

## **Safeguarding Children**

### **Annual Report**

**April 2006 – March 2007**

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Named Nurse for  
Child Protection**

**Catherine Knights  
Assistant Director  
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**Dr Mike McClure  
Named Doctor for  
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## 1. Introduction

This annual report updates the Board on the responsibilities of the Trust relating to safeguarding children. It explains how this is a wider agenda than child protection and describes the actions the Trust has taken in meeting these requirements. The report also sets out an action plan for the year ahead.

## 2. Legislative Changes/New Guidance

### **Children Act 2004**

The Victoria Climbié Inquiry acted as a significant catalyst to address many longstanding issues and concerns pertaining to safeguarding children. A range of initiatives created by the Department of Health (DH), and latterly by the Department for Education and Skills (DfES), culminated in the Children Act (2004).

The Children Act (2004) provides the legislative foundation for the reforms needed to support the Government's vision for improved services for children and young people called Every Child Matters. In summary these are:

- **Section 10 : Co-operation to improve well-being**
- **Section 11 : Arrangements to safeguard and promote welfare**  
The Trust has a duty to comply with this statutory guidance, which emphasises a clear line of accountability within the organisation.
- **Section 12 : Information databases.** A Common Assessment Framework (CAF) is a national scheme being implemented across all of the Boroughs served by CNWL. This is to prevent duplication of work by the multitude of agencies involved with children by using the same form for referrals and ensuring that the current worker can be accessed speedily. London is using "Contactpoint "as the provider for this.
- **Sections 13-16 : Arrangements for Local Safeguarding Children Boards** ( which replace the old Area Child Protection Committees.)  
Legislation required each Trust to appoint a Senior Manager at executive level to each of these boards to represent the organisation. As this Trust covers a large number of local authority areas this has been a significant challenge for the Trust and a Senior Manager represents CNWL at each LSCB where we provide universal mental health services to the local area.
- **Section 17 : Children and Young People's Plans.** Each Borough has a responsibility to agree a strategy and 3 year plan with partners, monitored by Children Strategy Partnership Boards. These are also in place in each Borough with Executive Directors or senior managers representing CNWL.
- **Section 18 : Directors of Children's Services**
- **Section 19 : Lead Member for children's services.**

The principles enshrined in the Act, i.e. co-operation, information sharing, listening to children and safeguarding and promoting the welfare of children are all underpinned by the duties that the Act creates, and are intended to be key components of the day-to-day practice of those who work with children, young people and their families. The overarching aim is to ensure that local authorities and partner agencies, including all health services, work together to improve outcomes for children and take account of the need to safeguard and promote the welfare of children.

### **Working Together to Safeguard Children 2006**

This is a guide produced by HM Government in 2006 for interagency working to safeguard and promote the welfare of children. It provides both statutory and non-statutory guidance to all practitioners and managers who have particular responsibilities for safeguarding and promoting the welfare of children and to senior and operational managers in organisations that are responsible for providing services to children, young people and adults who are parents or carers. Statutory guidance states that 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 an 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 or 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 case 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 children 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 (revision to Child Protection Register), in safeguarding children from significant harm
- As part of generally safeguarding children and young people, provide ongoing promotional and preventative support, through proactive work with children, families and expectant parents
- Contribute to serious case reviews (Part 8 Reviews) and their implementation

## **The National Service Framework for Children, Young People and Maternity Services (NSF)**

This highlights the serious impact that physical, emotional or sexual abuse and neglect can have on all aspects of a child's health, development and well-being. It may be associated with domestic violence, parental mental ill health, or parental substance misuse problems. The NSF sets out a 10 year programme for improving the quality of services for children, young people and pregnant women. Safeguarding children is a theme running through the NSF and "Standard 5" deals specifically with safeguarding and promoting the welfare of children.

### **Part 8 Reviews**

A Part 8 review is a component of the Children Act 1989 where there is a statutory obligation on Local Authorities, and now LSCBs, to have an independent review whenever there is a death of a child or a serious child abuse incident, particularly where there is multi-agency involvement. This is also covered in the statutory guidance in Working Together 2006. CNWL continues to contribute to Part 8 Reviews and to learn the lessons from such inquiries.

### **Hidden Harm**

This paper responds to the needs of children of problem drug users. There have been a number of recommendations made in this document produced by the Advisory Council on the Misuse of Drugs in 2003. The government response in 2005 set out how within the framework of Every Child Matters and the NSF, services should identify and respond to the needs of these children.

### **Laming Inquiry**

The recommendations of the Laming Inquiry in relation to the Trust include:

- raising awareness of the need to consider the safety of children within all health services,
- improving training and audit
- Improving communication within and between different organisations.

### **What to do if you're worried a child is being abused**

The Department for Education and Skills has recently updated and re-issued non-statutory guidance for all practitioners working with children about whom there are child welfare concerns. This document focuses on:

- What to do if someone has a concern
- What will happen once someone has been informed about concerns
- What contribution a practitioner may be asked or expected to make to the child protection processes

### 3. **Progress in the Past Year**

#### 3.1 **Performance Indicators**

The Healthcare Commission issued a total of 14 child protection performance indicators in March 2004 that Trusts were expected to achieve. This formed a part of the star rating system. A previous Board report highlighted the Trust's compliance to these standards, which are now being fully met across the Trust. The Trust continues to use these standards internally to benchmark progress. Details are summarised below:

- The Trust has a Named Nurse, a Named Doctor and an identified person at Board level with responsibility for Child Protection.
- The Trust has links to all LSCBs either through membership of the main board at senior level or through representation on sub-committees.
- The Trust now has a robust system for Police checks with the Criminal Records Bureau.
- The Trust has access to Child Protection Registers through Social Services and access to a clinician with Child Protection experience through the medical on-call system provided by the CAMHS service.
- The Trust has a training strategy and funding is available for Child Protection training within the CAMHS directorate budgets.
- The Trust has a robust policy for reporting incidents relating to Child Protection through the Child Protection Policy, the Serious Untoward Incident Policy and local procedures, including Collingham Gardens Child and Family Unit and Coombe Wood Mother and Baby Unit.
- The Trust has recently undertaken a large audit in relation to child protection across all directorates.
- The Trust Board continues to receive an annual report on Child Protection.
- The Trust has clear guidance on the sharing of information with Social Services and other health partners.

#### 3.8 **Partnership Work**

**Local Safeguarding Children Boards:** These are in place for each Borough. Executive Directors attend these as follows:

<b>Borough</b>	<b>Executive Director</b>
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Brent	Edward Matt
Harrow	Edward Matt
Hillingdon	John Vaughan
K&C	Edward Matt
Westminster	Edward Matt

Sub Groups of the Safeguarding Children Boards often ask for CNWL representatives which represents a substantial commitment of resources. Increasingly the Trust is being asked for representation on sub-groups by representatives of Adult Services and SMS services and it is difficult to find senior staff with the time to attend these meetings where only a small part of the agenda may relate to mental health issues.

**Children Strategy Partnership Boards:** These are in place with an Executive Director or senior manager representing CNWL.

<b>Borough</b>	<b>Executive Director/Senior Manager</b>
Brent	Catherine Knights
Harrow	Karina Hedley
Hillingdon	Karina Hedley
K&C	Karina Hedley
Westminster	Catherine Knights

**Crime and Disorder Strategy Groups:** These are multi-agency sub groups of the DAAT, which meet and plan to reduce crime and disorder in each Borough. These include specific plans to address issues experienced by young people, like increased CCTV surveillance to prevent street crimes.

**Advice to partner agencies:** The child Protection Nurse is undertaking an assessment of the level of care provided in another in-patient facility, as an adviser to the LSCB.

### 3.8 **Policy Development**

#### **Child Protection Policy**

The Trust Child Protection policy has now been in place for 2 years and is due for review in October 2007. The policy was developed in consultation with expert child protection staff in PCT's and Local Authorities and is seen as an excellent example of a policy for mental health services. It should, however, be replaced by Pan London Child Protection Procedures, which will be issued at the end of the summer to harmonise procedures across the London region, in relation to all agencies working with children. The Trust, through the Named Nurse, has contributed to the development of these procedures.

#### **Visiting of Children**

The Trust now has a Policy on Visiting of Children on Acute Wards, which has been implemented across the Trust and is covered in the induction training on child protection for all staff.

### Admission of Children and young people to Adult Wards

The Trust needs to review its policy for admitting children and young people under the age of 18 to Adult wards as it has been identified as an issue over the last year due to the shortage of adolescent beds across north-west London.

### Self harm among young people

The “Truth Hurts” Report of the National Inquiry into Self-harm among Young People”, was produced by the Camelot Foundation in 2006. This highlighted the need for agencies, particularly schools, to do more in terms of identifying early signs of self-harming and responding to the needs of this vulnerable group of young people.

In Harrow there is a Deliberate Self-Harm Register where all young people who self-harm are identified and a pilot project is being drawn up which will provide a tiered response to the needs of this service user group.

### “Hidden harm” in substance misuse services

Substance Misuse Services have taken forward the Hidden Harm Agenda in the last year. One of the main action areas was promoting greater awareness of Child Protection issues with SMS staff through the development of local protocols and training. There are also improved data management systems that incorporate information about children of adult clients. Review of the referral pathways from SMS to more child focussed agencies is taking place.

### Risk Assessment

The Trust has reviewed its procedures with regard to Risk Assessment. Child protection is included in the new Risk Assessment questionnaire for adult services and the named Doctor for Child Protection leads on providing specialist advice on this process.

## **3.8 Recruitment and Selection of Staff- HR Issues**

Following the Soham murders the Bichard inquiry was established to consider Child Protection procedures and in particular police record keeping, information sharing, and vetting procedures in organisations where adults have access to children.

The main recommendations, which affect the Trust include

- A new Code of Practice on information management
- New guidance on handling allegations of sexual offences against children
- Training for those staff conducting interviews for staff working with children
- The introduction of a registration scheme for those wishing to work with children
- Improvements in vetting with a requirement for enhanced disclosures for staff working with children

The Trust now has a robust vetting process in place and we are confident that all staff are appropriately checked prior to working in the services. Gaps around checks against medical staff have been resolved and the Trust is now working on rechecking staff who have been in employment within CAMHS who have not had a check for a number of years.

There is a requirement to keep records of any allegations about staff in relation to children on file indefinitely whether the allegation was proven or not. This is a major change from accepted disciplinary procedures within the Trust and needs further work. There is now also a duty imposed on the Trust to inform social services when an allegation is made involving a child. Decisions as to when and who to inform are made by the Named Nurse in conjunction with the HR team.

### 3.8 **Training**

In 2006 a new two year training strategy to improve the levels of training for Child Protection across the Trust was put in place. The evaluation of the previous training strategy found that:

- Over 800 staff across the Trust completed different levels of Child Protection training appropriate for different staff groups.
- More detailed training was delivered to specific groups of staff where training in this area was most relevant including CAMHS staff, Substance Misuse services, PALS workers, Women's Group Staff and A&E Liaison services.

Since the new strategy was implemented last April, a total of 600 additional staff have undergone Child Protection training, mainly through the Trust induction programme and through local in-service training sessions. All of the teams needing specific training have had Child Protection sessions tailored to meet their specific needs.

This represents a significant improvement on previous year's activity and we hope to achieve the goal of all staff having had a "level 1" introductory training in Safeguarding Children regardless of where they work in the Trust by the end of the next training strategy period in March 2008.

### 3.8 **Audits**

#### **Trust-wide Child Protection Audit**

A major audit project was carried out during the last 18 months reviewing areas relevant to safeguarding children and in particular, child protection. The audit tool was sent to over 400 staff and was the largest child protection audit ever completed in the Trust.

The audit showed a very positive change from audits in previous years when there was less emphasis placed on child protection. The key points of the audit showed that the collection of demographic information about children

whose parents were attending the Trust was well embedded in practice and was completed in every case. The other positive result was that 95% of staff stated that they now routinely consider child protection when working with families and approximately the same number of staff were familiar with policies and procedures relating to child protection.

The audit also showed some areas where improvements are needed. It showed that 29% of staff did not have any training in child protection whilst working in the trust. The second area was the provision of child friendly facilities in adult areas of the Trust where children might visit. Only 50% of in-patient staff said that there was a clearly designated room for child visitors in clinical areas. These issues are being addressed.

When the audit cycle is repeated, it will provide evidence of continued improvement or areas in which CNWL needs to improve and undertake further work. It is hoped to carry out another major audit in 2008 to look at the areas of concern from the last audit and to focus on some of the new issues in relation to safeguarding children.

Substance Misuse services have also undertaken audits on Child Protection, in conjunction with the Hidden Harm Project. The main outcome was a desire for clear guidance and further training in this area.

### **Child Protection Induction Audit**

This audit is ongoing and feedback demonstrates that the sessions were viewed as extremely useful, thought-provoking and essential to provide safe care. The main action point was the desire for more time to deal with the subject. Consequently, time for training has been extended and this has been well received.

### **Audit of Risk Assessment Form in CAMHS**

This audit is currently underway within CAMHS and details will be included in the next annual report. Preliminary indications show very good compliance with the completion of documentation in relation to risk.

## **3.7 Advice and Support Service**

One of the main challenges for CNWL is that child protection work is not part of the daily routine for most staff (who do not work with children). There are therefore issues about the Trust's ability to provide advice, support and supervision around child protection issues, as required. This is a key element of child protection work and in CNWL it is addressed in a number of ways:

- All areas now have a poster describing Child Abuse and, in simple terms, what to do if they have a concern about a child.

- The Trust Child Protection Policy provides contact details of individuals within the Trust, Social Services Departments and PCTs who can provide advice and support on Child Protection matters.
- The Trust Intranet now has a Child Protection Section that provides a number of relevant documents providing information and links to other websites where staff can get further information, if required.
- The Named Nurse for Child Protection provides an advice, supervision and support service to all staff in the Trust during working hours through the use of a dedicated mobile phone. This service is advertised by posters issued to each clinical area on the Trust Intranet, and in all training sessions. Between 2006 and April 2007, this service has been used on over 80 occasions by staff from all areas of CNWL, with most calls coming from Substance Misuse Services, and a high proportion from Adult Services from all areas of the Trust.

### 3.8 **Clinical Governance**

#### Trust Clinical Governance Committee

Safeguarding Children is within the remit of the Trust Clinical Governance Committee. The Named Doctor for Child Protection sits on the Trust Clinical Governance Committee where Safeguarding Children is a standing item, and is included in the Trust Clinical Governance Strategy 2006 - 2009.

#### Trust Risk Management Strategy

The work in developing a trust wide risk assessment tool, which includes child protection for adult services, has now been completed, with input from the Named Doctor for Child Protection.

#### CAMHS Clinical Governance Meeting

Safeguarding children is a standing item on the CAMHS Clinical Governance Agenda. Important issues are brought to and discussed in the CAMHS Management Meeting.

#### CAMHS Risk Assessment and Management

The Named Doctor has led on the development of a Risk Assessment tool for CAMHS services, which has also been implemented and is currently being audited.

#### Compliance with Disability Discrimination Act

Partly as a result of the difficulties in accessing Collingham Gardens for children who also have physical disabilities, the Trust is relocating the CAMHS In-Patient Service to Beatrice Place in autumn 2007. This ensures compliance with the Disability Discrimination Act.

#### Nice Guidance

NICE Guidance relevant to safeguarding children such as prescribing of anti-depressants for children and the treatment of ADHD is also considered under the Safeguarding Children agenda. When new guidelines have been

introduced these have been accepted and acted upon by clinical staff within CAMHS.

#### Learning Lessons

Learning lessons from incidents is essential for safeguarding children. In particular, Part 8 Reviews provide an opportunity to see where services are working well to protect the interests of a child and to give focus where improvements are necessary. Within the past year, there has been one Part 8 review which has involved the CAMHS service and an action plan has been produced with actions currently being implemented.

#### 4. **Inspection of Children's Services**

The CAMHS Directorate has co-operated with the Annual Performance Assessment and Joint Area Reviews which include Safeguarding Children within their remit.

#### 5. **Action Plan for 2007/08**

The attached Action Plan details areas for safeguarding children over the coming year.

## CNWL NHS FOUNDATION TRUST SAFEGUARDING CHILDREN ACTION PLAN FOR 2007/08

ISSUE	ACTION	LEAD	BY
Safeguarding Children Board Sub Groups	Proposal completed for a further Child Protection Nurse to contribute to these sub groups in each of the Boroughs.	Karina Hedley	April 2008
Policy and guidance development	<ul style="list-style-type: none"> <li>• To continue to promote the Trust policies and procedures through training, conferences and all communication systems used within CNWL.</li> <li>• To ensure that the “Pan London Procedures” and the “What to do If you’re worried a child is being abused” guidance are adopted by the Trust and advertised widely with local protocols developed to aid these procedures</li> <li>• To review the policy for the occasions when a child has to be admitted to an adult ward for emergency treatment</li> <li>• Substance Misuse Services will continue to work with CAMHS to take forward the Hidden Harm Agenda</li> </ul>	Paul Byrne  Paul Byrne  Paul Byrne/ Melanie Woodcock Amynta Cardwell	Ongoing  December 2007  December 2007  Ongoing
Human Resource Issues	To write guidance on Allegations of Child Abuse and Recording on Staff Files	Paul Byrne	April 2008
Basic Training	To continue the programme of induction training. To continue the programme of training to individual teams. To provide training information to all staff on inter-agency training provided by the local Safeguarding Children Boards.	Paul Byrne	On-going
Detailed training	To purchase computerised training package for staff requiring a more advanced training in safeguarding children.	Karina Hedley	April 2008
Section 11 Audit	LSCBs are requiring partner agencies to complete an audit of their compliance with good practice in safeguarding children and this may reveal further areas where work may be required.	Paul Byrne	On-going

Internal Audit Programme	<ul style="list-style-type: none"> <li>The Named Nurse for Child Protection will complete a Trust-wide audit on safeguarding children regarding areas identified in the last audit and reflecting the new safeguarding agenda – A main focus will be the child visiting acute adult in-patient wards.</li> <li>To undertake a further audit of the Induction Training Package to assess whether it is meeting the needs of employees.</li> <li>To complete the audit of Risk Assessment in CAMHS.</li> </ul>	Paul Byrne  Paul Byrne Dr McClure	July 2008  Monthly Nov 2007
Advice and Support	To continue to provide an advice service to all staff working in the Trust on Child Protection matters and advertise this service widely through the various communication media available to staff.	Paul Byrne	Ongoing
Compliance with Disability Discrimination Act	Relocation of the CAMHS In-Patient Service to Beatrice Place in Autumn 2007. This will allow the service to become compliant with the Disability Discrimination Act.	Paul Byrne	December 2007
Part 8 Reviews	Action plans from Part 8 reviews will be implemented in the services where which the actions are relevant. This will be the responsibility of Service Heads with the support of the Named Nurse and Named Doctor.	Service Heads Paul Byrne Dr McClure	Ongoing
Trust Board responsibility	<ul style="list-style-type: none"> <li>The Trust Board will receive an annual report on Safeguarding Children as recommended good practice by the Healthcare Commission.</li> <li>To understand the extended safeguarding children agenda, a seminar will be scheduled for the Executive Board.</li> </ul>	Paul Byrne Dr McClure  Paul Byrne	August 2008  Dec 2007
Clinical Governance	<ul style="list-style-type: none"> <li>To continue to develop safeguarding issues in the CAMHS Clinical Governance Meeting</li> <li>Safeguarding Children to remain a standing item on Trust Clinical Governance Committee</li> </ul>	Dr McClure	Ongoing
Inspection	To co-operate with annual performance assessment and Joint Area Reviews	Karina Hedley	Ongoing

