The contribution of health agencies to keeping children and young people safe

(including contribution statements from provider arm services & children’s commissioning services)

Version 3.1 (25.11.11)

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1 Health partners assure themselves that children and young people are adequately safeguarded

All health agencies in Croydon are fully committed to safeguarding and protecting the welfare of children and young people. Health partners have contributed to a Section 11 self assessment audit as a means of partnership working and in order to demonstrate compliance with the Children Act 2004.

1.1 Structure of the Croydon health economy:

1.1.1 The commissioning arm

NHS South West London Croydon Borough Team, formerly known as NHS Croydon (the PCT).

The Designated Dr & Designated Nurse (Designated professionals) are placed in the commissioning arm.

1.1.2 Provider organisations and independent contracted services

These include:

- Croydon Health Services NHS Trust (hospital and community services)
- South London and Maudsley NHS Trust (mental health services) (Annual Report on safeguarding children 2010-11 published July 2011 [PA7])
- Independent Contractors (GPs/dentists/optometrists/pharmacists)

1.1.3 Governance

Provider organisations report on safeguarding practice to their relevant boards on a quarterly basis through their governance processes. A recently agreed protocol ensures that the Designated professionals receive this information in order to monitor the robustness of safeguarding activity on behalf of the PCT. This includes an agreed set of performance indicators. The management of safeguarding arrangements for Independent Contractors is overseen by the Designated professionals. The Safeguarding Children Advisor for Independent Contractors provides services to this group which includes training, supervision, telephone consultation & advice.

1.1.4 Croydon Health Service (CHS)

Background

Croydon Health Services (CHS) employs approximately 4,000 staff. This encompasses the community and acute sector – the community and hospital services integrated in August 2010.

Their Safeguarding Children Team provides a service for the whole of CHS. There has been significant investment in the team including the establishment of the role of the Head of Safeguarding, providing leadership and direction to the service.

Safeguarding Action Plan

Following a peer review of safeguarding children services by the Safeguarding Improvement Team (SIT)) in 2010, NHS Croydon produced a Safeguarding Action Plan to further strengthen safeguarding arrangements in areas which were deemed to be less robust. The action plan is monitored by the Designated Professionals and NHS London. The majority of the actions have been completed or there are measures in hand to ensure compliance.
Challenges

Croydon has a population which is growing in size and diversity and is predicted to continue to grow (Croydon PCT’s Commissioning Strategy Plan 2008/9 – 2012/13). In addition, the birth rate is increasing – these factors have a direct and significant impact on the delivery of universal & safeguarding services both within the acute site and the community. This has been further compounded by challenges with staffing levels within Croydon Universal Services (CUS) with reduced numbers of Health Visitors & School Nurses. Senior Managers within CUS have worked intensely in order to ensure that service delivery prioritises the need to safeguard children in addition to meeting the required service targets. This issue is on the CHS Risk Register and control measures have been put in place. Current vacancies in the service are covered by bank & agency staff. It is additionally acknowledged that this is a difficult time for staff who are providing frontline services and managers have worked to ensure that support structures are in place including regular supervision.

Health visiting

Croydon Health Services (CHS) have recognised the need to have meaningful discussions with commissioners in order to address staffing issues and ensure that safeguarding requirements are met. Commissioners have brought together a multi-agency task group undertake the work required around capacity and demand, workforce modelling and review CHS recruitment and retention strategy. Recommendations from this group will inform the Commissioning Strategy Plan for 2012/13 and beyond. Commissioners have agreed with the Early Intervention Programme Board the use of re-ablement funding towards 3 further HV’s to ensure that the Early Intervention Programme is implemented to schedule whilst the wider HV capacity issues are addressed.

The issue is also under discussion at a senior level at the CSCB Quality Assurance sub-group, Performance and Information CHS Contract meetings, Clinical Quality Review meetings for CHS and reports are scheduled to go to the CSCB Executive Board meeting in January 2012 and to the NHS SWL Cluster Integrated Governance meetings.

Health Visitors provide a service to the eight residential parenting units across Croydon. The vulnerable families involved frequently come under the jurisdiction of Children’s Services (including out of borough children) and require a significant level of service input.

A designated Health Visitor works predominantly with the homeless families client group in order to address their specific health needs. This has its own challenges which relate to the significant mobility factors and the high numbers of clients involved.

2 Health partners communicate with children, young people and their carers to ensure that they:

- understand the care, treatment and support available to them
- can express their views and involved in making decisions about their care and support
- have their views and experience taken into account in the way the service is provided and delivered

Communication with families and children is an integral element of the health practitioner’s role. Although there has been some progress to demonstrate the effectiveness of this, it has been recognised that requires further work in order to ensure that service user’s views are sought and evidence can be provided that it is meaningful & effective. This will need to include carers, children & young people.
Croydon University Hospital now operates the ‘Just a Minute’ (JAM) survey whereby children and young people are encouraged to express their views regarding the care they receive. This form of user feedback is now also used in the community. (JAM Cards were introduced across CHS at the same time. They are not given to children under 16 but are given to parents / carers to complete).

The Children’s Hospital at Home Team (CHAH) and the Family Nurse Partnership complete a survey of the treatment and care they deliver to children and young people on an annual basis (through surveys explicitly developed for use by children and young people). Evaluation is fed back through the audit group and governance processes.

CUS and other children’s services also monitor communication with carers, children and young people through their supervision processes and case reviews.

The Looked After Children (LAC) Health Team situated in the Safeguarding Children Team has undertaken specific audits in order to ascertain the views of young people as well as foster carers. In addition the LAC health service in particular carry out the advocacy role evidenced in their work with and attendance at the LAC reviews.

**3 Health partners provide health support to children with disabilities and safeguarding arrangements are in place to support this vulnerable group of children and young people.**

Health support for children with disabilities ensures that appropriate services and safeguarding arrangements are in place. Croydon Health Services provide a full time specialist nurse for children with disabilities who works closely with all other paediatric services including; occupational therapy, speech and language therapy, physiotherapy, the community paediatric team and the Children’s Hospital at Home. The Crystal Centre is the local (health) resource for service provision to children with a disability and their families. This provides the setting for regular multi-disciplinary meetings to ensure the needs (including safeguarding) of children and their families are met.

Croydon Health Services provides each of the schools for children with disabilities in Croydon with a qualified school nurses as a minimum. Nursing staff are based on site at Red Gates and St Giles, off-site nursing staff are provided for The Priory (SLD), Bensham Manor and St Nicholas’ (MLD / ASD). Other specialist schools, for example St Giles having both nursing staff and paediatric therapies on site.

Professionals who work with children with a disability are required to attend safeguarding children training to at least level 3. They also receive regular supervision in keeping with local policy.

**4 Health partners demonstrate that their arrangements for safeguarding are sensitive to the diverse needs of all children.**

Being sensitive to the diverse needs of all children is key to service provision across the health economy of Croydon. All health providers are signed up to the London Child Protection Procedures 4th Edition (2010). Section 5 relates to children and young people in specific circumstances (for example, children with disabilities, children at risk of female genital mutilation, bullying, trafficked children, sexual exploitation and young people at risk from gang related activity). The diverse needs of children across the borough such as these are included in
the various levels of safeguarding children training in order to raise awareness throughout the workforce.

All staff employed by the provider organisations and PCT must attend an induction session at the start of their employment which includes information on Equality and Diversity. Each organisation has an Equality and Diversity policy.

5 Front-line community health staff help children stay healthy and safe

Safeguarding is a significant & embedded component of practice for all front-line community health staff. It is seen as a priority by senior managers and this is reflected in service delivery. Appropriate levels of training and supervision are in place to ensure that staff contribute effectively to helping children stay healthy and safe. The importance of effective partnership working is emphasised in supervision and at all levels of the safeguarding children programme. Provider organisations are compliant with the requirement regarding Named Nurse and Doctor roles and these post holders are central to supporting front-line health staff that may identify children at risk. Frontline health staff are responsible for making referrals to appropriate agencies when required, contributing to strategy meetings, case conferences and core groups. Evidence from minutes demonstrates effective contribution to, and progression of, child protection plans.

Training achievement levels are now calculated across the integrated service. It has been recognized that Level 2 training and above in the acute sector has not achieved the same attendance compliance as community services and strategies are being explored in order to ensure that this is addressed.

6 Health partners demonstrate compliance with Statutory Guidance for the Health of Looked after Children (LAC) 2009¹ and Working Together 2010 [PP13].

Croydon Health Services provides a dedicated team of LAC health professionals which includes:
- Designated Nurse LAC – full time
- Designated Doctor for LAC
- 2 full time LAC nurses
- 2 part time administrative/support staff

The Looked After Children (LAC) Health Service commenced in 2004 with a doctor and nurse. In 2009, 2, further nurses and an administrator were recruited aiming to fill gaps in service provision, primarily for ‘hard to reach’ LAC and those 16 yrs plus. The service is currently provided by Croydon Health Services.

The LAC team recognise the need to work effectively and cohesively with Local Authority partners. A joint protocol was agreed and updated in 2010 in order to improve the process of receiving and completing health assessments for LAC. In addition, a LAC Joint Area Needs Assessment was undertaken and as a result, a multi agency work plan was proposed in order to address recommendations taking into account the requirements of LAC NICE guidance.

Working relationships and outcomes for children have significantly improved further since the re-structuring of Local Authority LAC Services, who now have teams of social workers specifically working with looked after children. LAC nurses link with individual social care teams and run some drop in advice sessions for social workers in addressing health needs of Croydon’s LAC.

Croydon has a significant number of Looked After Children. As of 31.3.11 there were 845 Looked After Children to Croydon Local Authority. They have a complexity of issues including many that relate to health. Of note, over half of these children are unaccompanied minors & 425 are aged 16-17 years old.

All LAC have access to a comprehensive health needs assessment which is allocated to the most appropriate health practitioner by the Health LAC Team on referral by their social worker. The LAC Health Team co-ordinate with the health practitioner and quality assure the process together with the Designated Dr for LAC.

Where possible, a Lead Health Professional is allocated for LAC under 5 years and those with complex health and social care needs.

Initial Health Assessments are completed by a Community Medical Officer (Dr) for children under 12 years and by GP’s for children 12 years and over.

For Review Health Assessments, it is recognized that the specialist LAC Nurses are best placed to address the needs of the more vulnerable LAC clients and, therefore, their work focuses on young people who are hard to reach and difficult to engage, primarily older adolescents, and children or young people with special needs. The team is supported by Croydon Universal Services (health visitors & school nurses) who provide health support to all other LAC clients and their carers. In addition, CUS and LAC Nurses will take the role of 'lead health professional' where indicated and attend the LAC Reviews when appropriate.

LAC health assessments are also requested and commissioned to be completed by health practitioners from other areas (Nurses, Paediatric Doctors and GPs) as approximately a third of Croydon’s LAC are placed out of the Borough of Croydon. This involves complex communication by the LAC Health Team. These health assessments and health action plans (for children placed out of area) are co-ordinated and quality assured by the LAC Health Team.

The specialist service for unaccompanied minors has been in operation since 2008 and comprises of a salaried GP to undertake Initial Health Assessments in one weekly clinic. Currently, Review Health Assessment clinics are run by a Homeless Health Nurse and LAC Nurse in the form of two weekly clinics. This is an integrated service with the Local Authority who arranges the appointments. It is recognized that the need of unaccompanied minors is significant and complex and discussions have commenced with commissioners around the need to increase service provision in order to reflect the outreach service which is currently offered to Croydon’s indigenous LAC client group.

The LAC Nurses also provide an outreach service with a high profile position in the Local Authority Children’s Homes where the relationship with young people and workers is positive. There are close relationships with Contraceptive & Sexual Health (CASH) Clinics in order to address sexual health needs.

The need to include specific health and social needs of LAC is included in mandatory Safeguarding Children Training for CHS and the Safeguarding Children Supervision Policy.

Health promotion for this client group is key to improving their health outcomes and is, therefore, embedded in service delivery. There are training sessions offered with social workers, foster carers and the young person’s key workers in order to increase their understanding of the health needs of looked after young people. Historically there have been specific sex and relationship education sessions run for unaccompanied minors with the co-ordination and support of the Local Authority Unaccompanied Minors Service. Currently ad hoc health education sessions are arranged and by the LAC nurses with looked after children undertaken (individually and in groups) when opportunities arise.

Immunisation uptake is an area of concern, particularly for the unaccompanied minor population as they are likely to have to complete a full immunisation programme on entering the UK. Statistics for 2011 will not be available until
January 2012 – this is due to a change in the data collection process. Figures for the period January – December 2010 are as follows:

Of the 328 indigenous LAC health assessments completed, 58% had received a complete immunisation programme.

Of the 495 unaccompanied minor LAC health assessments, 22% had received a complete immunisations programme.

Figures for 2012 are expected to demonstrate an improvement in these numbers. However, we must be mindful that the responsibility to ensure that Look After Children receive a completed immunisation programme is shared with all health and social care practitioners – the LAC Team are able to provide advice and support in ensuring that this is achieved (including approximately a third of children who are placed outside of Croydon).

This issue is being monitored, and actions are undertaken by the LAC Team to increase uptake. However uptake of immunisations is reliant on both client compliance and support by their carer, key worker and social worker.

The LAC team is keen to listen and respond to the views of the clients. In 2010 a survey was completed by the LAC health service asking young people and their carers of their views of the LAC health service. Recommendations made have since been embedded in training. In 2007 a patient satisfaction survey was completed by unaccompanied minors on the LAC health service offered. These findings were also used to improve practice. Equally there are opportunities to link with the children in care council when considering changes and developments to health services for Croydon’s Looked After Children.

7 Health partners demonstrate effective involvement with partners including the Local Safeguarding Children Board.

There have been significant changes in organisational and staff structures in recent times which have resulted in a period of transition and formation of new relationships for partners.

However, it is evident that health organisations are keenly engaged and involved in the work of the CSCB and associated sub groups. NHS SW London Croydon Borough Team along with the provider organisations and Designated Professionals for Safeguarding Children are represented at Executive Board level. Health organisations work effectively with partner agencies regarding the completion of audits, IMRs, Serious Case Reviews and the implementation of associated recommendations.

The CSCB has established a Health subgroup with representation and contribution from across the health economy in Croydon including Independent Contracted Services. The Health sub-group is chaired by the Designated Nurse and its remit is to promote and integrate best practice in relation to safeguarding children/child protection across the health economy in Croydon. This is achieved through co-operation and joint working, thereby facilitating better outcomes for children and young people. The Health subgroup has developed an annual work plan and audit schedule to support improvements and to monitor the effectiveness of safeguarding arrangements.

Health is appropriately represented at MARAC and MAPPA meetings. These are becoming increasingly effective in improving joint working regarding children who may be in the households where there is domestic violence or where children are exposed to a convicted perpetrator. Both groups demonstrate effective joint risk assessment for children in these situations and there is evidence that professionals who work with adults have an increasing awareness of the needs of children in the family and the risks some adults may pose.
Front line health staff work in partnership with social care and other providers to identify children at risk and contribute to their ongoing support and care.

The need to work in partnership is promoted in safeguarding children training at all levels (evidenced in content of training) as well as in safeguarding children supervision.

Provider organisations are compliant with their responsibility to secure Named Nurse and Doctor roles. These are key to supporting front line staff that may identify children at risk of significant harm.

Front line staff are expected to contribute to partnership working in order to contribute to their ongoing support and care in the form of:

- referring children to Children’s Social Care on recognition of potential significant harm. (The Croydon Health Services Child Protection Policy is currently being reviewed in order to specifically address how health professionals escalate concerns where there is a difference of opinion following such a referral).
- attendance and contribution to strategy discussions/meetings
- attendance and contribution to child protection case conferences and core groups
- undertaking LAC health assessments and contributing to the LAC review process.

General practitioners fulfil their responsibilities in safeguarding.

All GP practices were subject to an annual assessment visit from the Performance and Quality team of (then) NHS Croydon. The assessment included the following areas:

- safeguarding children and vulnerable adult protection procedure including review date
- evidence of staff training in safeguarding children and patient protection procedures
- CRB checks for all staff
- access to safeguarding guidance and contact details for (then) NHS Croydon Safeguarding Specialist Advisers and Social Services for all staff
- Compliance with safeguarding children audits.

GP training in safeguarding has previously been identified as an area for development and the appointment of the Safeguarding Children Advisor post for independent contracted services in December 2010 has brought fresh impetus to ensuring that all GPs receive the appropriate level of safeguarding children training.

The monitoring of training is a complex issue due to the system of employment. GP’s comprise of salaried staff, locums, trainees and registrars. In view of this it is difficult to provide a definitive number of doctors requiring training at any one given time. However, we can state that since March 2011, 182 of the above cohort have attended Level 3 training (as per Intercollegiate Document 2010). The potential figure for those who are eligible is 408. In addition to this number, 419 additional practice staff (practice nurses, managers & admin) have been trained to Levels 1 & 2. Evaluation of the training has been extremely positive and there has been an increase in awareness which can be evidence through advice seeking processes & documentation. We have identified the need to collate data in a more effective manner which will enable more efficient reporting. This is currently being reviewed. Training needs for GP’s will continue to be assessed and a work plan devised in order to meet need.
The Safeguarding Children Advisor additionally delivers a comprehensive training programme for the following:

- Dental Practice staff (dentists, dental nurses & admin) (259 out of 500 pharmacists)
- All Pharmacists are required to access safeguarding children training.

There are current discussions with managers in order to ensure that they are trained to the appropriate level in order to meet the service that they provide. (Some pharmacist are ‘enhanced’ and therefore have a more involved in risk assessment processes). The Levels required will vary between 1, 2 & 3 for pharmacy.

Although Level 2 Training has been offered to optometrists, the service has made the decision to access Level 1 on-line Safeguarding Children Training. This will be reviewed as part of the Independent Contractors workplan for 2012 in order to ensure that it meets the requirements of the Intercollegiate Document. This is also included in the Independent Contractors Workplan for 2012.

The Safeguarding Children Advisor is available to all GP practice staff (and other independent contractors) for advice and consultation on all matters relating to safeguarding children and young people.

A draft Safeguarding Children Supervision Model for Independent Contracted Servicers has been developed to ensure that GPs receive some form of safeguarding children supervision. This is due to be piloted in the near future with a view to rolling out an effective borough wide model.

The CSCB Health subgroup includes a GP who actively participates with the safeguarding children agenda. However, NHS SW London Croydon Borough Team has not been successful in the recruitment to the post of Named GP and this is an area which requires further exploration.

10 Health partners ensure that children who have been subjected to alleged sexual abuse are examined and assessed in a suitable environment by appropriately trained staff.

The response to alleged sexual abuse in Croydon complies with the agreed Pan London arrangements. All acute cases of alleged sexual abuse are seen at the Haven (Sexual Assessment Referral Centre) and appropriate pathways are in place to ensure immediate referral in the event of a child presenting at Accident and Emergency. Chronic cases of alleged sexual abuse are seen by Children’s Medical Services (Community Paediatricians). Examinations are carried out in a dedicated suite (Saffron) at Croydon University Hospital which is equipped with a colposcope.

11 Arrangements are in place in adult and paediatric emergency departments to identify children who are at risk and to communicate concerns with social care partners (to include walk in centres and urgent care centres).

Croydon University Hospital is signed up to the London Child Protection Procedures 4th Edition and ‘Working Together’ (2010) with appropriate protocols in place for dealing with specific safeguarding children issues, for example, when a child dies, pathways for sexual abuse, children at risk of FGM and for children and young people who deliberately self-harm.
Accident and Emergency, Urgent Care Centre and Minor Injuries Unit staff are expected to attend safeguarding children training. Mechanisms are in place to ensure that staff have access to contact details of Named Professionals as well as Duty Assessment Team colleagues (in hours and out of hours)

Named professionals are in place and an out of hours helpline is available for all health professionals across the health economy in order for staff to be able to access timely advice to assist with decision making/risk assessment

12 Health partners support teenagers who are pregnant in order to identify risk and safeguard the well-being of the family.

Health partners have actively contributed to the well-established Teenage Pregnancy Protocol. Significant work has been undertaken to ensure all practitioners including those in the NHS, local authority and community and voluntary sector are aware of the agreed procedures and adhere to local arrangements. The Protocol highlights the need for referral to social services for under 16s who are pregnant, in line with the statutory guidance. A review and audit to establish if the Teenage Pregnancy protocol is being adhered to across maternity services and CUS is planned for 2012 and will serve to identify any gaps and weaknesses. The Teenage Pregnancy Board monitors the proportion of babies subject to a child protection plan born to mothers under 20 on a quarterly basis. This data is used to inform the Teenage Pregnancy Strategy and services to teenage parents.

There is a wide range of training available to local practitioners on the needs of teenage parents, including young fathers, and on the importance of early identification and intervention as well as broader safeguarding issues. The Crocus Team provides support to all vulnerable teenage mothers under 17 and to those with identified additional needs. The Croydon Family Nurse Partnership pilot and the Early Identification Health Visitor (Teenage Pregnancy) introduced in the autumn of 2010, help support early identification and support and have established productive partnership working with other teams involved in the broader early intervention agenda. This work has provided a firm foundation for the development of the Community Budget pilot in Croydon.

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