



**Children's Safeguarding and  
Family Help**  
CSFH joint working protocol with  
hospitals

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## 1 Purpose and scope

This policy sets out how Children's Safeguarding and Family Help (CSFH) will work with the following hospitals in order to safeguard and promote the welfare of children (including unborn children) who are normally resident in the borough.

- Great Ormond Street (GOSH)
- University College Hospital London (UCLH)
- Royal Free Hospital (RFH).

## 2 Pre-birth assessments

- Where there are concerns about the welfare of an unborn child, CSFH social workers will carry out a specialist pre-birth assessment. Please refer to the Camden Safeguarding Children Partnership multi-agency guidance on pre-birth assessments available at: [Camden Safeguarding Children Partnership CSCP](#)
- Cases will be allocated based on the child's journey principles that seeks to ensure that the child receives a service from the most appropriate social work team in order to reduce changes in social worker.
- Where this is the mother's first pregnancy and there is no information available on her parenting capacity, the case will be allocated to the Brief Intervention team (BIT) for assessment.
- Where the mother has previously had children removed from her care or siblings who are currently looked after or is a care leaver, the case will be allocated to the Looked After Children team for assessment.
- Where there are other children in the family who are already known to CSFH, the allocated social worker will carry out a pre-birth assessment as part of the children and family assessment but can seek advice from social workers in the BIT who have expert knowledge.
- Where the mother is a looked after young person the unborn child will be allocated a separate social worker from the Looked After children team who will carry out the pre-birth assessment.

- Pre-birth assessments are normally carried out at around 12-13 weeks once the pregnancy has been confirmed at the first scan but can be carried out earlier (around 10 weeks) where there is a long history of concerns and/or evidence of substance misuse by the mother.

### 3 Advice and consultation with CSFH

Senior practitioners in the BIT will attend the following consultation meetings with hospital staff in order to promote multi-agency working and best practice:

#### **Maternity meetings**

- These are held weekly at both the Royal Free Hospital and UCLH and attended by midwives and the BIT senior practitioner. The purpose of the meeting is to discuss cases where there are concerns about the welfare of unborn children.
- The meeting will share information and discuss the issues in each case and the senior practitioner will advise on risk, thresholds and possible courses of action, including a MASH referral. The meeting will then agree on and plan any interventions.

#### **A&E meetings**

- These are held weekly at both the Royal Free Hospital and UCLH and attended by A&E staff and the BIT senior practitioner. The purpose of this meeting is to discuss children's presentations at A&E that have raised concerns about their welfare or where a child who is known to CSFH has presented.
- The meeting will share information and discuss the issues in each case and the senior practitioner will advise on risk, thresholds and possible courses of action, including a MASH referral. The meeting will then agree on and plan any interventions.
- In cases where the child is known to CSFH, the senior practitioner will liaise with the allocated social worker to pass on information.

### The Children and Families Contact Service

Outside of these meetings, and in an emergency, hospital staff can contact the Contact Service to:

- find out if a child they are working with is known to CSFH;
- seek advice on risk assessment, thresholds and referrals;
- seek advice on getting parental consent to a referral.

#### 4 Great Ormond Street Hospital (GOSH)

- As **GOSH** is a specialist hospital, the majority of the children who are inpatients or attending hospital outpatient clinics will be from outside Camden. Many of the children have complex and enduring health needs requiring specialist treatment on a more long-term basis.
- The role of the hospital's social work team is to provide services for the child and their family in order to deal with the impact of the child's illness, and the team will work closely with social workers from the local authority where the child lives to ensure the child's needs are assessed and that there are services in place to meet these specific needs.
- The GOSH hospital social work team will liaise with Children's Safeguarding and Social Work to ensure children staying at the hospital who are resident in Camden receive a high quality social work service as required.
- The social work department at GOSH will refer children and families to the Children and Families Contact Service if the child has more complex needs requiring a social work service or if there are child protection concerns requiring a section 47 enquiry where the child is normally resident in Camden.
- However, the department will have a continuing role by acting as a link between hospital staff and the allocated social worker and advising social workers on the impact of the child's illness.

## 5 Child protection cases

### **Responsibility for taking action**

Camden works to the London Safeguarding Board child protection procedures and social work staff should be familiar with these procedures. The procedures cover the role of home local authorities (ie: where the child lives in the borough) and host local authorities (where the child normally lives outside the borough).

Each hospital will also have local child protection procedures which should be followed by all hospital social work staff in conjunction with pan-London procedures.

- If the child is normally resident in Camden, CSFH will be responsible for carrying out child protection procedures and convening strategy meetings and child protection case conferences.
- If the child is an inpatient at GOSH and GOSH social workers have concerns about their welfare, a referral should be made to the Contact Service via an e-CAF referral form.
- If the child is normally resident outside Camden:
  - :
  - The home authority retains case responsibility for the child.
  - Emergency action to protect the child from immediate harm will be taken by CSFH unless the home authority is within a close enough proximity to undertake this action themselves within a reasonable timescale. Generally, emergency action would involve the police using their powers of protection, but social workers must liaise closely with the home local authority when this action is taken.
  - The home authority should investigate any child protection concerns arising from incidents or circumstances within their borough, and any concerns relating to parenting, with relevant input from the host authority.
  - The host authority (Camden) should investigate any child protection concerns arising from incidents or circumstances within the host authority (for example, incidents occurring at the hospital or allegations against a member of hospital staff), and should involve the home authority throughout investigations.

- Once the host authority has completed investigations or any emergency action, case responsibility will revert back to the home local authority to take any necessary action.

### **Joint working with home authorities**

- Home local authorities are generally responsible for convening and chairing strategy meetings and carrying out section 47 enquires where concerns are connected to incidents that happened in their area.
- When working jointly with other authorities on child protection cases, the responsible Camden social worker should contact the relevant social work manager at the home local authority to share information and discuss arrangements for strategy meetings and investigations where assistance is required, and whether Camden needs to take any emergency action to protect the child.
- Where concerns arise from the child's situation in the hospital, for example any safeguarding issues in relation to actions taken by hospital staff, Camden would be required to convene a strategy meeting and carry out a section 47 enquiry but case responsibility would revert back to the home local authority following this.
- If the child protection concerns are connected with an allegation against a member of staff in Camden, this would have to be dealt with by Camden's Local Authority Designated Officer (LADO).

### **Children subject to child protection plans in other authorities**

- The following procedures apply whenever:
  - a child is admitted to a Camden hospital as an inpatient and is the subject of a child protection plan in another borough
  - or
  - a pregnant women is admitted to a Camden hospital and there has been a pre-birth case conference in another borough .
- Generally the home authority should notify the MASH team directly where it is known a child or pregnant woman is at the hospital, but otherwise notification may come from medical staff at the hospital.

- The MASH social worker should contact the home local authority to obtain copies of the plan and discuss any issues that may arise regarding its implementation, for example whether the child is to have limited contact with any person.
- The social worker should then liaise with ward staff to share information and agree actions and should inform the Quality Assurance Service in order to ensure the child is added to Camden's temporary child protection plan list.

### **Alerts to other local authorities**

- Alerts are used where a pregnant woman is not booked for ante-natal care and there are safeguarding issues, for example, the woman is street-homeless or substance misusing, or due to non-engagement with social work services. These are normally sent out by the Quality Assurance Service.
- The purpose is to enable hospitals to share information about the woman and the possible risks to the unborn child, and what action needs to be taken by staff in the event that the woman presents in any of the hospitals.
- Usually there would be an agreed action plan devised by the home local authority that has case responsibility. The action plan would contain details of concerns and actions that need to be taken on presentation.
- If hospital staff are concerned about a missing service user, this should be discussed with the BIT senior practitioner at the maternity consultation meeting and a decision made about requesting the Quality Assurance Service to send out a notification or alert.

## **6 Children admitted due to self-harming**

Where a young person is admitted to hospital following self-harming, hospital staff should make a referral to the Contact Service who will take appropriate action based on the RAG rating of the case.

## **7 Training**

BIT seniors and social workers responsible for facilitating part of the child protection training for Royal Free hospital staff.



## 8 Assessment of long-stay children in hospital under section 85

### Legal framework

- Where a child needs to stay in hospital for more than 3 months, their local authority has a duty to safeguard and promote their welfare under section 85 of the Children Act 1989 by visiting the child, assessing their needs and where necessary, providing services to meet their assessed needs and support their family.
- These procedures do not apply to children who are looked after as their welfare is safeguarded through the looked after system. Equally, children who are visited and assessed under section 85 will not become looked after.

### Notification

Where a child is likely to remain in hospital for 3 months or more:

- The hospital is responsible for notifying the Clinical Commissioning Group and the local authority where the child normally lives, or lived, immediately before their admission into hospital.
- If the child has no fixed address or normally lives abroad, notification should be made to the local authority where the hospital is based.
- Notification should also be sent out when the child is discharged.

### Duty to visit

Following notification, Camden should appoint a suitably qualified representative to visit the child at the following frequency:

- within 3 months of notification if the child has been assessed under section 17 in the preceding year:
- within 7 working days of notification if the child has not been assessed under section 17 in the preceding year:
- then at least every six months or as reasonably requested by the child and it is believed this is needed to safeguard their welfare.

The purpose of the visit is to assess whether or not the child's welfare is being safeguarded within the hospital setting and whether any actions or services should be provided to ensure their safety and welfare, including any steps to be taken under the Children Act.

A report of the visit should be written up and shared with the child and their family. Following on from the report, Camden will be responsible for ensuring that where concerns are raised about the child's welfare, services are put in place to meet their needs and promote their welfare.