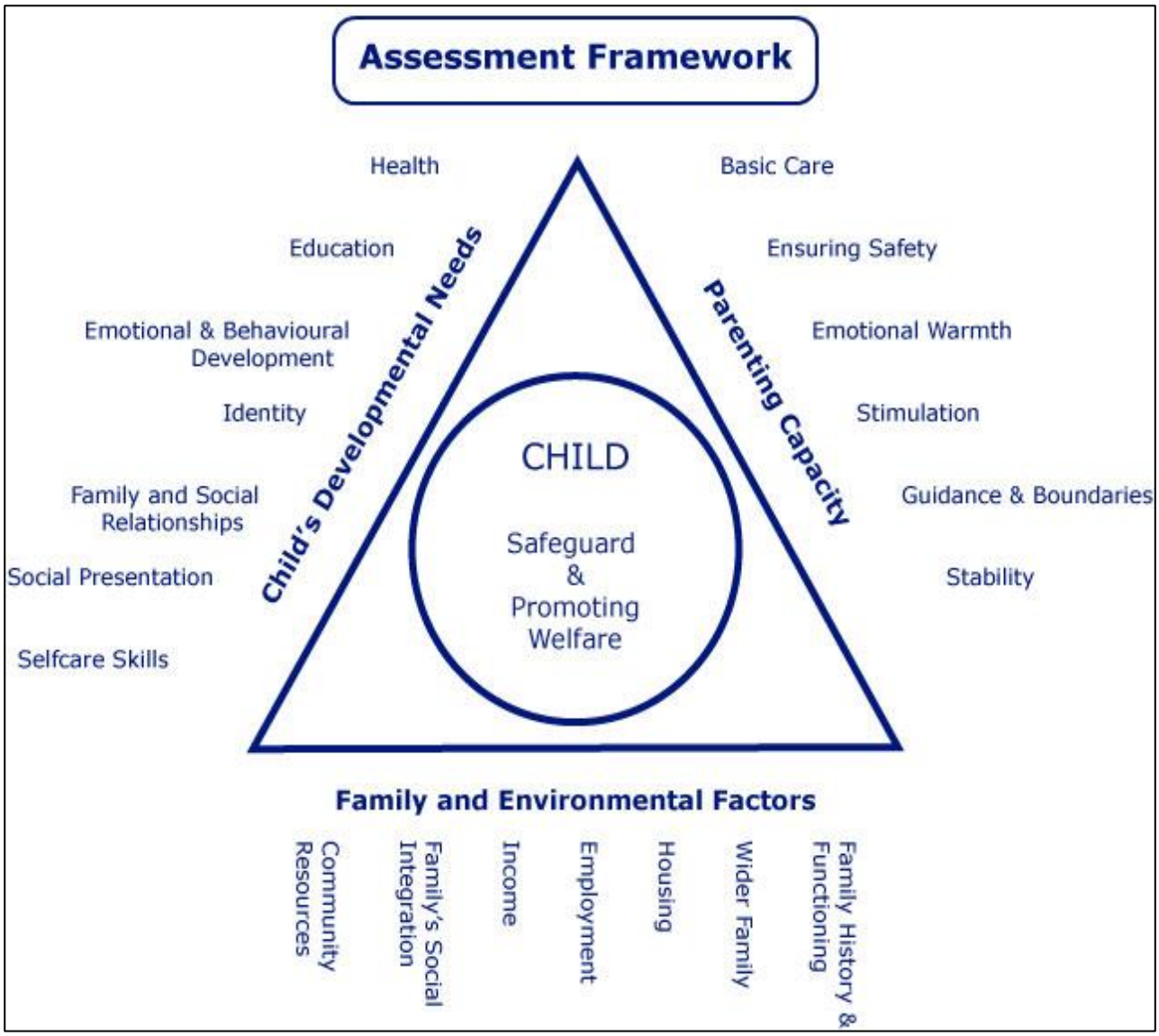
In situations where a child is in immediate risk of harm, contact the police on 999

Your partner in care & improvement

At C&I we are: Welcoming | Respectful | Kind | Professional | Positive | Working as a Team

Appendix 6

Triangle Chart for the Assessment of Children in Need and their Families



Appendix 7

Child Sexual Exploitation (CSE) Warning Signs

SAFEGUARD Mnemonic:

Sexual health and behaviour
Evidence of sexually transmitted infections, inappropriate sexualised behaviour or pregnancy.

Absent from school or repeatedly running away
Evidence of truancy from school, periods of being missing from care or from home.

Familial abuse and/or problems at home
Familial sexual abuse, physical abuse, emotional abuse, neglect, as well as risk of forced marriage or honour-based violence; domestic violence; substance misuse; parental mental health concerns; parental criminality; experience of homelessness; living in a care home or temporary accommodation.

Emotional and physical condition
Thoughts of, or attempted, suicide or self-harming; low self-esteem or self-confidence; problems relating to sexual orientation; learning difficulties or poor mental health; unexplained injuries or changes in physical appearance identify.

Gangs, older age groups and involvement in crime
Involvement in crime; direct involvement with gang members or living in a gang-afflicted community; involvement with older individuals or lacking friends from the same age group; contact with other individuals who are sexually exploited.

Use of technology and sexual bullying
Evidence of ‘sexting’, sexualised communication on-line or problematic use of the internet and social networking sites.

Alcohol and drug misuse
Problematic substance use.

Receipt of unexplained gifts or money
Unexplained finances, including phone credit, clothes and money.

Distrust of authority figures
Resistance to communicating with parents, carers, teachers, social services, health, police and others.

Appendix 8

Trust Safeguarding Training Broken Down by Level and Staff Group

Within the Trust, in relation to safeguarding training, the following is required:

- All staff Trustwide require Level 1 safeguarding adult and children training. This is, and will continue to be delivered to via the Trust Corporate Induction which staff receive when commencing employment with the organisation.

- Those staff who need to update only at Level 1 (non-clinical staff who have no service user contact) will update via Level 1 eLearning.

- Those staff that require Level 2 safeguarding children (non-clinical staff who have service user contact) will update via Level 2 eLearning.

- All professionally regulated clinical staff who work in service user contact roles or who could contribute to the performance of safeguarding functions will require Level 3 safeguarding children training. This will be delivered via face-to-face session delivered by the Trust Safeguarding Manager, 6 Divisional Social Work Lead posts (who have one day per week protected for safeguarding) and the Trust Named Doctor Safeguarding Children.

- The NHS England Prevent Training Strategy (2015) [20] states that all clinical staff should undertake the specific Workshops to Raise Awareness of Prevent (WRAP) session with an 85% target met over 3 years and Prevent is identified by NHS England as part of safeguarding; and within the draft Intercollegiate Document.

- Team Managers are required to undertake above safeguarding and Prevent training and also ensure them or one of their team have attended Safeguarding Adult Manager (SAM) training to ensure they are confident and competent to undertake the SAM role.

- Safeguarding leads require Level 4 safeguarding training.

- Competence at Level 3 can also be met through completion of the Trust Workbook, participation in face to face training provided by the SAPB and the LSCB as well as that provided by LB Camden and LB Islington.

The following sets out the plan for implementation over a 3 year cycle:

[20] https://www.england.nhs.uk/wp-content/uploads/2015/02/train-competnc-frmwrk.pdf

Intercollegiate Document: Safeguarding children and young people (Third edition: March 2014)

Trust Safeguarding Training 3-Year Delivery Plan		
INTERCOLLEGIATE DOCUMENT GUIDANCE LEVEL	**LEARNING REQUIREMENTS**	**LEARNING FORMAT**
Level 1: All staff including non-clinical managers and staff working in health care settings	Over a three-year period, staff at level 1 should receive refresher training equivalent to a minimum of 2 hours. This should provide key safeguarding/child protection information, including about vulnerable groups, the different forms of child maltreatment, and appropriate action to take if there are concerns.	Initially via Trust Induction and then via E-Learning.
Level 2: Minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers	Over a three-year period, professionals at level 2 should receive refresher training equivalent to a minimum of 3-4 hours • Training at level 2 will include the training required at level 1.	Initially via Trust Induction and then via E-Learning. Can join team-based sessions in addition to eLearning format.
Level 3: Clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns	Over a three-year period, professionals should receive refresher training equivalent to a minimum of 6 hours (for those at Level 3 core this equates to a minimum of 2 hours per annum) and a minimum of 12-16 hours (for those at Level 3 requiring specialist knowledge and skill) • Training at level 3 will include the training required at level 1 and 2.	Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit. At level 3 this could also include attendance at a WRAP/Prevent workshop or completion of the Trust Workbook. Training can also be accessed through the SAPB and LSCB as well as LB Camden and LB Islington.