1. Introduction

The purpose of this report prepared by the Head of Child Protection Development is to provide Board members with a progress report on the work of the Child Protection Unit. This work has been developed and implemented in collaboration with a wide range of staff across NHS Greater Glasgow and Clyde.

2. Recommendation

Board members are asked to note progress to date and agree to receiving a further update in December 2007.

3. Background

In December 2006 the Board received a progress report regarding the establishment of systems and processes across NHS Greater Glasgow and Clyde to improve child protection arrangements.

At this point the NHS Child Protection Forum had been in existence for two and a half years and continued to move forward with a work programme that embraced the National Reform Agenda.

This report updates the Board on further progress.

4. National Policy

The key policies that inform NHSGGC child protection work are:

- It’s Everyone’s Job to Make Sure I’m alright, Scottish Executive, 2002
- Protecting Children and Young People: The Framework for Standards, Scottish Executive, 2004
- The Children’s Charter Scottish Executive, 2004
- Child Protection Committees, Scottish Executive, 2005
- How Well Are Children and Young People Protected and Their Needs Met?: Self Evaluation Using Quality Indicators, HMIE, 2005

Enquiries into significant cases that enlighten our work are:

- Sheffield Area Child Protection Committee, Professor Pat Cantril, 2005
- An Inspection into the Care and Protection of Children in Eilean Siar (The Western Isles Report), Social Work Inspection Agency, 2005
- Danielle Reid: Independent Review into the circumstances surrounding her death, Dr Jean Herbison, 2006

New policies relevant to the work of the Child Protection Unit are:

- Evaluation of Services for Children and Young People: Generic Quality Indicators, HMIE, 2006
- Getting It Right for Every Child: Proposals for Action, Scottish Executive, 2006
- Delivering a Healthy Future: An Action Framework for Children and Young People’s Health in Scotland, Scottish Executive, 2006
- Have we got our priorities right? Children living with parental substance use, Aberlour, 2006
- Emergency Care Framework For Children and Young People in Scotland, Scottish Executive, 2006

The Scottish Executive’s vision for children is that they are:

- Safe
- Nurtured
The work of NHSGGC Forum continues to be rooted in the key objectives of these policies, messages from national inquiries and the government’s vision for children.

5. NHS Greater Glasgow and Clyde Child Protection Forum


New Child Protection Forum arrangements introduced in light of changing organisational structure are up and running. The Child Protection Forum meets three times each year, under the chair of the Director of Women’s and Children’s Services, who is NHS Greater Glasgow and Clyde’s lead for child protection, on behalf of the Board Chief Executive. Membership includes the child protection leads for each operational entity, the Head and Clinical Director of the CPU and representation from Corporate Planning and Policy. This group concentrates on strategic issues.

Two operationally focused groups meet bi-monthly - one covering the Acute Division and bringing together the nominated leads for each clinical services Directorate - the second covering NHS Partnerships, bringing together child protection leads from each.

These two operational groups are focusing on the following:
- policy and practice issues which required a coordinated approach and agreeing that approach
- review and action planning for significant case reviews
- feedback from the CPU on performance and issues
- reviewing issues emerging from CPCs
- preparation for inspection and consideration of inspection outcomes
- contributing to priorities, development and delivery plans for the CPU.

The Head of Child Protection Development and the Clinical Director (Child Protection) are members of both these operational groups and the CPU provides business support for the groups.

5.2. The Child Protection Unit

The Child Protection Unit continues to develop and makes steady progress. An additional post - specialist GP Child Protection (0.5 WTE) – was appointed in February 2007. Two additional administrative posts were appointed in June 2007.

Key achievements within the last 6 months are as follows:
- Significant increase in numbers of staff trained
- Draft strategic plan for training entire workforce
- New training material
- Annual conference
- Seminar on Criminal Injuries Compensation and child abuse
- Routine quarterly newsletter
- CPU 3 year Action plan
- Summary report on 5 Significant Case Reviews
- Merging of the two advice lines
- Early sharing and collation of information via CPU
- NHSGGC child protection risk register.
6. Child Protection Training

Child protection training for staff continues to increase in volume and routine management information reports are provided for the NHS Greater Glasgow Child Protection Forum and Operational Groups. The following outlines numbers of staff trained from December 2006 – May 2007

**Number of Staff Trained**

| December 2006 – May 2007 | 5560 |

**Staff Trained by Course**

| Additional (induction 145, seminars 281, Interagency 760, Briefings 815, Foundation (condensed) 1001, Level Three 95) | 3097 |
| Foundation | 829 |
| Record Keeping/Report Writing | 72 |
| Court Skills | 56 |
| Attachment and Parenting | 81 |
| Case Conference | 45 |
| Parental Substance Misuse | 80 |
| Domestic Abuse | 71 |
| GCC Roles & Responsibilities | 0 |
| CPU Risk Assessment | 26 |
| GCC Witness Skills | 7 |
| GCC Risk Assessment | 10 |
| GCC Process of investigation | 4 |
| Child Protection and BME families | 12 |
| Accident and Emergency | 5 |
| Child Protection Conferences and Court Skills | 15 |
| Child Protection and Parental Mental health issues | 16 |

**Total** 5560

This represents an increase of 2,351 in comparison with the last 6 month period

Evening sessions and early morning session have been introduced for staff that work shift patterns e.g. theatre staff.

New training material has been introduced as follows:

- Child protection and children with complex care needs
- Risk assessment
- Child protection and perinatal mental health

New training material under preparation is as follows:

- Neglect and emotional abuse
- Sexual abuse
- Physical injury to children
- FII
- Lessons from significant case reviews
- Management and child protection
- DOTS on line training for medical staff
- Induction on line
- Training for Prison Health staff
- Child protection and parents with a learning disability

Interagency court skills’ training has been designed and will be piloted in Inverclyde in September 2007.
An annual training calendar and portfolio have been produced outlining courses to be delivered from March 2007 – April 2008.

A DVD for A & E staff is almost complete.

A training needs analysis exercise has been completed for learning disability staff and an action plan produced following this. A similar analysis is under preparation for Addictions staff.

7. Preparation for inspection (HMIE)

A three-year programme of inspections was introduced following the publication of the national audit of child protection: “It’s everyone’s job to make sure I’m alright” (Scottish Executive 2002). Two pilot inspections in Highland and East Dunbartonshire were conducted and reports published in 2005. Since then the following inspection reports have been published:

- East Lothian
- Angus
- Highland (follow through)
- Midlothian
- Argyll & Bute
- Scottish Borders
- West Dunbartonshire
- East Dunbartonshire (follow through) (draft)

South Ayrshire and the Western Isles have been inspected and reports are awaited. A Child Protection Advisor from the CPU has been nominated as an Associate Inspector and assisted with the South Ayrshire Inspection. The aim is for every authority area to be inspected by 2008.

The next programme has been announced as follows:

- East Ayrshire – June / August 2007
- Aberdeen, East Renfrewshire and Dumfries and Galloway – Oct / November 2007
- North Ayrshire and Stirling – December 2007
- South Lanarkshire and West Lothian – February / March 2008

The NHSGGC Pre Inspection Working Group was set up in October 2005 and has continued to meet on a regular basis to progress preparation for inspection. Recent progress is as follows:

- PIR’s (Pre Inspection Return) for all areas completed
- Pilot audit of A & E records completed
- Pilot audit of midwifery records QM hospital completed
- Evaluation of Paediatric medical services almost completed
- Workplan for inspection preparation for East Renfrewshire and South Lanarkshire
- Five service evaluations underway (Health Visitor Self Audit Tool, Effectiveness of CPU, Child Protection and Midwifery, Adult Mental Health, CAMHS)
- Audit of health staff contribution to Child Protection Conferences
- Audit of Health staff contribution to Child Protection Committees
- Questionnaire audit on consultation with children
- Report on Health issues emerging from inspections

West Dunbartonshire inspection has recently concluded. Preparation for this was robust via a specific Pre Inspection Group that met regularly and progressed all health issues. Some examples of specific work completed for inspection are as follows:

- Pilot of Health Visitor Self Audit Tool
- Targeted training of 300 staff
- Utilization of Greater Glasgow Child Protection Procedures
- Identification of examples of good practice e.g. caseload supervision model, GP report for case conferences, Young Families Support Service
Raising profile of child protection via CHCP newsletter
• Staff briefings
• Posters raising awareness of child protection in key health service.

Overall the inspection report is positive. Some positive areas of Health service provision are identified as follows:
• Early intervention services
• Safe recruitment practices
• Support for vulnerable families
• Health Visitor input to assistance with parenting
• Sleep clinics
• Family support and outreach services
• Personal safety information for children
• Policies and procedures for handling complaints
• School Nurse drop-in sessions in Secondary Schools
• Pre birth planning
• Support to children with complex needs
• Support from CAMHS
• Looked After Children’s Nurses
• Special Needs in Pregnancy Service
• Lockable cupboards for safe storage of medication
• Specialist child protection posts
• Child protection training
• Family Health record improving assessment and recording
• Senior management clarity regarding priority of child protection for Health services
• Good leadership and direction
• Strong local interagency relationships
• Good joint working
• Commitment of resources to CPU to contribute to continuous improvement and good practice
• Audit of case records in specialist health services

Specific issues outlined for action for Health are as follows:
• Children and Adolescent Mental Health Services spread of resources
• Specialist therapeutic services
• Comprehensive health assessments
• Information from A and E to Health visitors and school nurse on over 5’s
• Chronologies not sufficiently analysing significant events
• School nurse records lack of information about concerns
• Information to School Nurses
• GP involvement in child protection process
• A and E systems linkages
• Tripartite discussions
• Medical advice line underutilization
• Health involvement in early assessment of risk
• Interagency training – maximising resources

An action plan has been prepared to progress all actions for Health.

The East Dunbartonshire inspection has recently concluded and a draft report has just been produced.

Preparation for this follow up inspection was robust and taken forward by a specific group. Some examples of work completed prior to inspection are as follows:
• Staff training
• Shared referral form
• Health Visitor self audit
• Public information
The verbal feedback and draft report from the Inspectorate are positive. Some positive areas of Health service provision are identified in the draft report as follows:

- New assessment framework used by all professionals working with children and families
- Health Visitors implementation of family health record
- Health visitors’ involvement of families fully in interventions
- Shared referral form leading to improved health referrals to social work
- Child Protection Unit providing single point of contact to NHS Staff for information and advice
- Out of hours duty system for medical advice – increased use by social work and police
- Senior managers in health, education and social work meeting regularly to review complex cases
- Health visitors gathered information and assessed risk effectively
- GP’s increasing contribution to assessment of risk
- Well planned pre birth conferences
- Standardization of assessment framework across NHS Partnerships between health visitors and pre school services ensured early identification of parent needing support
- Coordinated arrangement for early support put in place quickly
- NHSGGC developed safety packs as a follow up to medical intervention for young people involved in substance misuse
- Comprehensive programme of training within single agencies
- Multi agency training taken place and proposals agreed to further develop this

Early indications are that some of the issues outlined for action for Health are as follows:

- Social Work and police not routinely seeking medical advice when making decisions about joint investigations
- Some delays in providing best support for younger children.

The CPU Annual Conference focused on inspection themes: sex offenders, asylum seekers, forensic medicals, addictions, consultation with children. A presentation on outcomes for children over the last year was delivered. Material from workshops on current successful services, gaps suggestions on how to fill the gaps was collated and distributed.

8. General Practitioners

Specific efforts have been made to concentrate efforts on the role of GP’s in child protection work. The GP (Special Interest) post has recently been appointed and in the last few months the following has been achieved:

- 140 GP’s trained
- Audit of GP IT flagging systems
- Agreement and design of case file audit
- Increase in number of advice calls to CPU by GP’s
- Pilot of case conference attendance/sharing of information system agreed.

9. Significant case reviews

In the last six months 12 reports have been submitted by Health on significant cases, either as single agency reports or as part of a multi agency review. A further 3 reports are under preparation. A monitoring and tracking report is now produced quarterly and distributed to the Child Protection Forum. This report tracks progress of the plans resulting from these reviews. It is distributed to the Child Protection Operational Groups for progression and the Child Protection Forum for performance management. Comments on the Scottish Executive procedure for investigating significant case reviews have been provided and the NHSGGC procedure will be further refined. A summary report on 5 cases has been produced that analyses these cases in depth and extracts pertinent issues. This has been distributed to the Operational Groups for further consideration and action. A report on issues arising from significant case reviews for the Women and Children’s Directorate has been produced and actions are progressed by the Acute Operational Group and the CP Forum.
10. Children’s Rights and Consultation with Children

Work is underway to consult with young people on the work of the CPU and a report will be available in October 2007. The CPU in conjunction with the Rights of the Child Group are ensuring the dissemination of material promoting children’s rights to be treated fairly for Health premises (posters and leaflets). A policy and staff guidance is currently being prepared.

11. Inequalities

CPU are represented on the Inequalities Implementation Group and will be a pilot site for the Inequalities Impact Assessment Tool. A member of the team will be trained in the use of the tool. Inequalities issues are embedded into all training material, policy and procedure.

12. Conclusion

This paper provides a progress update on a major programme of work to improve child protection across the NHSGGC. A further progress report will be made available in 6 months.