CHILD PROTECTION
DEPARTMENT

CHILD PROTECTION
STRATEGY 2006 - 2007

Ruth Harrison
Named Nurse Child Protection
July 2006
Child protection is every body's business. The Trust recognizes this and is therefore reflected in this document by encapsulating the whole workforce.

‘parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, malnutrition or exploitation, including sexual abuse, while in the care of parents(s), legal guardian(s) or any other person who has care of the child.’ (1).

The Trust recognizes and promotes awareness, in order to safeguard children and young people effectively. It is essential that the Trust works in partnership with other agencies both statutory and voluntary. A clear understanding of individuals’ roles and responsibilities and knowledge of where to access specialist guidance is required. Therefore the Named Nurse has developed and will revise annually a Trust Child Protection Strategy. The Strategy is a reflection of the Safeguarding services within the Trust, in line with current guidance and legislation. Due to the importance of this area of work, ratification has been via the Trust Board.

Guidance Framework
This strategy reflects current legislation, statutory and advisory guidance for the health and protection of children.

- **The Children Act 1989** which places a duty on the Trust to co-operate with other agencies in the interest of vulnerable children.
- **Working Together to Safeguard Children 2000** – a guide to inter-agency working to safeguard children and promote their welfare published by the National Assembly.
- **Lost in Care - The Waterhouse Report 2000**
- **Too Serious a Thing - ‘The Carlile Review 2002’** – a review of safeguards for children and young people treated and cared for by the NHS in Wales published by the National Assembly.
- **All Wales Child Protection Procedures 2002** - a set of common standards and guidance for all agencies in Wales to ensure consistent, high quality practice, published by the National Assembly.
- **Trust Child Protection Policies 2003** provides guidance to support implementation of the All Wales Child Protection Procedures, Laming Inquiry 2002.
- **Telling Concerns - The Children’s Commissioners Report 2003.**
- **Bichard Inquiry**
- **Clywch Report**
- **Children Act 2004**
- **NSF**
- **Kelly Report**
Ceredigion and Mid Wales NHS Trust recognises that children and young people have the right to be safe and protected in society. This is no less so when accessing health care.

Employer Responsibilities – Protection of Children Act
The Protection of Children Act 1999 requires the Trust to ensure that members of staff who have regular contact with children are checked against the Department of Health, Protection of Children Check List and Criminal Records Bureau. This ensures their suitability for working with a very vulnerable group of society. The Trust demonstrates its commitment through the Criminal Record Background Policy and through the appointment of a Trust Named Person with this responsibility.

**Trust Named Person responsible for CRB check** - Ms Angela Foehl

**Professional Registration**
To ensure all medical and nursing staff employed by the Trust are appropriately registered for practice with their professional bodies, the Trust has identified a Named person with whom this responsibility lies. The responsibility for checking registration of Allied Health Professionals lies with each professional head.

*Named Person with Responsibility to check nursing registration* - Ms Chrissie Nelson  
*Named Person with Responsibility to check doctors registration* - Mrs Wendy Ling

**The Children’s Voice**
The views of children and young people, is an area which requires development within the Trust. It is evident the Trust recognises this, as a vital area of work, by its commitment to the ongoing development of a multi-agency Advocacy service. This service is presently only available to Looked After Children, via the Local Authority. Until this development becomes operational the Trust ensures all complaints made by a child or young person are reviewed by a named person with this responsibility.

**Trust Named Children’s Complaints Manager** - Ms Celia Groves

**Ceredigion and Mid Wales NHS Trust Child Protection Leads**
The importance of safeguarding children and young people cannot be emphasized enough. All staff has a need to understand their roles and responsibilities regarding this safeguarding. Previous guidance has demonstrated that managers are required to take on greater accountability in protecting children. Within the Trust the person with overall responsibility for safeguarding children is Mrs. Allison Williams, Chief Executive. This is complemented by the appointment of both an executive and non-executive lead for Child Protection.
Executive Lead - Mr. S. Griffiths. Director of Patient & Nursing Services. Although the Chief Executive has overall responsibility for the Safeguarding of Children and Young people, the Director of Nursing Services is the identified Executive lead. This role encapsulates responsibilities for supporting and advising Named Nurse Child Protection professionals and reports to the Trust Board on matters relating to Safeguarding and Protecting of children and young people.

Non – Executive Leads: Mr. E Thomas

‘Each NHS trust is recommended to identify a named doctor and named nurse and midwife, who will take a professional lead within the trust on child protection matters. ’(2)

Within the Trust the Named Nurse position is a substantive one, whilst the roles of the Named Midwife and Named Doctor are ‘add on’ responsibilities. The role of the Named Nurse is a diverse and intense role, dealing with all strategic material relating to child protection, ensuring the promotion of good practice, whilst having the expertise to be supportive and informative to Trust members and other agencies.

Named Doctor – Dr Desmond Walters Consultant Pediatrician
Named Doctors Responsibilities – he has the expert medical knowledge relating to safeguarding and protecting children and young people and its impact on a child’s development and health.

Named Nurse Child Protection – Ruth Harrison
Named Nurse responsibilities – she has the expert knowledge and skills relating to safeguarding and protecting children and its impact on a child’s health and development. This with the knowledge of policy, procedure, legislation and guidance giving the Named Nurse responsibility of an expert advising, supporting and educating and providing written policy and all Trust staff as named Doctor.

The named Doctor and Named Nurse work as a team to provide expertise across the Trust and on a multi-agency basis.

Named Midwife – Mrs C Cotter Head of Midwifery Services
The Named Midwife has the knowledge and expertise in relation to Safeguarding and Child Protection and its impact on pregnancy and the neonatal infant. With knowledge of policy, procedure and legislation, the individual is responsible for providing support, advice to staff. She will also work with other Named professionals in relation to safeguarding and protection as appropriate and on a multi-agency basis.

Specialist Health Visitor – Ian Bell
Inter-agency working has been recommended in a previous report by Lord Carlile to ensure effective communications and ultimately the protection of children. The Specialist Health Visitor has a joint role working with Social Services to provide knowledge and skills relating to safeguarding and protection and also provides training
for Trust Staff and cover for the Named Nurse as well as an essential and effective conduit to inter-agency working.

**Personal Assistant to Named Nurse** – Carol Williams
Provides administrative support to the Named professionals and other Trust staff in relation to Child Protection (and Safeguarding) and ensures the effective organization of training programmes, collection of data, and minute taking at meetings within the Trust and Multi Agency arena.

**Trust Lead Professional Meeting and Inter Agency Meetings.**

‘Promoting children’s well-being and safeguarding them from significant harm depends crucially upon effective information sharing, collaboration and understanding between agencies and professionals.’ (3)

The Named professionals have regular opportunity to attend and meet with their counterparts from neighboring counties and allied agencies involved in the safeguarding of children. This enables the development of the service, the promotion of best practice and the facilitation of working together.

**Training.**

When ensuring the safeguarding of children, there is no place for ignorance or the avoidance of responsibility. Trust members need to be confident and competent in accessing guidance and referring to statutory agencies, regarding any concern for children and young adults. To ensure optimum effectiveness of training the Trust Child Protection Training Strategy, continues to be revised and amended annually by the Named Nurse Child Protection which is ratified by the Trust Board. The Strategy identifies levels of training required. Since April 2005 ‘in house’ Child Protection training Level 1 & 2 is mandatory for all staff. This level of training continues to be facilitated by the Named Nurse and Specialist Health Visitor, Child & Family Assessment Team through the Trust induction programme and through the on going Child Protection training for existing staff.

This level of training is carried out by the Named Nurse Child Protection and the Specialist Health Visitor on a monthly basis.

It must be emphasized that due to increasing work commitments of the Named Nurse ‘in house’ training for existing staff is at risk and this could lead to a decline in the knowledge and skills of staff, and ultimately in the safeguarding of children and young people.

The Trust shows its commitment to training through funding for multi-agency training at Level 3 and above.

All dates relating to Child Protection training are reported through its identified Key Performance Indicator.

**Trust Child Protection Forum**

The Trust has a Child Protection Forum has been in place for several years in its current status. The Trust Child Protection Forum in terms of reference and the membership will be reviewed in 2006/07 to ensure it is fit for purpose and its meets the needs of children.
and the organisation and reflects the changes introduced through the introduction of Local Safeguarding Boards.

**Clinical Governance.**
Carlile (2002) states that:
‘Guidance is issued to the NHS that makes it clear how best to harmonise the procedures on child protection, untoward incidents, clinical governance, and discipline is cases of alleged abuse.’ (4)

Due to the Trust commitment to ensure effective risk management, the Trust has taken these recommendations have been taken on board. The Trust will continue to monitor the implementation of all action plans regarding safeguarding and the protection of children and young people. The Named Nurse has and will continue to provide and report on updates of recommendations and action plans.

All adverse incidents/near misses relating to Safeguarding and Child Protection issues will continue to be recorded and the Named Nurse notified. The Named Nurse has the responsibility to ensure appropriate action has/will be taken and to liaise with other agencies.

As with near misses and adverse incidents, Serious Case Reviews encapsulate a culture of learning to prevent future incidents and to improve the Safeguarding and Protection of children.

All action plans from such reviews will be disseminated to the Trust Board and L.H.B. and will be monitored by ACPC and the Trust Clinical Governance Committee.

Audit continues to be an area of development with the Safeguarding Team. While initial has been undertaken to identify key performance indicators future working may result in the expansion of these. Proactive reviews on practice and mechanisms are also an area of importance and current work is underway to ensure that mechanisms are in place for Children and young people accessing Out of Hours Services.

**Looked After Children.**

Looked After Children are among some of the most vulnerable in society. Despite this and recommendations within National Service Framework 2005, and although Ceredigion & Mid Wales NHS Trust appreciates the complexities of LAC and their health needs, there remains a lack of provision for these children and young people.

It is estimated that Ceredigion Local Authority has between 60 and 70 children and young people placed within the county, and that there are between 70 and 80 children and young people from other authorities placed within Ceredigion. However it is likely that these figures are inaccurate due to the lack of co-ordination relating to these children. Although each placing authority has responsibility for the children they place, these children continue to have health needs many of which are complex and need to be addressed to prevent short and long term adverse effects.

With provision these children and young people could receive specialist holistic health assessments within county and co-ordinate health care for out of county placements.
The Trust will continue to work with its partners and commissioners to determine how the needs of LAC can be met.

**Child Protection Policies and Procedures.**

The implementation of the All Wales child Protection Procedures by all Area Child Protection Committees in Wales marked a significant step forward in the agencies working together to safeguard children. These procedures are based on ‘Working Together to Safeguard Children’, (1999), and are underpinned by the principles of the United Nations Convention on the Human Rights of the Child and the Children Act (1989).

These procedures are for use by all those who work with children, young adults and their families, and therefore cover the statutory, voluntary and independent sectors and should be used in conjunction with Working Together to Safeguard Children (1999).

'It is the responsibility of each agency to bring these procedures to the attention of all staff who have contact with children.' (5).

At the time of their release the Trust adopted these procedures while the Trust Child Protection Department ensured all areas within the Trust had accessibility to them. All revised documentation and additions to the procedures will be forwarded to each department. With the increasing accessibility to IT and the Trust Intranet developments access via this route for the All Wales Child Protection Policies and Procedures will be explored.

Working in unison with the All Wales Child Protection Procedures are the Ceredigion and Mid Wales NHS Trust Child Protection Policies. These policies reflect the recommendation within the All Wales child Protection Procedures which states;

‘Individual agencies should also have detailed procedures which compliment this document.’ (6).

Each department within the Trust has accessibility, to these via the Trust intra-net or hard copy where this is not available. To ensure that practitioners have accessibility to up to date policy relating to national and local recommendations, these procedures are reviewed on a bi-annual basis. According to guidance and legislation they are then ratified by Trust Clinical Governance Committee.

**Child Protection Activity.**

**Referrals**

All referrals to the Child and Family Assessment and Support Team in Ceredigion are made on the Ceredigion Inter-agency referral form which was implemented following the introduction of the Assessment framework. In urgent cases a telephone referral is made, and followed up with the interagency referral form within 24 hours. These referral forms are accessible within all areas within the Trust.
‘Fundamental to establishing whether a child is in need and how those needs should be met is that the approach must be child centered. This means that the child is seen and kept in focus throughout the assessment and that account is always taken of the child’s perspective.’ (7).

**Child Protection Case Conferences.**

The Named Nurse for Child Protection is invited to all child protection case conferences in addition to the health professional working with the family. Health staff attending case conferences are required to produce a comprehensive report. Clerical expertise is available for staff within the Trust Child Protection Department.
Developments.

<table>
<thead>
<tr>
<th>Long Term Development</th>
<th>Time Scale 2005-06</th>
<th>Update 2006-07</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secure position for Assistant Nurse for Child Protection</td>
<td>March 2006</td>
<td>Due to current financial restraints this has not been reviewed</td>
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<tr>
<td>with clerical support</td>
<td></td>
<td></td>
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<tr>
<td>Secure position of specialist health visitor child and</td>
<td>March 2006</td>
<td>This position has been secured for the 2006-07</td>
</tr>
<tr>
<td>family assessment and support team</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pilot electronic record keeping within the Child Protection</td>
<td>January 2007</td>
<td>Working continues to be ongoing towards electric records. Progress delayed due to increase in work commitments</td>
</tr>
<tr>
<td>department</td>
<td></td>
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<tr>
<td>Further developments for training Trust staff</td>
<td>March 2006</td>
<td>This has been achieved and is ongoing</td>
</tr>
<tr>
<td>Short term Development</td>
<td>Time Scale 2005-06</td>
<td>Update 2006-07</td>
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<tr>
<td>Secure position of specialist looked after children’s nurse with clerical support</td>
<td>September 2005.</td>
<td>Initial proposal rejected. Further proposal to be submitted to LHB July/August 2006</td>
</tr>
<tr>
<td>Formalize exchange of information between health, social services and education regarding looked after children</td>
<td>June 2005</td>
<td>This has been achieved between health and Social Services but requires specialist LAC nurse to ensure effective co-ordination of services</td>
</tr>
<tr>
<td>Trust wide Child Protection training needs analysis</td>
<td>October 2005</td>
<td>This was completed, however due to poor format was unsuccessful. This will be reviewed late 2006</td>
</tr>
<tr>
<td>Maintain monthly training programme Level 2</td>
<td>On going</td>
<td>Achieved and on going</td>
</tr>
<tr>
<td>Recognition of Level 2 training as mandatory for all Trust staff</td>
<td>June 2005</td>
<td>This has been achieved</td>
</tr>
<tr>
<td>To ensure all previous achieved records are incorporated into the child’s school health/health visitor record</td>
<td>May 2005</td>
<td>This has been achieved</td>
</tr>
<tr>
<td>Finalize four counties development regarding care pathway for the admission and discharge for children</td>
<td>May 2005</td>
<td>On going</td>
</tr>
<tr>
<td>Advocacy services for children (Multi-agency)</td>
<td>September 2005</td>
<td>There has been great progress in this area with work on going</td>
</tr>
<tr>
<td>Safe Parenting handbook (Multi-agency) ACPC</td>
<td>May 2005</td>
<td>This has been achieved and has been noted as a area of best practice by Welsh Risk Pool auditors.</td>
</tr>
<tr>
<td>Task Description</td>
<td>Date</td>
<td>Status</td>
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<tr>
<td>Revise documentation of Family In Need file</td>
<td>May 2005</td>
<td>This has been achieved</td>
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</tbody>
</table>
| Audit of Record Keeping in Family In Need files | June 2005  | An audit was completed in 2005
This process has since been incorporated within clinical supervision and will be ongoing |
| Maintain NPHS Audit                   |            | On going                                   |
Reference and Guidance


