

Board Nurse Director

NHS Greater Glasgow & Clyde Update 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 from June 2007, and agree to receive a further update in October 2008.

2. Background

In June 2007 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 three years and continued to move forward with a work programme to improve child protection activities.

This report updates the Board on further progress.

3. Context of Child Protection Unit

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

- Safe
- Nurtured
- Healthy
- Achieving
- Active
- Respected and responsible
- Included.

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
- 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
- Better health. Better Care: Action Plan, Scottish Government, 2007.

The work of NHSGGC Forum continues to be rooted in the key objectives of these policies and the government's vision for children

4. Child Protection Forum Discussion Regarding Outcomes

At the last Board meeting there was discussion on how the Child Protection Unit can evidence outcomes for children. This was discussed at the Child Protection Forum where it was acknowledged that because the Child Protection Unit is not a frontline operational service and was set up to strengthen organisational arrangements it is not easy to evidence directly outcomes for children. It was agreed that the area that the CPU is most likely to be able to evidence this is in the recently introduced early sharing and collation of information system where there could be some tracking of decision making where information was shared early with other agencies. To this end an evaluation of this service will be done once it has been up and running for one year.

5. Main Focus of Activity

5.1. There have been two main areas of activity that have had central focus in the CPU in recent months: HMIe Child Protection Multi Agency Inspections and paediatric /forensic medical redesign. This report now focuses on each of these areas in turn.

6. HMIe Child Protection Multi Agency Inspections

6.1. A three-year programme of inspections was introduced in 2005 with the first two pilot inspections occurring in Highland and East Dunbartonshire. Since then the following inspection reports have been published:

- East Lothian Inspection, January 2007
- Midlothian Inspection, February 2007
- Angus Inspection, February 2007
- Argyll & Bute Inspection, March 2007
- Scottish Highland and Borders Inspection, March 2007
- Glasgow Asylum Seekers, June 2007
- South Ayrshire Inspection, June 2007
- West Dunbartonshire Inspection, June 2007
- Orkney Islands Council Area Inspection, August 2007
- Edinburgh Inspection, September 2007
- Western Isles Inspection, November 2007
- Highland (follow through) , January 2007
- East Dunbartonshire (follow through)
- East Ayrshire, January 2008
- Clackmannanshire, February 2008
- Midlothian (Follow Through), March 2008
- East Renfrewshire , March 2008.

6.2. A Child Protection Advisor has been seconded for one year to the Inspectorate to assist with child protection inspections. Regular contact is maintained with this Advisor who provides the CPU with reports on developments. In addition a Child Protection Advisor within CPU assisted with the East Ayrshire inspection as an Associate Assessor and brought valuable knowledge from this experience back into the CPU.

6.3. Future inspections are scheduled as follows:

- North Ayrshire and Stirling – December 2007
- South Lanarkshire and West Lothian – February / March 2008
- Renfrewshire/Aberdeen City – April/May 2008

EMBARGOED UNTIL DATE OF MEETING.

- The Moray/ Inverclyde – June – August 2008
- Glasgow City/Fife October – November 2008
- Perth and Kinross/Falkirk – December 2008 – January 2009
- Shetland Islands/Dundee City – February – March 2009

6.4. CPU now provides a briefing note to senior managers prior to each inspection.

6.5. The NHSGGC Quality Assurance, Self Evaluation and Inspection Working Group have met on a regular basis and have begun work on embedding self evaluation into the organisation. Recent progress is as follows:

- Health Visitor Self Audit Tool Evaluation, February 2008
- Audit of caseload review system in Clyde, February 2008
- Evaluation of CPU, January 2008
- Adult Mental Health pilot audit , September 2007
- CAMHS pilot audit completed, January 2008
- Audit of health staff contribution to Child Protection Conferences, December 2007
- Audit of health staff contribution to Child Protection Committees, December 2007
- Analysis of 10 inspection reports, February 2008
- Report on therapeutic services for vulnerable children, December 2007
- Evaluation of paediatric medical services, March 2008
- Pilot evaluation of A & E, March 2008.

6.6. A briefing note on the new self evaluation materials produced by HMIe has been distributed.

6.7. CPU has had a strong role in compiling the Self Evaluation and Pre Inspection Return documentation for NHSGGC.

6.9. Key messages for NHSGGC can be extracted from the four relevant published inspection reports to date: East Dunbartonshire (pilot), West Dunbartonshire, East Dunbartonshire (follow through) and East Renfrewshire.

6.10. Overall areas of strength have been highlighted as follows:

- *Pre-birth planning.* This ensures an effective and immediate response when babies are born.
- *School nurses.* They provide an effective service in secondary schools to help young people to find out about and gain access to a range of service.
- *Child and adolescent Mental Health Services (CAMHS).* This provides good support for children with complex emotional and psychological needs.
- *Looked-after children's nurses.* This service helps to ensure that the health needs of LAAC children are met.
- *Recruitment and retention of staff.* Shortages of health visitors has been improved through workforce planning, financial incentives and training of unqualified staff.
- *Policies and procedures.* There are effective policies in key areas.
- *Leadership and direction.* The Chief Executive of NHSGGC is clear about his responsibilities and accountability to the protection of children.
- *Self evaluation and performance monitoring.* NHSGGC carried out a detailed audit of services for children across the health board area.
- *Health visitors.* Health visitors work closely with other professionals to develop a holistic understanding of a child's circumstances and plan appropriate support.

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- *Support services.* These services are provided for families with children affected by disabilities and those affected by substance misuse or mental health difficulties.
- *CPU.* Since its launch in 2006, the Child Protection Unit has provided a single point of contact to all National Health Service (NHS) staff for information and advice on Child Protection matters.
- *Joint working.* There is good joint working between health services and their partners.
- *GP's.* General Practitioners increasingly contribute to assessments of family circumstances of children at risk in one area.
- *Integrated Assessment framework.* A new assessment framework, which is used in one area by all professionals working in the children and families teams, is highlighted as a strength.
- *Early years support services.* Close partnership between services working with pre-school children, such as the early year's service, pre-school centres and health visiting services, ensure that parents who need support are identified early.
- *Substance misuse.* In one area NHSGGC has developed safety packs which are provided as a follow up to medical intervention for young people involved in substance misuse. The Special Needs In Pregnancy Service effectively identifies and manages risks for pregnant women and unborn babies who may be affected by substance misuse. Lockable cupboards for the safe storage of medication are highlighted as a strength in one area.
- *Training.* Single and inter-agency training in child protection is widespread and has increased staff competence and confidence.
- *Specialist services.* A wide range of specialist services is available in one area.
- *Safety programmes.* In one area community nurses contributed successfully to school safety programmes.
- *NHSGGC website.* Limited information about where to report concerns about children can be found at NHSGGC's website.
- *Information sharing.* NHS 24 and A & E emergency departments share information on children who have been seen out of hours with health visitors, school nurses and GP's. In one area the police advise midwives when a pregnant woman is the subject of domestic abuse.

6.11. Areas requiring improvement as identified are now highlighted:

- *Specialist services.* There are insufficient services for some children who need specialist help especially children who are recovering from abuse, displaying sexually harmful behaviour or self harming.
- *(DNA (Do Not Attend) policy and practice.* In some areas some services to help adults are stopped too quickly when appointments are not kept which could leave vulnerable children at more risk.
- *Health contribution to key processes.* Health staff do not always contribute to assessment of risks and needs in all areas.
- *Information sharing.* Overall, the sharing and recording of information could improve in some areas. Accident and Emergency units have separate information systems and as a result medical staff do not know about children's previous attendances at other centres. There are multiple records for children in health and education and not all important information is contained in each file.
- *GP's.* GPs rarely attend Child Protection meetings or submit reports in some areas.
- *Chronologies.* These are completed for most children in social work and health records but some do not always sufficiently analyse significant events.
- *Tripartite discussions / IRD's.* Guidance recommending 3 way discussions among police, health and social work staff when new referrals are received is not always followed.
- *Paediatric and forensic medicals.* The 24 hour paediatric advisory service at Yorkhill Hospital is not widely used by police or social work staff when concerns are received about children. The need for children to undergo a medical examination is decided by police and social work staff, sometimes in consultation with child medical examiners employed by the police. Sometimes the health and welfare needs of children could be overlooked when children are seen by doctors who

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do not have appropriate training or experience. Health staff who attend child protection case conferences are, on occasion, asked to give a medical opinion outside their sphere of competence. In one area the approach to medical examinations is variable depending on where the child lives and the type of abuse suffered.

- *Participation of children and families in policy development.* The participation of children and families in policy development is weak in some areas.
- *Sharing resources.* In areas such as training and development of staff agencies do not always maximise the benefits of sharing resources.
- *School nursing service.* In some areas school nursing records do not have information about child protection concerns. Some school aged children do not have access to the school nursing service. In one area the numbers of school nurses was below the recommended levels.
- *Comprehensive health assessments.* The health needs of some children and the implications for their safety and future development are sometimes overlooked.
- *Supervision of child protection work.* Some health staff do not have regular supervision in place.
- *Access to services.* Access to some services in one area is uneven.
- *Self evaluation.* This is not fully embedded into NHSGGC yet.

7. Service Redesign

7.1. The Clinical Director is currently chairing a group that will redesign paediatric and forensic medical services. Work is in its early stages to redesign all roles, responsibilities and accountabilities.

7.2. Work is currently underway to improve tripartite discussion / initial referral discussion arrangements across agencies. A model has been agreed for Renfrewshire Council area and will commence implementation in April 2007. At the recent Glasgow City Child Protection Committee the same model was endorsed and plans for implementation are underway.

7.3. Work is currently underway to develop more appropriate child protection services for adolescents.

6. Conclusion

6.1. This paper provides a progress update on a major programme of work to improve child protection across the NHSGGC. A comprehensive progress report since the last report is available from CPU upon request. A further progress report will be made available in 6 months.

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0141.201.6970
2nd April 2007