Safeguarding Children
Annual Report for Bradford and Airedale teaching Primary Care Trust
2007-2008

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## Contents

1. Introduction ............................................................................................................. 3

2. Statutory Guidance for the NHS and the implications for safeguarding children................................................................. 3

3. Every Child Matters 2003....................................................................................... 3

4. Children Act 2004 ................................................................................................. 3

5. Working Together to Safeguard Children 2006......................................................... 3

6. The National Service Framework for Children, Young People and Maternity Services (NSF) 2004 ................................................. 4

7. The Chief Nursing Officer’s Review 2004 ................................................................. 4

8. Local Implications of Statutory Guidance for Health Services......................... 5

9. Developments since March 2007 to ensure fitness for purpose ... 5
   9.1 Accountability and leadership ................................................................. 5
   9.2 The Commissioning of services ............................................................ 6
   9.3 Supervision of staff .............................................................................. 6
   9.4 Training .................................................................................................... 6
   9.5 Premises .................................................................................................... 7
   9.6 Policy and guidance development ........................................................... 7

10. Governance ........................................................................................................ 7
    10.1 Development of outcome measures ......................................................... 7

11. Statistics ............................................................................................................ 8


13. Conclusion ......................................................................................................... 9
1. Introduction

Safeguarding children as a concept is now much wider than traditional child protection, encompassing 26% (vulnerable children) as opposed to previously 0.2% (child protection) of the local child population. We are moving into a new era in the provision of services for children and families. The effective safeguarding of children and young people needs to be embedded across all mainstream health service practice, with all practitioners who encounter children and young people, both directly and indirectly, enabled to practice competently and confidently. The safeguarding team in Bradford and Airedale are charged with this task and this report highlights the mandatory requirements of the PCT some of the activity taking place, that which is planned and the challenges and opportunities that we face.


Legislative and policy changes have and will continue to, significantly impact upon the commissioning and provision of health care for children, young families and maternity services.

3. Every Child Matters 2003 - outlined a framework for national and radical change in the whole system of children’s services. This will mean there will be an increasing emphasis on early identification and intervention, development of shared responsibility across all organisations for Safeguarding Children, services for children in need, not simply those in need of protection and strong committed leadership from expert practitioners in safeguarding children with proven track records of multi agency working and shared responsibility.

4. Children Act 2004 - The Children Act 2004 reinforces the statutory duty on the NHS to contribute to the achievement of the five outcomes identified for children and young people in the Children's Bill 2004, and to co-operate in the functioning of a Local Safeguarding Children's Board (LSCB). The abiding principle of the 1989 Act continues, that is the welfare of the child is paramount, however, key agencies now in the 2004 Act have a new duty to safeguard and promote the welfare of children, not merely to co-operate with Social Services duty to do so (as in the 1989 Act). In exercising this duty there is a requirement on health to co-operate in arrangements to improve information sharing, common assessment of children’s needs and provision of services, increased mandatory training of staff in how to recognise and raise child protection concerns and in fulfilling the requirements of joint inspection criteria.

5. Working Together to Safeguard Children 2006 - is comprehensive statutory guidance which puts into clear focus the Children Act 2004 and every Child matters. The duty of all agencies to promote the welfare of children will be audited and monitored by the Local Safeguarding Children’s Board (LSCB). The new Working Together has extensive guidance on the role and function of the LSCB and all of the partners, one of which is the NHS. The Designated Doctor
and Nurse are expected to be members of the LSCB, but there is also an expectation that a senior member of the PCT will also take part, one who can provide resources but who also can make executive decisions about Policy and Practice. Working Together also proposes changes to the Serious Case Review system, with the introduction of Child Death Boards which will consider all child deaths, not only those which occur in special or suspicious circumstances. This will be an immense challenge to the existing structure in terms of capacity to deliver. There is improved statutory guidance on information sharing, fictitious and induced illness, domestic abuse, and significant harm, all of which have implications for training and working practices.

6. The National Service Framework for Children, Young People and Maternity Services (NSF) 2004 - Safeguarding is embedded throughout all of the standards with Standard 5 highlighting the specific practices required. This includes, multi-agency working to safeguard children from harm, by clarifying roles and thresholds, facilitation of quality, up to date local population profiles and information, robust needs assessment, and the provision of integrated services required. Underpinning this is the effective supervision of staff, clear and accurate record keeping and performance management and development.

7. The Chief Nursing Officer’s Review 2004

The Chief Nursing Officer’s Review of the Nursing, Midwifery and Health Visiting Contribution to Vulnerable Children and Young People, identified that there are gaps and omissions in services and in the way nursing, midwifery and health visiting services are presently organised. Specifically it is identified that there is a need for:

- earlier identification of vulnerability and protective factors in the antenatal period
- more intensive preventive health care for vulnerable families during the antenatal and early postnatal period
- better skills in identifying and supporting vulnerable children and families across the workforce with confidence in taking steps to safeguard children at risk
- more holistic services with improved continuity of care and a greater emphasis on child and adolescent mental health
- a significant increase is needed in the provision of accessible health care for children of school age and better support for their parents
- better child health promotion and protection in general practice.

Other guidance which impacts on safeguarding children is listed here for reference.

Choosing Health: Making healthy choices easier 2004

The NHS Improvement Plan 2004

The Framework for the Assessment of Children in Need and their Families 2001
8. Local Implications of Statutory Guidance for Health Services

In order to enable the early identification of vulnerable families in Bradford and Airedale who are in need of services and to refer, plan and expedite access to those services and ensure families receive a high quality, sustainable and comprehensive service there needs to be:-

- Effective commissioning and provision of flexible needs led, evidence based service underpinned by a robust, dynamic population profile of the specific health needs of vulnerable children.
- Strong committed expert and innovative leadership from both Commissioning and Provider sectors. The Designated Nurse and Doctor will demonstrable competencies in leadership, multi agency service planning and joint working across agencies and staff support and management.
- Expert advice, support and supervision for all staff that have direct responsibility for children and young people, or indirectly for those who work with adults. There are opportunities to develop new ways of delivering this across the health economy working within a strong culture of performance development and effective risk management.
- The expert practitioners delivering these services need to demonstrate relevant competencies in expert practice, supervision, training, research, specialist knowledge and leadership. This will have implications regarding competency based employment assessment and ongoing professional development training.
- The development of demonstrable outcomes relating to the effective safeguarding of children and young people need to be developed and encompassed within all relevant documentation, governance and inspection frameworks.
- The LSCB multi agency training strategy requires each agency to have its own safeguarding training strategy and to provide in house training to its workforce. The training of all relevant staff is a major issue, particularly in that with skill mix becoming common place there is an increasing need for more in-depth training of larger numbers of staff. There needs to be clarity and co-ordination across the whole of Bradford, the PCT, District Care Trust and Hospital Trusts as to the mandatory training requirements in light of the widening responsibility encompassing the children in need agenda.

9. Developments since March 2007 to ensure fitness for purpose

9.1 Accountability and leadership

The Director of Nursing and Patient Care continues to be the accountable Executive Director for safeguarding of vulnerable groups including children. The Deputy Director of Children’s Services sits on the Bradford Safeguarding Children Board (BSCB) on behalf of the Executive Director. In addition the Designated Nurse has a place on the BSCB as required by statute. This enables the PCT to fulfil its functions in partnership with others and secure effective operation of LSCB functions and ensuring that the PCT is effectively engaged.
9.2 The Commissioning of services

Work has taken place to review the existing service and ensure the PCT is compliant with its duty and is commissioning the necessary services. New commissioning arrangements have ensured that;

- The designated nurse and doctor roles have been clarified. The designated nurse will be part of the new commissioning nursing directorate to give advice on robust commissioning arrangements for safeguarding children and quality standards in contracting.
- The trust has extended the named nurse role establishment.
- The issues of domestic abuse and its links to safeguarding children and child sexual exploitation have been recognised and funded through the above
- The trust has commissioned 3 sessions of named doctor time.
- Extra specialist nurses have been commissioned for the safeguarding team to ensure capacity to deliver supervision and training.
- Extra resources were agreed to ensure one specialist nurse with appropriate skills is available to take forward safeguarding services for children with disabilities and complex health needs and to support and supervise the staff who work with them.
- An extra looked after Children Nurse has been agreed so that the excellent award winning team have capacity to continue to ensure all children in the looked after system receives the health care they need.
- A care leavers nurse has also been funded jointly with Bradford children’s social care services to ensure health care is offered to this group of young people.
- A specialist Paediatric liaison nurse has been appointed to ensure adequate liaison between PCT staff and hospital staff with regard to all A&E attendances and admissions and safeguarding issues.
- Extra administrative staff to support the team has been funded.
- BHFT has been allocated funding to provide a 0.5 wte paediatrician to fulfil the duties relating to the review of all child deaths from April 2008 in line with statutory duty in the children Act 2004 and also funding to provide a bereavement support co-ordinator.

9.3 Supervision of staff

A new supervision policy has been written and is awaiting agreement. Safeguarding supervision is being extended to ensure that all members of the community health visiting team and community children team receives safeguarding supervision and that this includes supervision on all children identified as vulnerable, not only those who are subject to a child protection plan.

9.4 Training

A new training strategy for safeguarding children has been written and is awaiting agreement. This strategy sets out the framework of training that all staff of the PCT are expected to comply with. The safeguarding team, along with the learning and development department have set out a training schedule for mandatory training. There is also various other single and multi-agency training developed and available through the team.
9.5 Premises

New premises are being located to ensure the existing two teams across the district become one. This will streamline management arrangements and ensure the team has robust systems in place for communication and joint multi-disciplinary and multi-agency working.

9.6 Policy and guidance development

- Following the launch of the new BSCB safeguarding policy and procedures the PCT policy and guidance is being reviewed. A comprehensive document containing child protection policy and guidance for all staff will be available in 2008.
- The policy and guidance for the management of allegations against staff is contained in the above.
- The policy and guidance for the management of serious untoward incidents is under review and will be included in the above.
- The child death protocol has been rewritten and is ready for review.

10. Governance

Children’s services in Bradford have recently undergone a joint area inspection (JAR). The focus of the inspection by ten agency inspectors was multi-agency arrangements in safeguarding children, looked after children, children with complex health needs and learning difficulties, teenage parenting and educational issues. The report was published on the 3rd June. Bradford is seen to have good robust safeguarding practices in place the inspection commented that there was excellent support for work with children at risk of sexual exploitation with strong links to missing children arrangements, a good range of domestic abuse support services and multi-agency public protection arrangements, and strong involvement of all required agencies in the LSCB. The review also highlighted the work of the looked after children nurses as a major strength.

The youth offending service had a multi-agency inspection in December 2007 in a fore runner to the JAR, the report found the YOT was an energetic and forward looking organisation, it was complementary about the health input and the health inspector reported it was as good a health set up as he had ever seen in any YOT.

Recommendations and action points in both inspections focussed on process rather than service delivery.

10.1 Development of outcome measures

The safeguarding team have contributed to the development of the health visiting and school nursing standards and community contracts. Specific outcome measures with performance indicators relating to the team have been developed. The team are developing systems for data collection and a programme of audit.
We will in the next report be in a better position to report on specific numbers and trends in vulnerable families from our own data.

11. Statistics

The Children in need census of 2006 which is most recent data available indicated that in Bradford & Airedale it is estimated that there are 124,486 children and young people aged 0-19 years old, of these:

- 6,770 are known to social services and are deemed as “in need” (4% of the local child population);
- 32,366 are known to other agencies and deemed as vulnerable children using a variety of definitions including the NHS (20% of the local child population).

![Bradford and Airedale Children in Need Census](image)

(Bradford Social Services 2006)

Child Protection

The children Act of 2004 and the subsequent statutory guidance, (Working Together to Safeguard Children 2006), abolished the child protection register. The research had shown that far too much time was spent deciding whether the children should be registered and if so under which category than was actually spent producing clear plans of action to safeguard children. Also if it was decided that children should not be registered then access to helping services was restricted. The register is replaced by a child protection plan for all children who it is deemed need services following a case conference, whether they are children in need of protection and whose families need help, guidance and support. Social care services still keep a list of all children who are subject to a child protection plan and the reason for the plan.

Presently there are:

- 260 children subject to a child protection plan

Of these;

- neglect 141
- Emotional abuse(mainly linked to domestic abuse) 56
- Sexual abuse 35
- Physical abuse 26
- Emotional abuse and neglect 1
- Physical and emotional abuse 1
Numbers and Categories of Children on a Child Protection Plan

Total number of Children on a Child Protection Plan = 260

Categories of Abuse

- Neglect: 141
- Emotional Abuse: 56
- Sexual Abuse: 35
- Physical Abuse: 26
- Emotional Abuse & Neglect: 1
- Physical and Emotional Abuse: 1

Child Protection Plans by Age Range and Gender

- Boys
- Girls
Looked After Children

At the writing of this report there were 900 children in the Looked after system.

Some graphs to go in here

12. Trends in Safeguarding Children in Bradford and Airedale

Compromised parenting is the overriding concern where there are high levels of vulnerability in families in Bradford and Airedale. This takes the form of substance
use, domestic abuse and violence, and mental health problems. Also of concern is an inability to parent effectively due to internal issues, such as lack of education in parents and dysfunctional families where parenting has always been poor and external factors such as poverty, poor housing and impoverished neighbourhoods. An increasing concern is the high mobility and the vulnerability of Eastern European economic migrant families. These are issues the team will have more data on in the future.

13. Conclusion.

Significant investment has been awarded to the safeguarding team this past twelve months after a long period of under investment in the service in general. We can say that currently we are fit for purpose. The last year has been a period of constant change and growth and inspection. We look forward as a team to concentrating on implementing new ways of working and new policies, better and more available training and consolidation of best practice through audit and supervision, across Bradford and Airedale.

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