West London Mental Health NHS Trust

Protocol for Joint Working Arrangements: West London Mental Health NHS Trust Adult services and Children's Social Care 2018/19

Promoting hope and wellbeing together

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Appendices

1. Introduction

1.1 This is an overarching joint protocol of partnership arrangements for cases referred between Adult services in West London Mental Health NHS Trust and Children's Social Care services in the London Boroughs of Ealing, Hounslow, and Hammersmith & Fulham; with separate appendices to reflect local variation in access to services.

1.2 This protocol provides guidance to Adult Mental Health professionals employed by West London Mental Health NHS Trust (WLMHT) and the Local Authority Children's Social Care workers on working together to provide a joint service that addresses the needs of all members of those families affected by adult mental health problems. It sets out roles and responsibilities to staff who are assessing and supporting families where a parent or carer has a mental illness. To ensure that the needs of both parents and children are met, a high level of joint working is needed from both Mental Health services and Children's Social Care. More detailed information can be found in the WLMHT Safeguarding Children Policy (C18), available on the WLMHT intranet, and the relevant Children's Social Care department's guidance/procedures; their contact details are in the appendices attached to this protocol.

1.3 The London Child Protection Procedures www.**londons**cb.gov.uk/**procedures** and Working Together www.gov.uk apply to families with children (including unborn) where a parent or carer has a mental illness. The Care Act 2014 reinforces the requirement to work co-operatively with Children's Social Care to safeguard and protect children.

1.4 In brief, all agencies have a responsibility to be alert to the welfare of children and parents with mental health issues (this relates to any adult in a caring role or close relationship with a child) and make a referral to the relevant agency where necessary.

1.5 Providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Identifying a need for support is a way of avoiding rather than precipitating child protection measures.

2. Identifying concerns for children and young people

2.1 A significant proportion of adults known to mental health services have children and, like all parents, they want what is best for them. Parents affected by mental illness face particular challenges; many are fully aware that their disorder affects their children even if they do not fully understand the complexities, and all children will be sensitive to their parent's state of mind and health. Dependent on the age and developmental stage of the child; the possible impact on the child's health and welfare must be considered when the parent/carer is unwell. This includes unborn babies.

2.2 The work undertaken by adult MH staff is by its very nature preventative. A parent/ carer who stays well is going to be better placed to meet their child's needs. When their health does impact upon their parenting capacity, providing early help is more effective in promoting the welfare of children than reacting later. Early help means providing support as soon as a problem emerges, at any point in a child's life, from the foundation years through to the teenage years. Proactively considering support needs is a way to minimise risk and avoid the need for statutory protective measures.

2.3 Mental illness in a parent can have an impact on the needs of a child in a variety of ways and is strongly associated with poor outcomes for some children. Secondary factors that can accompany any chronic illness, for example, low income; poor housing and

neighbourhood; stressed family relationships and societal prejudice all compound vulnerability.

2.4 Children may also take on significant caring responsibilities for parents and younger siblings. In more extreme circumstances it can significantly impact on a child's development or place them at harm, but it is important to remember that not all children of parents who have mental illness are at risk and that in any family there are likely to be some protective factors. From the outset staff should therefore consider and access the level of support required from the agency best placed to provide it, as well whether the child requires statutory protection.

2.5 The following factors may impact on parenting capacity and increase concern that a child may have suffered or is at risk of suffering significant harm. **It is, however, important to exercise professional judgement in each situation, and recognise that a referral may need to be made even when the factors below are absent.**

2.6 **When a child**:

- features within parental delusions i.e. - in these cases a Section 47 (Child Protection Investigation) will always be conducted (The Children Act 1989)
- might be harmed as part of a suicide plan - in these cases a Section 47 (Child Protection Investigation) will always be conducted (The Children Act 1989)
- features in a parental belief that their child may be possessed by a spirit or other forces and professionals need to be vigilant for indicators that a child could be being physically harmed (burns, bruises or other marks), a deterioration in personal care, or signs of emotion abuse (a belief that they are bad or evil)
- Is at risk of honour based violence, either as a result of parental delusions or extreme beliefs related to parental ill health or religious beliefs
- is involved in his/her parent's obsessive compulsive behaviours
- becomes a target for parental aggression or rejection
- witnesses disturbing behaviour arising from mental illness, e.g. self harming or suicidal behaviour, disinhibited behaviour, violence or homicide
- is in a home where an older sibling with mental health problems present a risk
- is missing or absent from home (see appendix E for **ACPO definitions**)
- is missing from education
- may be at risk of child sexual exploitation
- may have been or is being trafficked and exploited
- is in a family where there is domestic violence and abuse
- is in a family where there is misuse of drugs, alcohol or medication
- is neglected physically and/or emotionally by an unwell parent
- is privately fostered (see **definition of private fostering** in appendix E)
- is a young carer, i.e. assumes important caring responsibilities for a parent or siblings
- does not live with the ill parent but may experience any of the above on contact with them, e.g. during formal supervised or unsupervised contact sessions, visits or overnight stays
- has significant physical / mental health needs in their own right
- The parents reports that the child is unwell a lot, or attends a lot of medical appointments and there are concerns around fabricated illness
- is a female child in a family where FGM may be or is known to be practised

- is in a home where a dog or other animal/reptile presents a risk to the child

2.7 **The following parent/carer factors should also be considered:**

- mental illness arising in the peri-natal period, such as maternal depression, or a partner's mental illness
- the parent/carer is subject to an ASBO or equivalent
- lack of insight into illness and impact on child, or insight not applied
- non-compliance with treatment
- poor engagement with services
- physical ill-health of the parents
- a parent/carer who is a survivor or perpetrator of domestic violence
- a parent/carer who is expressing radical or extreme beliefs

2.8 These are some of the issues you need to think about **but if there is any doubt at all** that a child is at risk of harm or neglect (it may not be deliberate) staff should talk with their line manager or supervisor and/or their local safeguarding lead as a matter of urgency. The Named safeguarding professional in WLMHT can also advise.

2.9 Each Borough Children's Social Care department have developed their own **Threshold Document.** This is an effective tool to help professionals identify emerging problems and potential unmet needs for individual children and families. It assists professionals in knowing when to share information with other professionals to support early identification and assessment. The London Safeguarding Children Board **Threshold Document**, from which all London Borough threshold documents are developed, is available on the LSCB website at: www.londonscb.gov.uk (search term - Threshold Document: Continuum of Help and Support)

2.10 **At ALL times if an URGENT and IMMEDIATE assessment is needed phone the police on 999**

3. Making a referral to Children's Social Care as a Child in Need or where a child is thought to be at risk

3.1 Making the referral

3.1.1 Adult Mental Health staff should be aware of the many preventative services available to families and access them as required. However, if a worker has concern about a child's welfare (whether or not the child lives with their parent or carer), and feels a statutory assessment of need (s17) or risk (s47) is required a referral should be made initially by telephone to the Children's Social Care services in the Borough where the child lives. Each Borough has 'front door' arrangements for the reception of contacts, referrals and for proportionate information sharing at an early stage. One telephone number is the first point of contact for all new referrals. If agreed, a telephone referral is followed by a written referral within 24 hours using the Inter-agency referral form as relevant to the Borough (Local Borough forms for Ealing, Hounslow, and H&F-Tri-Borough are available on the WLMHT intranet Safeguarding Children page).

3.1.2 Anyone can refer a child, whether the adult is an inpatient, living in the community, normally resident in the child's home or not and regardless of whether previously known to

Children's Social Care. The referral must set out, in as much detail as is known, the contextual information and any additional information about perceived risk to and/or needs of the child/ren and the requested intervention.

3.2 Front door arrangements

Telephone Numbers that are the first point of contact for the referral:

a. **London Borough of Ealing** **020 8825 8000 (24hr line)**

b. **London Borough of Hammersmith & Fulham** **020 8753 6610**
020 8748 8588 (Out of Hours)

c. **London Borough of Hounslow** **020 8583 6600**
020 8583 2222 (Out of Hours)

- Contact telephone numbers for the relevant Borough are also in the appendices of this protocol and are available on the WLMHT intranet Safeguarding Children page.
- Inter-agency referral forms, and fax numbers are available on the WLMHT intranet Safeguarding Children page
- Contact details for **all** Children's Social Care services nationally are available on the internet. The appropriate contact should be made if the child does not live in the London Boroughs of *Ealing, Hounslow, H&F.*
- Receipt of referral must be confirmed by Children's Social Care
- **Any email correspondence between WLMHT and a Children's Social Care Department is only safe via the secure email address that a referrer will be given access to; or, from an NHS.net email address to a GCSX or a CJSM email account**

3.3 Informing the parent/carer

3.3.1 Any referral for early help requires the **consent** of the parent (and any older children if it relates to them). Agreement to refer to Children's Social Care should be sought as far as is possible from the parent/carer, through discussion about their child / children so that a referral is made with the parent/carer's knowledge. Staff can legally share confidential information with Children's Social Care with the parent's consent, however; if there is a risk to children; there is a duty to share information, **with or without** the parent's consent.

3.3.2 There are some occasions when informing a parent of a referral would not be appropriate. <u>For example:</u>

- It is likely that this will increase the risk to the child or another person
- There are concerns that the family may disappear with the child
- There is likely to be a criminal investigation and where informing the alleged perpetrator would enable him/her to influence the child and remove or undermine the Police evidence gathering process
- Informing the parent/carer would put the staff member in danger

3.3.3 The decision to share information without consent should be made in conjunction with the MDT discussion.

4. Children's Social Care Response to a Referral from Adult Mental Health Service

4.1 Within **one working day** of a Referral being received, a local authority social worker should decide the type of response that is required and acknowledge receipt to the referrer.

4.2 On new referrals, all cases are screened. The front door team may liaise with referrers to seek additional information if necessary and advise on action taken in response to the Referral. If the Referral is not accepted for allocation they will advise on the reasons for this. If for any reason this does not happen within **three working days**, the referrer should contact Children's Social Care and ask to speak to a relevant operational manager in the front door service. If the referrer is concerned about a decision that has been reached they should discuss this with the relevant team manager in the first instance.

4.3 If agreement is still not reached the escalation process set out at the end of this document should be followed.

5. Children's Social Care enquiries to Adult Mental Health services

5.1 Children's Social Care staff with concerns about the mental health of a parent/carer should establish if they are receiving or have received any services from the Adult Mental Health team. Initial contact can be made with the GP and the Single Point of Access (SPA) which covers all 3 London Boroughs - **0300 1234 244**

5.2 Healthcare staff cannot divulge information regarding health without consent unless it meets the safeguarding or the public interest test. Information should be shared only as it is **relevant, proportionate and necessary.** Social Care staff making the enquiry should evidence the threshold, or that consent has been obtained for the sharing of information.

5.3 Social Care staff may need to contact adult services for consultation or to seek a clinical opinion on a parent or carer's mental health to assess how it might affect the parenting of a child with whom they are working.

5.4 If consultation is required concerning a pregnant woman, or parent/carer of a young baby the Consultant Perinatal Psychiatrist is the point of contact:

020 8483 1525

5.5 For all other cases the Safeguarding Children Team in WLMHT should be contacted:

20 8354 8861

6. Adult Mental Health response to enquiries from Children's Social Care

6.1 Adult Mental Health staff will establish if the parent/carer is known to Adult Mental Health Services and if so pass the contact details of the Mental Health Worker to Children's Social Care staff. An acknowledgement by Adult Mental Health services of having received the referral will be made.

6.2 The Children's Social Care worker should then liaise directly with the allocated Adult Mental Health worker with a view to joint working. If he/she is not available it should be another

practitioner within the team. Information should be shared only as it is **relevant, proportionate and necessary** to the enquiry.

7. Urgent Mental State Examination / Referral to Mental Health Service

7.1 Mental State Examination Versus Mental Health Act Assessments

7.2 A social worker may be concerned about a parent/carer's state of mind; how this may affect their parenting and the risks to the child/ren in the home. A **mental state examination** assesses a person's mental wellbeing and may determine whether a **Mental Health Act Assessment** is required. These are structured assessments normally undertaken by Doctors.

7.3 A Mental Health Act Assessment (MHAA) is different to a mental state examination. A MHHA is a legal intervention that determines whether a person should be detained in Hospital under the Mental Health Act 1983 and its amendment of 2007. This process requires several professionals; to include Doctors, an Approved Mental Health Professional (AMHP) and in most cases Police, London Ambulance Service, the Home Treatment team and significant others. It is acknowledged that the least restrictive outcome should be our aim and that compulsory detention in Hospital under the MHAA is the final option after all other options have been considered.

7.4 Where Mental Health Act Assessments are required and the adult is a parent it is expected that joint working with Children's Social Care services and Mental Health services will take place in order to ensure the needs of the child are addressed, in keeping with the principles of this protocol.

7.5 Given that Mental Health Assessments are undertaken in pressured and crisis situations; a key element is effective and timely liaison and clear information sharing and planning between the Approved Mental Health Professional (AMHP) and Children's services in the Borough.

7.6 Referral to Mental Health Services

All initial referrals of adults to the Mental Health service should be made via the Single Point of Access (SPA) which covers all 3 London Boroughs - **0300 1234 244**. Where it is known or has been identified that the adult is known to Mental Health services then direct contact should be made with the appropriate team. Contact details are in Appendix D.

8. Joint Working

8.1 Throughout the time of joint involvement, there must be clear and regular communication between Children's Social Care staff and Adult Mental Health staff and wherever appropriate, they should meet face-to-face. It is expected that professionals from both services will conduct joint visits to the family home and attend cross services meetings where appropriate and / or necessary.

8.2 All meetings should be noted and all other forms of communication including telephone calls, emails, faxes and informal conversations must be documented on the appropriate electronic recording systems in both Mental Health and Children's Social Care. It is important that all telephone calls between professionals, including those where a message is left with a member of staff or on a voicemail system, are recorded with the name of the person spoken to, date of call and all relevant details. Advice provided by managers or

specialists such as a WLMHT Named Professional for Safeguarding Children must also be recorded.

9. Collaborative Assessments

9.1 Practice is most effective when both agencies are working jointly with a family. Assessment should be approached as a shared activity but the level of involvement of each agency will be different in each case dependent on the features and issues that are present. There should be joint agreement as to how to keep children safe in each case.

9.2 Discussions must include both agencies' views of any risks to children in the household. Staff must be aware that siblings and other adults visiting the household may also present risks. This will include actual and potential impact of behaviour, attitude and actions associated with the parent's mental illness on their parenting, the child, the parent-child relationship, and the impact of parenting on the adult's mental health. Adult Mental Health staff may consider activities of daily living (ADL) assessments if appropriate. Assessments should provide a comprehensive and reflective analysis of the actual or likely impact on the child of living with a parent or carer with mental health difficulties.

9.3 Discussion should be held during any assessment processes to share information, evaluate progress, analyse information and to ensure that they draw on the professional expertise of practitioners in both agencies. Joint visits must be considered and arranged where necessary or where these would be useful.

10. Joint plans of action when parents do not attend appointments with Adult Mental Health Services

When parents/carers do not attend appointments, or disengage from the service and there are concerns or vulnerabilities for the children in the family, or there is a social worker already involved, Children's Social care will be informed. Either party must be informed with a view to joint planning.

11. Meetings with a Safeguarding Focus

There are a several different planning meetings that may occur and professionals from both agencies will be expected to attend when involved with the family. The role of the Adult Mental Health professional is to support the adult in the process and the child's social worker is acknowledged to focus on the safety and wellbeing of the child throughout.

11.1 Professionals Meetings

Any agency can call a multi-agency professionals meeting to share information or decide on further action. The meeting will not include any members of the family. Professionals should not decide what other agencies will do or lead on without there first having been agreement for such decisions. Health information can be shared with consent or in accordance with safeguarding or the public interest thresholds having been illustrated to have been met. Information should be shared only as it is **relevant, proportionate and necessary.**

11.2 Care Programme Approach (CPA) Meetings with Adult Mental Health

All assessment, CPA monitoring, review, leave and discharge planning meetings are informed by a 'think child, think parent, think family' approach and must consider if the parent/carer is likely to have or resume contact or care responsibilities with their own child or children in their network of family and friends, even when the children are not living with the parent/carer. Where safeguarding concerns are identified a Children's Social Worker must be invited and attend all CPA meetings to influence and inform the care plan.

11.3 Care Programme Approach (CPA) Discharge Planning from Adult Mental Health Services or closure to Children's Social Care for service users with children or caring responsibilities

When either agency is considering discharge/closure from any of its services or transfer (e.g. of a client to another borough) and where joint working is in progress a meeting must be convened involving relevant staff from each service, or there must be a discussion with clear outcomes which are shared, agreed and recorded. It is imperative that neither agency should agree actions or decisions on behalf of each other without agreement and consultation from the relevant agency. If there is disagreement about the discharge/closure decision from either agency escalation protocol must be followed.

11.3.1 Joint plans of action when parents with mental health concerns are discharged from Hospital or community services

Prior to discharge the care plan must demonstrate that parenting support needs and the needs of, and risk to, the child or children, and any carers, including young carers, have been identified and reflected in the risk assessment, risk management, crisis and contingency plans. There must be a joint clear plan of action outlining the responsibility of each agency involved and the Children's Social Worker must be invited and attend the Discharge Care Planning meeting to influence and inform the care plan. Agencies with on-going responsibilities should be clearly identified and they should be aware of and in agreement with their on-going duties.

11.4 Child Protection Strategy Discussions

A multi–agency Child Protection Strategy discussion will take place in response to all Referrals where the Local Authority are considering the need for legal intervention to protect a child. Adult mental health may be asked to participate in these discussions when parental MH is a significant factor. This will be via telephone or a meeting convened by Children's Social Care Services. All Strategy discussions are chaired by Children's Social Care.

11.5 Child Protection Conferences

When the risk of significant harm has been identified, but legal action is not yet considered appropriate the intervention is monitored through the case conference process. Children's Social Care has the responsibility to invite all relevant professionals to Child Protection Conferences and Core Group Meetings. When Adult Mental Health professionals have been invited, they are expected to attend the Initial Child Protection Conference with a written report as per child protection **conference report proforma** (appropriate forms for each Borough are on the WLMHT Exchange). This meeting decides whether a child should be the subject of a Child Protection Plan and the mental health representative will be required to express an opinion on the type of plan (Child Protection or Child in Need) and the category of abuse (physical, emotional, sexual or neglect). Adult Mental Health professionals should attend all subsequent review conferences. If the allocated mental health worker is not able to attend, then a representative from Adult Mental Health should attend in their stead.

11.5.1 It is important that a frank and honest report that highlights the professional's concerns but also parental strengths is written by the Adult Mental Health professional. It is essential to review the clients full history as there may be historical information held that is critical to current safeguarding concerns that has not previously been shared with other professionals working with the family. The professional should **share their written report with the adult prior to the Initial or Review Conference** so that the parent/carer knows what is going to be said. This helps to maintain trust and openness between the professional and the parent/carer. If you think that some of the information contained within your report cannot be shared with the parent, or is not known to them or to their partner, then you must discuss this with the Chair of the conference prior to the meeting.

11.6 Child Protection Core Group Meetings

If the child is made the subject of a Child Protection Plan, the Adult Mental Health professional must be invited to become a member of the core group and be expected to attend the Core Group Meetings. These review the implementation of the Child Protection Plan. Parents and children where appropriate, are members of the Core Group and are invited to attend. If the allocated worker is not able to attend, then as with Child Protection Conferences there is an expectation that a representative from Adult Mental Health should attend in their stead, or that a written update is provided.

11.7 Children in Need Meetings

If the child is subject to a Child in Need (CiN) Plan, the relevant Adult Mental Health professional/s must be invited to meetings in respect of the Plan and subsequent reviews, and, should make every effort to attend with a written report, as per CiN **report proforma**. Whilst reflecting that there is less current risk to the child, a CiN meeting is no less important in terms of supporting the child/ren and attendance and input by Adult Mental Health is still required wherever possible.

11.7.1 If unable to do so they should ensure that up to date information (a report) is available to the meeting. Parents, and children, when appropriate, attend CiN planning meetings and reviews. As in any situation where reports are written concerning the children it is important for the Adult Mental Health professional to **share their written report with the adult prior to the meeting**, so that the parent/carer knows what is going to be reported. This helps to maintain trust and openness between the professional and the parent/carer.

11.8 Statutory Looked After Children's Review Meeting

If the plan is for a Looked After Child (LAC) to have contact with or to return home to live with a parent who is known to the Adult Mental Health Team, a representative from the Mental Health Team will be invited to participate in the review, and, where appropriate, information from the Mental Health practitioner will be sought to inform the Looked After Children Care Plan and/or Pathway Plan.

11.9 Admission to Hospital, Visiting and Leave Arrangements

If Children's Social Care is already involved with the children they must be informed that an adult with regular contact with the children has been admitted to hospital. For patients who have a child / children under the age of 18 or regular contact with children under 18 e.g. partner's children, or have a significant child minding / caring role with children, the welfare of those children must be considered. If Children's Social Care are not involved it is not mandatory practice to make a referral. However, consideration should be made as to whether a referral should be made for support; or for a more comprehensive assessment of the child's safety, where there are concerns.

11.9.1 This must be undertaken by the primary/ allocated nurse immediately in emergency (i.e. where suitable care for a baby or child has not been identified), or the next working day. Appropriate and informed consent must be sought from the parent or carer when contacting Children's Social Care. However, where there are concerns about a child's welfare a referral should be made, with or without consent. This must be recorded.

11.9.2 If the case is not open to Children's Social Care inpatient services must consider whether a Referral to preventative/support services or CSC is required. If the case is already known to a community Mental Health team or specialist service there should be discussion as to which service is best placed to make the Referral and have on-going contact with CSC.

11.9.3 For cases involving Children's Social Care, child visiting and parental leave arrangements must be jointly discussed and this must be recorded on the appropriate electronic recording

systems in both Mental Health and Children's Social Care. Any risks should be identified in the risk assessment.

11.10 Safeguarding Adult Concerns Strategy Meeting

Where there are safeguarding adult concerns and there are children in the family, the Safeguarding Adult Manager (SAM) must be informed of Children's Services involvement. The SAM is responsible for inviting the relevant Children's Social Worker to attend and contribute to the Safeguarding Adult Enquiry under Section 42 of The Care Act 2014 as appropriate.

12. Escalation and Resolution of Disputes

12.1 If a situation arises where a social worker has difficulties in contacting or communicating with a clinician in WLMHT they should contact the Safeguarding Children Team at WLMHT - 020 8354 8861

- **Escalation when Adult Mental Health Referrals to Children's Social Care are rejected**

- **Disagreement between Children's Social Care and Adult Mental Health in respect of joint planning for the safeguarding of children**

12.2 All professionals have a duty to act assertively and proactively to ensure that a child's welfare is the paramount consideration in all professional activity. Therefore all professionals must challenge the practice of other professionals where they are concerned that this practice is placing children at risk of harm.

12.3 Occasionally situations arise when workers within one agency feel that the actions, inaction or decisions of another agency do not adequately safeguard a child. Disagreements are most likely to arise around:

- Levels of need/thresholds
- Roles and responsibilities
- Progressing plans
- Communication

12.4 Any member of staff in the Mental Health service who feels that a decision is not safe or is inappropriate should initially consult their supervisor/manager and local safeguarding lead to clarify thinking to identify the problem, to be specific as to what the disagreement is about, **and to identify the desired outcome.** This discussion must take place as soon as possible and could be a telephone conversation or a face to face meeting. There may be instances where disparity in perceived status or experience may inhibit the ability of some workers to resolve the disagreement without support.

12.5 The matter should be discussed by the respective line managers in the Mental Health service and Children's Social Care. If the dispute cannot be resolved at this level within a reasonable timescale, the matter should be referred first to the relevant service managers, and then to the relevant Head of Service in Children's Social Care and the relevant senior manager in the Adult Mental Health Service and the Named Safeguarding Children Professional in WLMHT.

12.6 Further specific guidance for escalation of concerns can be found on the Trust intranet, The Exchange, under Safeguarding.

Appendix A London Borough of Ealing Contacts

ECIRS (Ealing Children's Integrated Response Service)

At ALL times if an URGENT and IMMEDIATE assessment is needed phone the police on 999

If at any time you become concerned that a child has been harmed or is at risk of harm – call ECIRS immediately on **020 8825 8000** (24hrs for emergency calls). Calls will be directed to the emergency duty team outside of working hours.

ECIRS is the single point of entry for all professional referrals and self-referrals in Ealing for both urgent and non-urgent cases, including for families wishing to self-refer to SAFE 0-18.

When an individual first calls ECIRS they will speak to a business support officer who will obtain an overview of the enquiry. In the case of a safeguarding referral, the caller has the opportunity to speak to a social worker who will note the concerns and advise the next steps.

If there are additional concerns about an Allegation Against Professional this information must form part of the referral to ECIRS. The Designated Officer can also be contacted directly within working hours.

What happens next?

For urgent cases where there are concerns that a child has been harmed or is at risk of immediate harm - ECIRS will make a referral to a MAST Team or if appropriate the Children with Disability Team who will take appropriate and immediate action.

The referrer will be asked to provide the following information:
- Child's basic details (name, address, DOB, ethnicity, etc.)
- Details of siblings if known (name, gender and age)
- Details of parents and/or other adults in the household who may have parental responsibility for the child
- A summary of the contact your agency has had with the child (where applicable)
- An overview of the child/family's EHAP (if one exists)
- If anyone has spoken to the child – what they said
- Your assessment of the child's development and progress
- Whether you obtained parental consent to share information for the purposes of a referral to ECIRS.

For non-urgent cases where a child is in need and the situation has the potential to turn into a safeguarding concern or where there is a safeguarding concern but one that does not warrant immediate action - ECIRS will make a referral to a MAST Team or if appropriate the Children with Disability Team for a CFA (Child and Family Assessment) and further investigation.

ECIRS is also able to access specialist and/or targeted services such as SAFE 0-18, Youth Justice Service, ESCAN etc. in response to identified needs.

www.ealing.gov.uk

- **Any email correspondence between WLMHT and a Children's Social Care is only safe via the secure email address that a referrer will be given access to; or, from an NHS.net email address to a GCSX or a CJSM email account**

Appendix B London Borough of Hammersmith and Fulham Contacts

At ALL times if an URGENT and IMMEDIATE assessment is needed phone the police on 999

If you have a concern about a child which is **urgent**

Outside office hours call 020 8748 8588

During office hours call 020 8753 6610

Fax: 0208 753 4209

Email: familyservices@lbhf.gov.uk

In person: 145 King Street, W6 9XY

The contact details for the front door service are shown above and include the number to call in an emergency and out of hours and the number to call to refer to children's services or to discuss with family services staff about whether a referral ought to be made. Within 24 hours all contacts will receive an initial judgement about the level of concern and the next steps for family services and the referrer will be informed.

Referrals

- If you're unsure if a referral is needed call the Front Door Team and speak to a social worker for consultation and advice
- All requests for support, all referrals to Disabled Children's Service and reporting of any safeguarding/welfare concerns come via the front door
- All referrals are reviewed within 24hours

Possible Pathways by the Front Door

- If Child Protection - referral forwarded immediately to CAS for immediate action
- If level 1 - referred out to universal services
- If level 2 - passed to Early Help Service, voluntary & community sectors or early years for early intervention/support
- If level 3 or 4 - passed to CAS for assessment
- Once recommendation has been made and referral progressed the Front door will update the referrer of the outcome

- **Any email correspondence between WLMHT and a Children's Social Care is only safe via the secure email address that a referrer will be given access to; or, from an NHS.net email address to a GCSX or a CJSM email account**

Appendix C London Borough of Hounslow Contacts

At ALL times if an URGENT and IMMEDIATE assessment is needed phone the police on 999

If you think that a child or young person is at risk from abuse or neglect, contact us immediately:

- If they are not currently known to social care (or you don't know) contact Children's Services Front Door on 0208 583 6600/3200 Option 1
- If they are already known you can liaise directly with the allocated social worker. Contact the duty desk on 0208583 6600 if you do not know the contact number
- Should the discussion result in a formal referral a written referral may be emailed from an NHS.net account to CSLL-socialcare-gcsx@hounslow.gcsx.gov.uk or faxed to 020 8583 3245

Out of hours (after 5pm weekdays or weekends) call 020 8583 2222 and ask to speak to the duty social worker.

It is important to act fast if you suspect abuse as some signs of abuse can disappear quickly. If you are uncertain, you might find it helpful to discuss your worries with a social worker.

- **Any email correspondence between WLMHT and a Children's Social Care is only safe via the secure email address that a referrer will be given access to; or, from an NHS.net email address to a GCSX or a CJSM email account**

Appendix D West London Mental Health NHS Trust Contact

SINGLE POINT OF ACCESS (SPA) **0300 1234 244 (24hr line)**

Ealing Mental Health Community Teams

Ealing CATT (Crisis and Treatment Team)	**020 8483 2059**
Recovery Team East (Avenue House)	020 8483 1720
Recovery Team West (The Limes)	020 8483 2789
Early Intervention Service	020 8483 2671

Hammersmith and Fulham Mental Health Community Teams

H&F CATT (Crisis and Treatment Team)	**0207 386 1271**
Recovery and Treatment Team – Claybrook Centre	0207 386 1275
Old Oak Road	0208 483 1750
Early Intervention Service	0207 386 1160

Hounslow Mental Health Community Teams

Hounslow CATT (Crisis and Treatment Team)	**020 8483 1443**
Recovery Team East (728 Hounslow Rd)	020 8483 2020
Recovery Team West (The Cardinal Centre)	020 8483 1859
Early Intervention Service	020 8483 2671

Consultant Perinatal Psychiatrist / Clinical Lead for Liaison & Perinatal Mental Health Services – West London Mental Health Trust
Tel: 020 8483 1525

Safeguarding Children Team - West London Mental Health NHS Trust

Dr Johan Redelinghuys
Director of Safeguarding Children and Adults at Risk
PA Carol Jervier **0208 354 8861**
Email: Johan.Redelinghuys@wlmht.nhs.uk

Monica King
Named Nurse Safeguarding Children and Young People
PA Carol Jervier **0208 354 8861**
Email: Monica.King@wlmht.nhs.uk

- **Any email correspondence between WLMHT and a Children's Social Care is only safe via the secure email address that a referrer will be given access to; or, from an NHS.net email address to a GCSX or a CJSM email account**

Appendix E

ACPO definition of a missing person

The ACPO definition of a missing person is:

MISSING:
'Anyone whose whereabouts cannot be established will be considered missing until located, and their well-being or otherwise confirmed'.

**ABSENT will not now be separately defined. All reports of missing people sit within a continuum of risk from 'no apparent risk (absent)' through to high risk cases that require immediate, intensive action.*

(2016 College of Policing)

If a member of WLMHT staff is informed by a relative or friend, or discover in the course of a home visit to a client that a child is missing as defined they should immediately contact the allocated Social Worker, or the police by calling 101. If the allocated SW finds out the child is missing before Police (i.e. by a parent or friend) the Social Worker must report the child missing to Police by calling 101.

www.acpo.police.uk/documents

Definition of Private Fostering

When a child under the **age of 16 (under 18 if disabled)** is cared for 28 days or more by someone who is not their parent or a close relative this is called a private fostering arrangement. It is a private arrangement as it is one made without the involvement of a local authority, between a parent and a carer. Such a carer is called a private foster carer and the child or young person is considered to be 'privately fostered'.
Close relatives are defined as step parents, grandparents, brothers, sisters, uncles or aunts (whether of full blood, half blood or by marriage).
Children's Social Work Departments have a legal duty to ensure that any child or young person is safe, well looked after and does not come to any harm in a private fostering arrangement, by making sure that he/she and their carer are visited regularly and where necessary offered advice and support. Support could be in the form of financial help in certain cases and/or information about any local support networks for carers. Carers may be able to claim additional benefits from the appropriate benefits agencies.

Close relatives and carers can notify children's social care themselves but as a professional you are required to notify the local authority if you know of someone who is going to be privately fostering or has started privately fostering a child or young person.

What you must do

The law requires you to notify Children's Social Care within 6 weeks of:

- A child going to stay with someone who is not a close relative for **28 days or more**, or
- A person going to look after someone else's child for 28 days or more

Appendix F Attending Child Protection Conferences

What do I need to do before the Child Protection Conference?

- Professionals must provide a report to the local authority **two working days before an initial conference and five working days before a review conference.**
- It is imperative that professionals also share their report with the parents/carers prior to the conference taking place.
- It is the responsibility of each professional to ensure the parents/carers know of any worries or concerns they hold and what information will be shared at the conference.

The Child Protection Conference

- Professionals are expected to arrive no later than half an hour before the start time of the conference in order to read all available reports i.e. arrive by 9.30 for a 10am start and 1pm for a 1.30pm start.
- All professionals attending child protection conferences must take responsibility to ensure that they are fully conversant with the issues and concerns relating to the child/ren and history of their agency's involvement with the family
- If a professional is unable to attend a conference in person they should endeavour to send a representative who should be fully briefed on the history and concerns relating to the child/ren and agency's involvement, as well as providing a report on the multi-agency proforma.
- It is important that all information is presented in everyday language that avoids professional jargon.
- Information should also distinguish between fact, observation, allegation and opinion.
- It should also be clear where the information originates from, i.e. first or second hand.
- A key question for professionals to consider is the 'so what?' question, e.g. "so what does my agency's information, including observations of the child/family, say about dangers/risks and safety for this child?"
- Whilst there may well be worries about the parents/carers behaviour or illness, it is the IMPACT UPON THE CHILD/REN that is a concern for the conference.
- Professionals should provide direct feedback from the child if this has been shared with them in whatever format the child feels most comfortable i.e. a picture, letter, verbal account etc.

SIGNATORIES TO THIS PROTOCOL

London Borough of Ealing:

Judith Finlay - Executive Director Children, Adults & Public Health

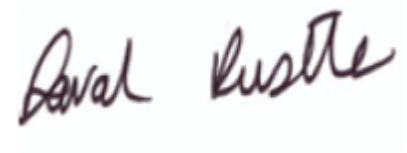
London Borough of Hammersmith and Fulham:

Bev Sharpe - Assistant Director Family Services

London Borough of Hounslow:

Jacqui McShannon - Director Children's Safeguarding and Specialist Services

West London Mental Health NHS Trust:



Sarah Rushton - Executive Director Local Services

DATE: Updated September 2018: Amendments to paragraph 11.9 and sub-sections; and 11.10 only

This protocol will be audited as part of the CQUIN arrangements for the 2018 / 19 financial year, as well as periodically to review the standards of the partnership arrangement.