Brent Adolescent Centre
Brent Centre for Young People

SAFEGUARDING AND CHILD PROTECTION POLICY

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Brent Adolescent Centre
Brent Centre for Young People

SAFEGUARDING AND CHILD PROTECTION POLICY

This policy has been adopted on:	**16th September 2014**
This policy is to be reviewed:	**At least every two years**
Last reviewed:	**July 2024**
Centre lead policy worker:	**Valentina Levi, CEO**
Trustee lead policy worker:	**Dr Bernard Roberts**

STATEMENT

Safeguarding is about knowing when a child is at risk or needs help, and keeping children safe by:

- Protecting them from harm
- Supporting their health and development
- Making sure they grow up in a safe environment

Child protection procedures are the methods and structures to prevent and respond to abuse, neglect, exploitation and violence affecting children.

The purpose of this document is to protect children and young people who are in contact with Brent Adolescent Centre (also known as Brent Centre for Young People), and to provide staff, trustees and volunteers with guiding principles to safeguarding and child protection.

Brent Adolescent Centre will ensure that all staff, including clinical and administrative staff, trustees, volunteers or anyone else working on behalf of the Brent Adolescent Centre are:

- Aware of the legislation concerning child protection and safeguarding
- Informed about the local child protection procedures, and able to access local training where required
- Informed about the workings of the Local Safeguarding Children Board (LSCB)
- Aware of their responsibilities for safeguarding children, and
- Kept informed regarding the Independent Safeguarding Authority

Staff should also ensure that children attending the Centre are informed of their rights and what to do if they have any concerns.

Brent Adolescent Centre notes that the mental health perspective is important in respect of many aspects of children's welfare, and that their professional staff will inevitably identify or suspect instances where a child may have been abused and/or neglected.

Brent Adolescent Centre will follow the child protection procedures laid down by the Local Safeguarding Children Board.

1.0 Introduction

1.1 Brent Adolescent Centre fully recognises that all staff have a full and active part to play in protecting children from harm.

1.2 All staff accept that this Centre should provide a caring, positive, safe and stimulating environment which promotes the social, physical and moral development of the individual child. The welfare of the child / young person is paramount.

1.3 The aims of this policy are:

1.3.1 To support child development in ways that will foster security, confidence and independence

1.3.2 To raise the awareness of staff to the need to safeguard children and of their responsibilities in identifying and reporting possible cases of abuse and/or neglect

1.3.3 To emphasise the need for good levels of communication between all members of staff

1.3.4 To develop a structured procedure and guidelines within the Centre, which will be followed by all staff in cases of suspected abuse. Appendix 2 outlines the procedures that all staff should follow in the event of a safeguarding concern.

1.3.5 To develop and promote effective working relationships with other agencies, especially the Police and Social Care

1.3.6 To ensure that all adults within the Centre, who have access to children have current Disclosure and Barring Service (DBS) checks, have their identity verified by original documentation and also that references are checked in line with safe recruitment policies

1.3.7 To implement the appropriate Vetting and Barring Procedures in line with the Independent Safeguarding Authority (ISA).

2.0 Procedures

2.1 Appendix 2 details the reporting procedures that all members of staff at the Centre are required to follow in the event of a safeguarding concern. The Centre's procedures for safeguarding children will be in line with Local Safeguarding Children Board (LSCB) procedures.

The Centre will ensure that:

2.1.1 There are at least two designated members of staff responsible for implementing procedures within the Centre, who undertake regular training

2.1.2 There is a member of staff who will act in a designated member of staff's absence

2.1.3 All members of staff develop their understanding of the signs and indicators of abuse as written below, and update any safeguarding training requirements every 3 years

2.1.4 All members of staff know how to respond to a child who discloses abuse or neglect

2.1.5 All parents/carers are made aware of the responsibilities of staff members with regard to safeguarding and child protection procedures

2.1.6 The Centre is covered by adequate and relevant insurance at all times

2.2 These procedures will be regularly reviewed and up-dated.

2.3 All new members of staff will be given a copy of the Safeguarding and Child Protection Policy during induction. This policy will also be made available on the Brent Adolescent Centre 'cloud' enabling electronic access for all staff.

2.4 Members of staff responsible for implementing this policy are:

Ms Valentina Levi (CEO)
Brent Adolescent Centre
Laufer House
London
NW6 7TT

Deputy member of staff responsible for this policy is:

Mr Barnaby Dunn (In-House Service)
Brent Adolescent Centre
Laufer House
London
NW6 7TT
0207 328 0918
barnaby.dunn@brentcentre.org.uk

Ms Jana Duchonova (Schools Service)
Brent Adolescent Centre
Laufer House
London
NW6 7TT
0207 328 0918
jana.duchonova@brentcentre.org.uk

3.0 Responsibilities

3.1 The designated member of staff for child protection is responsible for ensuring that:

3.1.1 LSCB, ISA and Centre procedures are followed with regard to referring a child if there are concerns about possible abuse

3.1.2 Clinical and other staff are supported to keep written records of concerns about a child even if there is no need to make an immediate referral

3.1.3 Ensuring that all such records are kept confidentially and securely

4.0 Supporting Children

4.1 The Centre recognises that a child who is abused or witness's violence may find it difficult to develop and maintain a sense of self-worth, and that a child in these circumstances may feel helpless and humiliated. We recognise that a child may feel self-blame

4.2 All children, regardless of age, disability, gender, race, religious belief, sexual orientation or identity, have the right to equal protection from all types of harm or abuse

4.3 We accept that research shows that the behaviour of a child in these circumstances may range from that which is perceived to be normal, too aggressive or withdrawn

4.4 The Centre will support the children who use our service by:

4.4.1 Encouraging self-esteem and self-assertiveness whilst not condoning aggression or bullying

4.4.2 Promoting a caring, safe and positive environment, which includes the consideration of premises, equipment, etc. as laid out in the Centre's Health and Safety Policy

4.4.3 Liaising and working together with all other support services and those agencies involved in the safeguarding of children

4.4.4 Notifying Social Care as soon as there is a significant concern

5.0 Confidentiality

5.1 We recognise that all matters relating to Child Protection are confidential and need to be dealt with sensitively. A child's welfare and safety are paramount, and all staff must be aware that they cannot promise to a child to keep secrets, but may need to share information with other agencies and professionals who need to know, to protect a young person at risk

5.2 Safeguarding concerns about a child or young person will be flagged on our clinical database, to ensure any member of staff working with that young person would be aware

5.3 All staff must be aware that they have a professional responsibility to share information with other agencies who need to know in order to safeguard children. Children and parents will be appropriately involved, if concerns need to be shared

6.0 Supporting Staff

6.1 We recognise that staff working at the Centre who have become involved with a child who has suffered harm, or appears to be likely to suffer harm may find the situation stressful and upsetting

6.2 The Centre will support such staff by providing an opportunity to talk through their anxieties with the designated member of staff and to seek further support as appropriate

6.3 All staff members who come into contact with children are able to take part in child protection training during the beginning stages of their employment, and at intervals of not more than 3 years, in order

to support staff and make them aware of potential issues which could cause harm to a child

7.0 Allegations against staff

7.1 We understand that a child may make an allegation against a member of staff

7.2 If such an allegation is made, the member of staff receiving the allegation will immediately inform their line manager, and/or Clinical Director/Appointed Child Protection Lead

7.3 The line manager in all such occasions will discuss the content of the allegation with Referral & Assessment, Social Care

7.4 If the allegation made to a member of staff concerns the Line Manager, the designated member will immediately inform the Clinical Director who will consult with Referral &Assessment, Social Care

8.0 Whistleblowing

8.1 We recognise that children cannot be expected to raise concern in an environment where staff fail to do so

8.2 All staff should be aware of their duty to raise concerns, where they exist, about the attitude or actions of colleagues

Please refer to the Whistleblowing Policy and Procedures for more information

9.0 Physical Intervention

9.1 Our policy on physical intervention by staff is set out in a separate policy and acknowledges that staff must only ever use physical intervention as a last resort, and that at all times it must be the minimal force necessary to prevent injury to another person

9.2 We understand that physical intervention of a nature which causes injury or distress to a child may be considered under child protection or disciplinary procedures

10.0 Bullying

10.1 Our policy on bullying is set out in a separate policy and acknowledges that to allow or condone bullying that impacts on a

young person may lead to consideration under child protection procedures

11.0 Discrimination

11.1 Our policy acknowledges that discrimination and prejudice based on age, gender, race, religious belief, disability or sexual orientation or identity, can have a serious impact on a young person's welfare, and that repeated incidents, or a single serious incident may lead to consideration under child protection procedures

12.0 Prevention

12.1 We recognise that the Centre plays a significant part in the prevention of harm to children by providing good lines of communication with trained professionals and an ethos of protection

12.2 The Centre will therefore:

12.2.1 Establish and maintain an ethos where children feel secure and are encouraged to talk and are always listened to

12.2.2 Ensure that the children who attend the Centre know there are trained professionals whom they can talk to if they are worried or in difficulty regarding a form of abuse

12.3 In order to prevent harm the Centre operates a safe recruitment procedure when recruiting new members of staff, which includes using application forms which ask about past convictions and pending cases. All potential new recruits are always interviewed by a trained panel of senior staff members at the Centre. The Centre also takes references for any new person who has been offered a position, as well as following up employment histories. It is an employment requirement that all staff have recent DBS disclosures and renew them every three years

13.0 Safeguarding in Outreach Settings

13.1 The Brent Centre for Young People operates a number of psychotherapeutic outreach projects in settings such as secondary schools, the pupil referral unit and the youth offending service within Brent

13.2 Staff are aware that the Safeguarding and Child Protection Policies of the Centre are applied to the Centre's outreach projects. Appendix 2 details the procedures that all Centre staff working in outreach are required to follow in the event of a safeguarding concern.

13.3 Staff working on these outreach projects will be additionally aware of procedures and policy within their local settings, and liaise with a link worker within that setting to ensure young people are safeguarded

13.4 Staff will be aware, where appropriate, of designated child protection officers in outreach settings such as schools, who they can approach when concerns are raised in that setting

13.5 Staff will continue to approach the designated Centre staff, line manager or Clinical Director with concerns about safeguarding, regardless of the location of clinical work

14.0 Young people who identify as gang affected

14.1 The Centre is aware that young people who identify as gang affected in any way, may also be communicating concerns that they are at risk from violence or sexual exploitation, and that this constitutes a safeguarding concern. Staff are aware of the inter-related issues around gangs, crime, poverty and deprivation, and violence in the borough, and the negative impact of this upon young people

15.0 Technology and E-Safety

15.1 The Centre recognises that children and young people have access to the internet, smartphones, and other forms of communication and information, that can compromise their safety if used without guidance

15.2 Staff are aware that safeguarding issues can arise from suicide / self-harm websites and chat rooms, online 'grooming', talking to strangers online, 'BBM' chat and other forms of messaging that young people use, internet pornography, and the filming of violent or sexual incidents using phone cameras. Staff will respond to online or technology based safeguarding issues with the same sensitivity and care as any other safeguarding issue, following local procedures to ensure the wellbeing of the young person

15.3 Staff will endeavour to keep themselves up to date with training, issues and policy developments or guidance around e-safety, so

they can deal with these safeguarding concerns sensitively and appropriately

15.4 The Centre recognises that young people may attend appointments and outreach services with electronic devices/smart phones. Maintaining the confidentiality and safety of those young people and any other young people accessing our services is paramount, and staff are able to recognise when this might be put at risk from misuse of electronic devices. Staff are also aware that on occasion young people may use their smart phones or electronic devices to convey aspects of their life, or their concerns within a therapeutic setting, and staff will also ensure that this can be recognised and supported appropriately

15.5 Staff will intervene appropriately, if electronic devices or smart phones compromise a breach of confidentiality or raise safeguarding concerns in a clinical or group session. Any appropriate intervention follow safeguarding good practice, and would identify the risk or concern, raise this with the young person and seek to sensitively maintain a safe and boundary environment for therapeutic work

15.6 Workers in outreach settings will additionally be aware of local policies within any specific outreach setting, (for example in some schools and settings, young people are encouraged to have mobile phones switched off). Staff will work alongside partner agencies to safeguard young people

15.7 Staff are encouraged to discuss concerns regarding e-safety and the use of technological devices with the lead workers in Safeguarding

15.8 Reception staff are also aware of the potential issues around using smartphones or electronic devices within the waiting area of the Centre, and ensuring it is a safe and confidential space. Any concerns would be dealt with by reminding young people of the need to provide a safe and confidential space to all who use the waiting area, and raising concerns with the Service Manager for Clinical Administration where necessary

16.0 Useful Contacts

16.1 The following provides contact details for local support services which can be used if a member of staff is concerned for the safety and wellbeing of a child or young person

Advice, Information and Training:

NSPCC Helpline (staffed by trained child protection officers)

Tel: 0808 800 5000
Website: www.nspcc.org.uk

Brent Local Safeguarding Children Board (LSCB)

For training, advice and consultation

Tel: 020 8937 4237
Fax: 020 8937 4286
Website: www.brentlscb.org.uk

Education Child Protection Advisor: 020 8937 3139
Social Care Child Protection Advisor: 020 8937 4305
Safe Network: www.safenetwork.org.uk

Met Police: Brent and Harrow Child Abuse Investigation Team (CAIT):
020 8733 3575

E-safety links:
Child Exploitation and Online Protection Centre (CEOP)
www.ceop.gov.uk
Tel: 0870 000 3344

CEOP can be contacted for information and advice regarding worrying or upsetting images online, or an email with abusive material for example

See also Brent E-safety:
www.brentlscb.org.uk/main/article.php?tag=esafety&name=role§or=Professionals

London Safeguarding Children Board – London Child Protection Procedures

This document offers specific guidance on child protection in London

All staff, trustees, and volunteers should be familiar with, and have access to the London Child Protection Procedures which includes information on:

- Sharing information / confidentiality
- Recognition and response to abuse and neglect
- Children / young people in specific circumstances
- Referrals and assessment (including Common Assessment Framework)
- Allegations against staff

The full document can be found here www.londonscb.gov.uk/procedures/

Reporting concerns of a child or young person at risk of harm:

If a child is at immediate risk of harm, call the police on 999

If you suspect, have evidence of, or receive a disclosure of abuse, you should inform your line manager, Clinical Director, or designated child protection officer as soon as possible.

Brent Children's Social Care Services
Tel: 020 8937 4300

If you are calling out of normal office hours (9am -5pm) please call the emergency duty team: 020 8863 5250

The Brent Child Protection Team:
Tel: 020 8937 3345
Email: caf@brent.gov.uk

Please see www.brent.gov.uk if you want to use the online reporting form to follow up a telephone call.

Locality Teams (Social Care)
To be used for queries, not referrals, Monday – Friday 9am – 5pm

Harlesden locality:	020 8937 4767
Kilburn locality:	020 8937 5936
Kingsbury locality:	020 8937 4910
Wembley locality:	020 8937 4262
Willesden locality:	020 8937 5870

Brent Centre for Young People designated officers for child protection:

Valentina Levi (CEO)
020 7328 0918 (office hours)

Barnaby Dunn (Inhouse Services)
020 7328 0918 (office hours)

Jana Duchonova (Outreach and Schools)
020 7328 0918 (office hours)

This policy is hereby adopted by the Brent Centre for Young People

Appendix 1

1. Definitions and Factors in recognising harm and neglect

Definitions

1.1 'child' refers to anyone under the age of 18 years of age and includes unborn children

1.2 Significant Harm

What is 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. The local authority is under a duty to make enquiries, or cause enquiries to be made, where it has reasonable cause to suspect that a child is suffering, or likely to suffer significant harm (s47 of Children Act, 1989). To make enquiries involves assessing what is happening to a child. Where s47 enquiries are being made, the assessment (known as the core assessment) should concentrate on the harm that has occurred or is likely to occur to the child as a result of child maltreatment, in order to inform future plans and the nature of services required. Decisions about significant harm are complex and should be informed by a careful assessment of the child's circumstances, and discussion between the statutory agencies and with the child and family.

1.3 Definitions of Abuse and Neglect

A person may abuse or neglect a child by inflicting harm, or by failing to act to prevent harm. Children and young people may be abused in a family or in an institution or community setting, by those known to them or, more rarely, by a stranger.

Child abuse is broken down into four distinct categories which are defined in 'Working Together to Safeguard Children'.

Physical Abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning, suffocating, or otherwise causing physical harm to a child, including by fabricating the symptoms of, or deliberately causing, ill health to a child.

Emotional Abuse is the persistent emotional ill treatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person, or developmentally inappropriate expectations being imposed on children, causing children frequently to feel frightened, or the exploitation or corruption of children.

Sexual Abuse involves forcing or enticing a child or young people to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact including penetrative (e.g. rape or buggery) or non-penetrative acts. They may include involving children in looking at, or in the production of pornographic material, or encouraging children to behave in sexually inappropriate ways.

Neglect is 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, such as failing to provide adequate food, shelter and clothing, or neglect, or unresponsiveness to a child's basic emotional needs.

2. Recognition of Child Abuse

Child Abuse and Neglect is a generic term encompassing all ill treatment of children including serious physical and sexual assaults as well as cases where the standard of care does not adequately support the child's health and development.

Children may be abused or neglected through the infliction of harm, or the failure to act to prevent harm.

2.1. The factors described in this section are frequently found in cases of child abuse.

Their presence is not proof that abuse has occurred but must be regarded as indicators of the possibility of significant harm justifies the need for careful assessment and discussion with your line manage / colleagues/ Lead Child Protection Officer may require consultation with and / or referral to Social Services. The absence of such indicators does not mean that abuse or neglect has not occurred.

In any abusive relationship the child may:

- appear frightened of the parent/s
- act in a way that is inappropriate to her/his age and development (though full account needs to be taken of different patterns of development and different ethnic groups)

The parent or carer may

- persistently avoid child health services
- have unrealistic expectations of the child
- frequently complain about /to the child and may fail to provide attention or praise (high criticism / low warmth environment)
- be misusing substances
- persistently refuse to allow access on home visits
- be involved in domestic violence

Staff should be aware of the potential risk to children where individuals previously known or suspected to have abused children, move into the household, or where there is a history of domestic violence.

2.2. Recognising Physical Abuse

The following are often regarded as indicators of concern:

- an explanation which is inconsistent with an injury
- several different explanations provided for an injury
- unexplained delay in seeking treatment
- parents are absent without good reason when their child goes for treatment
- repeated presentation of minor injuries (which may represent a 'cry for help' and if ignored could lead to a more serious injury)
- family use of different doctors and A&E department
- reluctance to give information or mention previous injuries

<u>Bruising</u>
Children can have accidental bruising, but the following must be considered as non-accidental unless there is evidence or an adequate explanation provided

- any bruising to a pre-crawling or pre-walking baby
- bruising in or around the mouth, particularly in small babies which may indicate force feeding
- two simultaneous bruised eyes, without bruising to the forehead (rarely accidental, though a single bruised eye can be accidental or abusive)
- repeated or multiple bruising on the head or on sites unlikely to be injured accidentally
- the outline of an object used e.g. belt marks, hand prints or a hair brush
- grasp marks on small children
- bruising on the arms, buttocks and thighs may be an indicator of sexual abuse

<u>Bite Marks</u>
Bite marks can leave clear impressions of teeth. Human bite marks are oval or crescent shaped. Those over 3cm in diameter are more likely to have been caused by an adult or older child.

<u>Burns and Scalds</u>
It can be difficult to distinguish accidental and non-accidental burns and scalds, and will always require medical opinion. Any burn with a clear outline may be suspicious e.g.

- circular burns from cigarettes (but may be friction burns if along the bony protuberance of the spine)
- linear burns from hot metal rods or electrical fire elements
- burns of uniform depth over a large area
- scalds with uniform marks or scalds which cannot be adequately explained

<u>Fractures</u>
Non-mobile children rarely sustain fractures. There are grounds for concern if:

- the history provided is vague, non-existent or inconsistent with the fracture type

- there are associated old fractures
- medical attention is sought after a period of delay when the fracture has caused symptoms such as swelling, pain or loss of movement
- there is an unexplained fracture in the first year of life

Scars
A large number of scars of different sizes or ages or on different parts of the body may suggest abuse.

2.3. Recognising Emotional Abuse

The following may be indicators of emotional abuse:

- developmental delay
- abnormal attachment between a child and parent/carer e.g. anxious, indiscriminate or no attachment
- indiscriminate attachment or failure to attach
- aggressive behaviour towards others
- scapegoated within the family
- low self-esteem and lack of confidence
- withdrawn or seen as a 'loner' - difficulty relating to others

2.4. Recognising Sexual Abuse

Boys and girls of all ages may be sexually abused and are frequently afraid to say anything due to guilt or fear. This is particularly difficult for a child to talk about and full account should be taken of the cultural sensitivities of the individual child/family.

Recognition can be difficult unless the child discloses and is believed. There may be no physical signs and indications are likely to be emotional/behavioural. Some behavioural indicators associated with this form of abuse are:

- inappropriate sexualised contact
- sexually explicit behaviour, play or conversation, inappropriate to the child's age
- self-harm (including eating disorder), self-mutilation and suicide attempts
- involvement in prostitution or indiscriminate choice of sexual partners

Some physical indicators associated with this form of the abuse are:

- pain or itching of genital area
- blood on underclothes
- pregnancy in a younger girl where the identity of the father is not disclosed
- physical symptoms such as injuries to the genital or anal area, bruising to buttocks, abdomen and thighs, sexually transmitted diseases

2.5. Recognising Neglect

Evidence of neglect is built up over a period of time and can cover different aspects of parenting. Indicators include:

- failure by parents or carers to meet the basic essential needs e.g. adequate food, clothes, warmth, hygiene and medical care
- a child seen to be listless, apathetic and unresponsive with no apparent medical cause
- failure of child to grow within normal expected pattern, with accompanying weight loss
- child frequently absent from school
- child left with adults who are intoxicated or violent
- child abandoned or left alone for excessive periods

2.6 Recognition of Child Protection Issues in Specific Circumstances

Disabled Children

Any child with a disability is by definition a 'child in need' under a s.17 of the Children Act 1989. A disabled child is vulnerable to physical, emotional or sexual abuse, or neglect as any other child, though the level of risk may be raised by:

- a need for practical assistance in daily living, including intimate care from what may be a number of carers
- carers and staff lacking the ability to communicate adequately with the child
- a lack of continuity of care leading to an increased risk that behavioural changes may go unnoticed
- physical dependency with consequent reduction in ability to be able to resist abuse
- an increased likelihood that the child is socially isolated
- lack of access to 'keep safe' strategies' available to others
- communication or learning difficulties preventing disclosure

In addition to the universal factors of abuse/neglect listed previously the following abusive behaviours must be considered:

- force feeding
- unjustified or excessive physical restraint
- rough handling
- extreme behaviour modification including the deprivation of liquid, medication, food or clothing
- misuse of medication, sedation, heavy tranquilisation
- invasive procedures against the child's will
- deliberate failure to follow medically recommended regimes

When a child is unable to tell someone of his / her abuse s/he may convey anxiety or distress in some other way e.g. behaviour or symptoms and carers and staff must be alert to this.

2.7. Parents who Misuse Drugs or Alcohol

Misuse of drugs and /or alcohol is strongly associated with significant harm to children, especially when combined with other features such as domestic violence.

The risk to children may arise from:

- use of the family resources to finance the parent's dependency characterised by inadequate food, heat, clothing for the children
- exposing children to unsuitable care givers or visitors e.g. customers or dealers
- effects of alcohol may lead to disinhibited behaviours e.g. inappropriate display of sexual or aggressive behaviour
- chaotic drug use which may lead to increased irritability, emotional unavailability, irrational behaviour and reduced parental vigilance
- withdrawal symptoms including mood disturbances
- unsafe storage of drugs or injecting equipment
- adverse impact of growth or development of an unborn child

Although there are some parents who are able to care for and safeguard their children despite their dependence on drugs/alcohol, parental substance misuse can cause significant harm to children at all stages of development. A thorough assessment is required to determine the extent of need and level of risk of harm for each child in the family. Where a parent has enduring and/or severe substance misuse problems, children in the household are likely to be at risk of, or experiencing significant harm primarily through emotional abuse and neglect. The child may also not be well protected from physical or sexual abuse.

This area is covered in detail in the London Children Protection Procedures (3rd Edition 2007).

2.8 Severe and /or enduring parental mental illness

The majority of parents who suffer significant mental health problems are able to care for and safeguard their children and /or unborn child. It is essential to assess the implications for each child in a family where mental illness is prevalent.

A child at risk of significant harm or whose well-being is affected could be a child:

- who features within parental delusions
- who is involved in his/her parents' obsessive compulsive behaviours
- who becomes a target for parental aggression or rejection
- who has caring responsibilities inappropriate to his/her age
- who may witness disturbing behaviour arising from the mental illness (e.g. self-harm, suicide, uninhibited behaviour, violence, homicide)
- who is neglected physically and /or emotionally by an unwell parent

- who does not live with the unwell parent but has contact (e,g formal unsupervised contact sessions, or the parent sees the child in visits to the home or overnight stays)

Or he/she could be an unborn child:

- of a pregnant woman with any previous major mental disorder, including disorders of schizophrenic, any affective or schizo-affective type; also severe personality disorders involving known risk of harm to self and/ or others.

The following may impact upon parenting capacity and increase concerns that a child may have suffered or is at risk of suffering significant harm:

- History of mental health problems with impact in the sufferers functioning
- unmanaged mental health problems which impact on functioning
- maladaptive coping strategies
- misuse of drugs, alcohol or medication
- severe eating disorders
- self-harming and suicidal behaviour
- lack of insight into illness and impact on child, or insight not applied
- non-compliance with treatment, or poor engagement with services
- previous or current compulsory admissions to mental health hospital
- disorder deemed long term 'untreatable' or untreatable within time scales compatible with child's best interests
- mental health problems with domestic abuse and/or relationship difficulties
- mental health problems with isolation and /or poor support networks
- mental health problems combined with criminal offending (forensic)
- non-identification of the illness by professionals (e.g. untreated post-natal depression can lead to significant attachment problems)
- Previous referrals to Local Authority children's social care for other children.

Appendix 2

2. Safeguarding procedures

All Brent Centre staff receive safeguarding training, including Level 3 for therapists, every three years. Our current Interim Chairman, Bernard Roberts, is the safeguarding Lead on our board. He is a Senior Psychoanalyst by background. The Safeguarding Lead officer within the organisation is Valentina Levi, CEO and Senior Child & Adolescent Psychotherapist.

2.1 Dealing with Safeguarding issues at In-house Clinic

When a disclosure is made during a session in the In-house Service, the clinician notifies the Safeguarding Leads/Managers of the Service.
The case is discussed with the Safeguarding Lead and, depending on the nature of the disclosure and on the level and imminence of risk, a decision is made regarding actions to be taken. These could include:

- Either immediate action (i.e. calling an ambulance, the police etc),
- Medium urgency action (alerting relevant agencies and family members) or
- Deferred action (the case is discussed in the clinical weekly meeting).

If the managers are not available and or further advice is needed, the CEO will advise on the actions for the case.

2.2 Dealing with Safeguarding issues at our outreach school services

Within our Schools Service, each of our schools has a designated Lead Therapist and there is a designated member of the school staff that the school has chosen as responsible for linking up with us regarding Safeguarding.
The BCYP clinician that receives the disclosure discusses the case with the Brent Centre Lead Clinician for that particular school. If the Lead Clinician is not available or further input is needed, the case is discussed with the Head of Outreach Services. If they are unavailable or need further input, the case is discussed with the CEO.

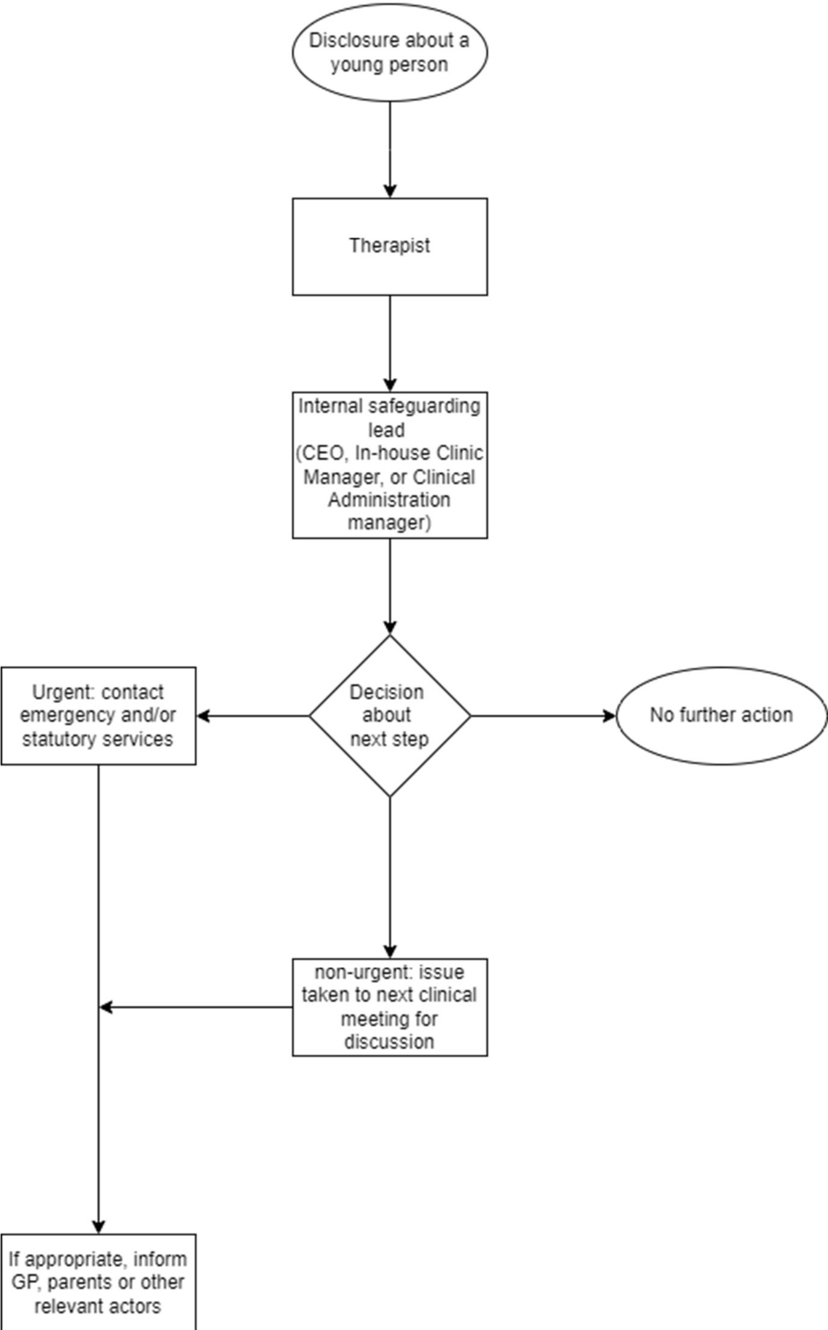
If the Brent Centre staff think that any action is needed to safeguard the young person, they will liaise and consult with the school staff in charge of safeguarding for that particular school. In the same way as is the case with in-house service, and depending on the nature of the disclosure, level and imminence of risk, a decision is made regarding actions: either immediate action (i.e. calling an ambulance, the police etc), medium urgency action (alerting relevant agencies and family members) or deferred action (the case is discussed in the clinical weekly meeting).

Please see the flow chart (appendix 2.3) below which illustrates the line of action taken when a safeguarding issue arise.

2.3 Safeguarding Process Flow Chart

Please see the flow charts below which illustrates the line of action taken when a safeguarding issue arises in our in-house service and in our schools service.

BCYP In-house safeguarding process



BCYP Schools safeguarding process