

**TO:** West Gloucestershire Primary Care Trust Board

**FROM:** Director Operations and Nursing

**DATE:** 20th November 2003

**SUBJECT: CHILD PROTECTION REPORT**

## **1.0 PURPOSE**

To provide the Board with an up-date on Child Protection issues.

## **2. BACKGROUND**

2.1 Lord Laming's report into the death of Victoria Climbié, published on January of this year, has noticeably raised the profile of child protection within the County. Child protection continues to be given high priority by the Government and there is much interest given to the ability of organisations to implement the recommendations set by Lord Laming.

## **3.0 NATIONAL GUIDANCE**

3.1 Following the publication of the Climbié Report, the Department of Health published guidance in May 2003 entitled '**What to do if You're Worried a Child is Being Abused.**'

*'This booklet has been developed to assist practitioners in safeguarding and promoting the welfare of children. It also contains an appendix to help practitioners with legal issues affecting the sharing of information.'*

A copy of the summary, together with a poster depicting a flow chart for referral to social services, was sent to every GP practice within West Glos PCT.

3.2 **The Green Paper** entitled '**Every Child Matters**' was published by the Department of Health in September 2003. In the foreword, Tony Blair said that in response to the Climbié Inquiry the Government was proposing '*a range of measures to reform and improve children's care.*'

Four main areas for action are proposed;

- supporting parents and carers
- early intervention and effective protection
- accountability and integration- locally, regionally and nationally
- work force reform.

Response to the Green Paper is being prepared by the three Primary Care Trusts.

#### 4.0 THE CLIMBIE ENQUIRY

- 4.1 The ACPC is continuing to work through the recommendations set by Lord Laming. The health recommendations, the majority of which require action by the Acute Trust, are being considered by the Clinical Sub Committee
- 4.2 The recommendations which are relevant to community practitioners, have been circulated to all General Practices throughout the County. **Appendix 1.**
- 4.3 **Recommendation 12.** This recommendation has been queried by GPs since there is no space on the GP records / I.T. software on which to enter the school details. This point is being explored by the Clinical Sub Committee and guidance will be issued. Surprisingly there have been no queries regarding the final point of that recommendation.
- 4.4 **Recommendation 21.** This recommendation is being met by all health visitors and school nurses in West Glos PCT. Although the majority of referral forms are received by social services within 48 hrs, some are delayed by the postal system.
- 4.4.1 At present, all referrals are sent by post since our policy does not allow patient details to be included on faxes or e-mails. The policy on the use of electronic mail is at present being reviewed by Nuala Livesey, Nurse Consultant, but also needs to be considered by the Trust.
- 4.4.2 Although this policy regarding referrals is also written into the ACPC Guidelines, it is unclear whether it is adhered to by other health professionals. The GP Training Programme should help to reinforce this policy.
- 4.4.3 A more detailed referral form has recently been piloted. The final version has not yet been agreed as further modifications have been suggested in order to bring it into line with the core and initial assessment format currently being used by social services. The final version of the form will be available for use by all professionals in Gloucestershire.
- 4.5 **Recommendation 89.** The Clinical Sub Committee have produced a key contact sheet which has been circulated to all General Practitioners and Allied Heads in West Glos PCT.
- 4.6 **Recommendation 88.** The GP training plan has now been finalised. Training is currently given jointly by members of the Child Protection Team and Social Work Managers. The willingness of Social Services to engage in GP training is particularly welcome. Hopefully better empathy between the two agencies will be established.
- 4.7 **Recommendation 87 and 90** also encompasses GP Training.

#### 5.0 THE CHI AUDIT

- 5.1 The CHI Statements are being considered jointly by the Named Nurses for each Trust, so that a co-ordinated countywide response is achieved. Much of the work

relating to the Climbie Recommendations is in common with the CHI Audit Statements.

## **6.0 THE KEY AREAS FOR ACTION RECOGNISED BY WEST GLOS. PCT**

### **6.1 Key Area 1. To implement the training and support strategy to include all relevant personnel whether PCT employed or by independent contractors.**

6.1.1 This is progressing to plan. The strategy has been implemented and is being actioned by the Child Protection Team. Single agency child protection training is offered to all GP practices in West Glos PCT. It is encouraging that the uptake of the training is gradually gaining momentum throughout the Trust. To date, the training sessions have received extremely positive evaluations.

6.1.2 Child protection training sessions are also offered to the Allied Services who are hosted by West Glos PCT. All heads of Allied Services were invited to attend a meeting on October 2nd to discuss their current child protection training needs and subsequently are invited to attend a training for trainers' day arranged for January 2004.

6.1.3 The offer of child protection training and supervision has been made available to several Neighbourhood Projects and Voluntary Agencies such as the Haven in Gloucester. It is the intention that this initiative will be extended to all Neighbourhood Projects in West Gloucestershire Primary Care Trust.

### **6.2 Key Area 2. To develop a PPI Strategy and action plan for parents, children and young people.**

6.2.1 Cotswold and Vale PCT have taken the lead Countywide for this strategy, action from which is via The Children's Services Planning Groups. PPI underpins any policy decisions made by the Trust.

### **6.3 Key Area 3. To develop a more robust monitoring system to ensure compliance with best practice with the first compliance being with good recruitment and selection practices.**

6.3.1 The child protection monitoring system has been strengthened and new standards have been set. A series of audits have been planned by the Clinical Sub Committee, the first of which is record keeping.

6.3.2 All health visitors, nursery support workers and school nurses who are employed by West Gloucestershire PCT are given a child protection induction session soon after they are appointed. This also serves to identify their child protection training needs.

6.3.3 Plans to include child protection awareness in induction programmes for all newly appointed staff, are still in their infancy.

6.3.4 Although West Gloucestershire PCT have tightened their policy on CRB checks, it has become evident that the approach to CRB checks is inconsistent across the County.

This is being discussed by the Named Nurses for each Trust and the relevant HR Leads.

## **7.0 FURTHER OBJECTIVES**

7.1 The appointment of a Named Doctor has so far not been successful. With the exception of the Partnership Trust, no applicants have come forward. Although some GPs when approached expressed an interest in child protection, none felt able to apply for the post.

7.1.1 The GPs' present work commitment was given as the main prohibitive factor, but others included lack of experience in the field of child protection together with the inordinate job specification for the Named Doctor in relation to minimal allocated time.

7.1.2 Consideration may be given to the following,

- a more substantive post which allows for adequate back fill.
- an initial training / development post to allow for professional development.

7.1.3 The Named Nurses and the Clinical Sub Committee in consultation with the Trusts will continue to pursue this matter

## **8.0 CHILDREN IN GLOUCESTERSHIRE**

8.1 Gloucestershire had 575 looked-after children in 2001. This was higher than the national average. Social services have recognised that services to these children were given too little, too late when crisis had arisen. After review by social services, recent figures show that the number of looked-after children in the County has fallen to 469.

8.2 There are 125000 children in Gloucestershire who are under 18. The following figures for Gloucestershire are based upon the National Average,

- 45,000 children who are vulnerable.
- 4,375 children in need.

8.3 Given the number of children who are vulnerable in Gloucestershire or who are in need of services, adequate and timely services are essential in order to prevent a recurrent rise in the number of looked-after children.

## **9.0 IDENTIFICATION, REFERRAL AND TRACKING (IRT)**

9.1 In response to the Climbie Inquiry and partly due to the previous shortfall, the Area Child Protection Committee is in the process of introducing an integrated preventative strategy to provide an infrastructure for vulnerable children.

9.2 The Child Action Model which was pioneered in Bolton, develops a common understanding of risk factors, assessment of need and service thresholds that trigger action, with the preventative role of health professionals being a key factor.

- 9.3 Coming under the heading of work force reform, increased involvement of health visitors and nurses is advocated. This strategy is very much in alignment with the proposals set out for action in the Green Paper.
- 9.4 Given that there is no extra funding available for an increase in health visiting hours, this 'increased involvement' is surely dependant on work force reform. The call for increased health visitor and nurse involvement and workforce reform should be carefully considered by the Trust, however such plans are only feasible if they are contained within wider strategies for children's services.

### 13.0 SUMMARY

- 10.1 The child protection infrastructure which pre-existed in the Trust has indeed stood to our advantage when asked to follow the Climbie and CHI recommendations. Although distinct progress has been made since the previous report in June 2003, there is much work yet to be done.

### 11.0 OBJECTIVES

#### 11.1

- To appoint a Named Doctor for the Trust
- Climbie recommendations and CHI Statements to be further actioned.
- Child protection training programme to continue.
- Child protection audit of record keeping.
- Child Protection Supervision Team; Audit of pilot structure
- Database of all Trust staff who have attended the in-house training sessions.
- Inter agency networking and planning
- IRT planning.
- Preventative/public health strategies regarding parenting.

- 11.2 Work continues with health, social services and education to further develop 'Steps to Successful Parenting.' **Appendix 2**. The main focus is now on developing parenting guidelines for parents of school age children.

- 11.3 Steps is now widely being used throughout the County by practitioners from health, education, social services and the voluntary sector. Parenting education by front line workers using Steps to Successful Parenting is undoubtedly the most cost effective strategy which we can employ to help prevent the escalation of behaviour problems or child maltreatment.

- 11.4 We would therefore ask the Trust to endorse this initiative.

### 12.0 CONCLUSION

- 12.1 The Trust's continued commitment to child protection will be assayed in light of the Green Paper and the immediate child protection proposals within the County.

### 13.0 RECOMMENDATIONS

- 13.1 The Board is asked to note the contents of this report and the actions which are being taken and to support the initiative 'Steps to Successful Parenting'.

## APPENDIX 1

### RECOMMENDATIONS FROM THE VICTORIA CLIMBIE ENQUIRY APPLICABLE TO GENERAL PRACTICE

#### 1. General Recommendations: Recommendations to be implemented within three months

##### Recommendation 12

Front-line staff in each of the agencies which regularly come into contact with families with children must ensure that in each new contact, basic information about the child is recorded. This must include the child's name, address, age, the name of the child's primary carer, the child's GP, and the name of the child's school if the child is of school age. Gaps in this information should be passed onto the relevant authority in accordance with local arrangements. (paragraph 17.97)

##### Recommendation 21

When a professional makes a referral to social services concerning the well-being of a child, the fact of that referral must be confirmed in writing by the referrer within 48 hours (paragraph 4.59)

#### 2. For General Practice: Recommendations to be implemented within six months

##### Recommendation 89

All GPs must devise and maintain procedures to ensure that they, and all members of their practice staff, are aware of whom to contact in the local health agencies, social services and the police in the event of child protection concerns in relation to any of their patients. (paragraph 12.29)

##### Recommendation 90

Liaison between hospitals and community health services plays an important part in protecting children from deliberate harm. The Department of Health must ensure that those working in such liaison roles receive child protection training. Compliance with child protection policies and procedures must be subject to regular audit by primary care trusts. (Paragraph 12.57)

#### 3. Recommendations to be implemented within two year time scale

##### Recommendation 86

The Department of Health should invite the Royal College of General Practitioners to explore the feasibility of extending the process of new child patient registration to include gathering information on wider social and developmental issues likely to affect the welfare of the child, for example their living conditions and their school attendance. (Paragraph 12.29)

**Recommendation 87**

The Department of Health should seek to ensure that all GPs receive training in the recognition of deliberate harm to children, and in the multi-disciplinary aspects of a child protection investigation, as part of their initial vocational training in general practice, and at regular intervals of no less than three years thereafter. (Paragraph 12.29).

**Recommendation 88**

The Department of Health should examine the feasibility of introducing training in the recognition of deliberate harm to children as part of the professional education of all general practice staff and for all those working in primary healthcare services for whom contact with children is a regular feature of their work. (Paragraph 12.29).

## APPENDIX 2

### STEPS TO SUCCESSFUL PARENTING

1. The value of a preventative approach to parenting difficulties is widely acknowledged. There is a plethora of advice and information available but what parents (and children) value most is consistency. To this end the Steps to Successful Parenting Business and Development Group exists to promote the use of a co-ordinated approach by professionals from both the voluntary and statutory sector within Gloucestershire.
2. Steps to Successful Parenting are a parenting resource that has been developed by a multi-agency group of professionals from Health, Social Services and Education within Gloucestershire. It has been evaluated and proved by the Social Policy Unit of the Home Office and is recognised by the Community Practitioners and Health Visitors Association and is in use on a limited scale nationwide.
3. Steps to Successful Parenting consists of:-
  - A professionals' manual with photocopiable pages giving sound, illustrated advice to parents of young children about issues such as sleep, feeding and behaviour management. The manual also contains information about how to set up behaviour management groups with parents and information about how to parent older children.
  - A booklet with further resources for professionals interested in doing group work with parents and giving more information on topics such as children with special needs and domestic violence.
  - A small illustrated book for parents
  - Laminated illustrations from the manual for group work.

The professionals' manual and booklet has been distributed to all maintained education settings and to all GP practices within Gloucestershire. The resource is used widely by Health Visitors, School Nurses and within Early Years settings. All parents within the Gloucester Sure Start Local Programme receive a free copy of the small illustrated book. Several training workshops and conferences have been organised by the Business and Development Group within the county to promote the use of the resource and to raise awareness of the value of a uniform preventative approach to child protection.