

Board Nurse Director

NHS Greater Glasgow & Clyde
Child Protection Update and Presentation on Child Protection Unit

1. Recommendation:

The NHS Board is asked to note the progress made by NHS Greater Glasgow and Clyde Child Protection Forum since June 2006, and agree to receive a further update in June 2007.

2. Background

In June 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 just over two years and continued to move forward with a work programme that embraced the National Reform Agenda.

This report updates the Board on further progress.

3. 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, Scottish Executive, 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, 2005
- Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland (Draft), Scottish Executive, 2006
- Have we got our priorities right? Children living with parental substance use, Aberlour, April 2006
- Hidden Harm – next Steps: Supporting Children- Working with parents, Scottish Executive, 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
- Healthy
- Achieving
- Active
- Respected and responsible
- Included

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The work of NHSGG&C Forum continues to be rooted in the key objectives of these policies, messages from national inquiries and the government's vision for children

4. NHS Greater Glasgow and Clyde Child Protection Forum

4.1. Child Protection Forum and Child Protection Operational Groups (Acute and Partnerships)

New Child Protection Forum arrangements introduced in light of the new organisational structure have started to take root. 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 has begun to concentrate 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 have begun to focus on a number of key issues:

- 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 considering inspection outcomes
- contributing to priorities, development and delivery plans for the CPU.

The Head of Child Protection Development is a member of both these operational groups and the CPU provides business support for the groups.

4.2. The Child Protection Unit

The Child Protection Unit continues to develop and makes steady progress. All staff have been appointed. An additional post - specialist GP Child Protection post (0.5 WTE) - will be appointed at the beginning of next year.

Management responsibility for the three Clyde Child Protection Nurse Specialists has transferred to the Child Protection Unit and the Nurse Specialists are progressively integrating into all key aspects of the CPU's work.

Key achievements within the last 6 months are as follows:

- Quarterly newsletter routinely produced
- Child Protection Unit website established
- Responsibilities of the Child Protection Advisors reviewed in the light of Clyde transfer
- Almost all members of staff progressing post graduate specialist qualifications - one in the final stages of completing her MSc Child Protection Studies
- CPU Action plan has been reviewed
- All staff have performance plans
- Team day out to review training material and plans
- Team day out (include Child Protection Consultants) to consider Significant Case Reviews
- Quarterly meetings with Child Protection Consultant Paediatricians and the CPU team begun with early indication of productive synergy
- CPU has contributed to development of Adult protection policy
- Draft paper on redesign of forensic/paediatric medical service
- Draft paper on proposals for CPU development

An annual conference is planned for March 2007 and will focus on the inspection themes: forensic medicals, addictions, safe recruitment, asylum seekers and sex offenders.

5. Procedures and Protocols

The following new procedures have been finalised and approved by the CPU:

- Child Protection Guidelines in Suspected Non Accidental head Injury (NAHI) in Children Under 2 Years of Age
- Dentistry
- Referral to social work
- Standard Operating Procedures (Yorkhill Pilot)
- Interim policy for drug abusing mothers attending Base 75

Under preparation are:

- Tracking Missing Families
- MC57
- Guidance on admissions of mothers with babies to general adult wards where a bed is not immediately available in the Mother & Baby Mental Health Unit
- Text 4 U
- Sharing of information where there are child protection/child welfare concerns
- GP Confidentiality
- Health Visitor Guidelines
- Review of Maternity Guidelines for substance misusing mothers
- Review of attendance at child protection conferences for health professionals

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 June - November 2006.

Number of Staff Trained

June – November 2006

3209

Staff Trained by Course

| | |
|------------------------------|------|
| Additional | 1604 |
| Foundation | 1128 |
| Record Keeping | 51 |
| Court Skills | 104 |
| Attachment and Parenting | 95 |
| Case Conference | 26 |
| Parental Substance Misuse | 130 |
| Domestic Abuse | 48 |
| GCC Roles & Responsibilities | 2 |
| GCC Witness Skills | 14 |
| GCC Risk Assessment | 7 |

TOTAL 3209

New training material has been introduced is as follows:

- Child Protection and children with disability
- Child Protection and BME families
- Accident and Emergency
- Pilot of Interagency Child Protection CD Rom on three sites. Scoping out possible use with Night Shift staff.

CPU Trainers have also delivered multi agency Integrated Assessment training alongside Social Work. The CPU Trainers piloted Child Protection Conferences and Court Skills as a full day amalgamated training. This was positively evaluated.

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New training material under preparation is as follows:

- Child Protection and Parental Mental health issues (almost complete)
- Neglect and emotional abuse
- Child Protection and children with complex care needs
- Child protection and parents with a learning disability
- Sexual abuse
- Physical injury to children
- Risk assessment
- FII
- Lessons from significant case reviews
- Management and child protection

An annual training calendar and portfolio have been produced outlining courses to be delivered from March 2007 – April 2008. It is planned to introduce DOTS on line training for all medical staff in March 2007.

A training DVD for Health staff has been produced and is utilized in Foundation training. This is an innovative development and begins to address the dearth of available DVD training material that tackles Scottish child protection issues. Funding has just been secured to produce a DVD for A & E staff training pack.

A training needs analysis exercise has been completed for GP's. The next phase of the training needs analysis has begun: all Yorkhill staff, addictions and learning disability.

An evaluation report on all training delivered in the last 6 months has been produced.

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. The aim is for every authority area to be inspected by 2008. The second programme of inspections for 2006 included the following areas:

- East Lothian
- Angus
- Midlothian
- Argyll & Bute
- Scottish Borders
- South Ayrshire
- West Dunbartonshire
- Orkney
- Edinburgh

The next programme has been announced as follows:

- North Lanarkshire and Western Isles – April / May 2007
- 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:

- Progressing completion of PIR's (Pre Inspection Return) for all areas
- Four service evaluations underway (Paediatric Medicals, Health Visitor Self Audit tool, Effectiveness of CPU, Child Protection and Midwifery)
- Three service evaluations in early stages of design and planning (A and E, CAHMS, Adult Mental Health Services)
- Planned audit of health staff contribution to Child Protection Conferences
- Planned audit of Health staff contribution to Child Protection Committees

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- Extracted key messages for health from research on effectiveness of interagency child protection work commissioned from University of Glasgow and produced action plan

West Dunbartonshire is currently in the process of being inspected. In December 2006 a specific Pre Inspection Group was been set up to prepare for this. This group continues to meet regularly and progress health involvement. Some examples of specific work completed for inspection are as follows:

- Pilot of Health Visitor Self Audit Tool
- Targeted training of 300 staff from September – November 2006
- 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 services

8. Advice and support to staff

The Child Protection Unit continues to provide support to staff via the 24-hour medical advice line and the nurse advisor advice line, which operates during daytime hours. The following statistics provide some detail of the work done in the past 6 months.

Nurse Advisor Advice Line

Number of Calls to the Unit June - November 2006 **271**

Reason for Referral

| | |
|-------------------|------------|
| Case Management | 8 |
| CSA | 37 |
| Child Death | 0 |
| Domestic Abuse | 4 |
| General | 32 |
| Homelessness | 0 |
| Mental Health | 1 |
| MFA | 14 |
| NAI | 20 |
| Neglect | 83 |
| Parental Drug Use | 4 |
| NK | 68 |
| TOTAL | 271 |

Medical Advice Line

Number of Calls to the Unit - June - November 2006 **157**

Reason for Referral

| | |
|--------------|------------|
| CSA | 49 |
| EA | 0 |
| FII | 19 |
| NAI | 48 |
| Neglect | 20 |
| NK | 21 |
| TOTAL | 157 |

9. Management Information

The following management information reports have continued to be routinely provided:

- Training report
- Nurse advisor advice report
- Medical advice report
- Health Visitor referral to social work

The following new management information reports have been introduced in the last 6 months:

- Requests from Children's Reporter to Health Visitors
- Homelessness Health Visitor Caseloads (snapshot)

It is planned to produce the following in future:

- MC57 report
- Shared referral form
- A and E referrals to hospital Social Work (Yorkhill)
- LAAC team
- Domestic Abuse Link Midwives
- Asylum Seekers Health Visitors
- NHS24 child protection calls

IT department are working closely with CPU to progress work on a database that will merge all information sources in future. It is acknowledged that efforts to date have gone into collating statistical data. In future greater concentration will be placed on analysis.

10. Significant case reviews

In the last six months seven reports have been submitted by Health on significant cases, either as single agency reports or as part of a multi agency review. A further two reports are under preparation. A monitoring and tracking report has been routinely produced for each Child Protection Forum meeting that tracks progress of the plans resulting from these reviews. This report is now distributed to the CP Operational Groups for progression. Key overarching lessons for NHSGGC have been extracted from the spread of cases and transferred into actions. Comments on the Scottish Executive procedure for investigating significant case reviews have been provided and the NHSGGC procedure will be further refined when this is issued. All staff in the CPU participated in 3 days Root Cause Analysis training in September 2006 that was viewed as beneficial to all. A summary report on all cases has been compiled and presentation material prepared. This was delivered to the two Child Protection Operational Groups.

11. Research and Knowledge Development

Seminar material continues to be disseminated via the NHSGGC Forum. A seminar on "Why Some Males Sexually Abuse?" was held on 8th September 2006 and was positively evaluated.

Three CPU staff are contributing to the research agenda via the Diploma in Child Protection Studies and one via the MSc in Child Protection Studies. It is planned to have a day out early next year to identify main areas for child protection research and scope out a plan to address them. This will be done jointly with Social Work.

12. Staff consultation on children's service/child protection issues

A system has been set up to ensure NHSGGC staff are consulted about key draft policies that relate to child welfare/protection and a unified response provided. In the last 6 months staff have been consulted on the following:

- All new procedures
- Scottish Executive Significant Case Review Guidance

13. Child Protection Committees and work with other Authorities

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NHSGGC is represented on all Committees. Membership is currently being reviewed. An audit of health staff attendance and contribution to these reviews is planned.

It has been agreed that Health will amalgamate with Glasgow Social Work Services in conducting CHCP quarterly joint management reviews of child protection activity, 6 monthly senior management reviews and annual reporting. It is planned to examine the central Social Work Child Protection Team responsibilities and the CPU responsibilities in an effort to progress as many areas of joint work as possible.

14. 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.

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0141.201.6970
8th December 2006