

# Safeguarding Children Annual Report 2009/10

Right care: right time: right result



innovative

responsive

personalised

effective

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## Executive Summary

The Annual Report on Safeguarding Children and Young People provides an overview of national policy and legislation, LCRCHS activities on safeguarding children and the related assurance processes.

October 2009, the East Midlands NHS internal audit services undertook an independent audit of safeguarding practice within LCRCHS. The audit report concluded that **Significant Assurance** can be provided that there is a generally sound system of control on safeguarding processes:

- A robust governance structure is in place and accountability demonstrated with regard to Safeguarding Children
- Comprehensive policies and procedures produced in conjunction with the Local Safeguarding Children Board
- Inter-agency and internal training programmes are in place
- There is a high level of awareness and understanding of what is meant by abuse and what to do if a child is (or is suspected of) being abused.
- An action plan on areas arising from the internal audit is in progress. The staff development team are currently supporting an audit of LCRCHS staff compliance against the agreed safeguarding children strategy.

During 2009/10 we have progressed a number of developments within safeguarding which includes:

- Review and launch of the Policy for Safeguarding Children & Young People across the children's community health service teams.
- Strategy for safeguarding training programmes has been agreed across Leicester, Leicestershire and Rutland
- On-line booking system for safeguarding children training.
- Child Death Overview Visits and Support to families affected by unexpected child deaths.
- Appointment of new Head of Safeguarding Children and Adults (February 2010)
- Launched the safeguarding competency framework and assessment of staff in health visiting and school nursing services against these competencies.

## 1 Introduction

A Child is defined within the Children Act 1989 and 2004 as anyone less than 18yrs of age. Safeguarding and promoting the welfare of children, is defined in preventative terms as:

*“Protecting children from maltreatment; preventing impairment of children's health or development; and ensuring that children are growing up in circumstances consistent with the provision of safe and effective care; and undertaking that role so as to enable those children to have optimum life chances and to enter adulthood successfully.”*

*Working together to safeguard children HM (2010)*

The Government recognises that early intervention is essential if children and young people are to be safeguarded effectively. This shift in focus from child protection to preventing abuse and neglect forms part of the Government's



whole system reform for children's services as part of the Every Child Matters: Change for Children programme and reforms within Children Act 2004.

Safeguarding Children is everyone's responsibility. Section 11 of the Children Act 2004 places a duty on key persons and bodies to make arrangements to ensure that, in discharging their functions, they have regard to the need to safeguard and promote the welfare of children.

The 2009 /2010 Annual Safeguarding Children report gives an account of safeguarding activity across LCRCHS and demonstrates our organisational commitment to protecting our local children and young people from harm.

## **2 National Safeguarding Policy and Legislation**

**2.1** Safeguarding policy and legislation is closely linked to National inquiries into children's deaths from abuse or neglect. Nationally over 85 children die each year at the hands of adults, a few of these escalate to national inquiry status; when there is a high level of public concern over failures of agencies to work together in safeguarding. Lord Laming's inquiries into the death of Victoria Climbié (2003) and Baby Peter (2009) have shaped national policy and legislation, as described below.

### **2.2 Every Child Matters DcSF – (2003)**

This was published alongside the Victoria Climbié Inquiry Report (Laming 2003). The green paper built on plans to strengthen preventative services by focusing on four key themes:

- Increasing the focus on supporting families and carers – the most critical influence on children's lives;
- Ensuring necessary intervention takes place before families reach crisis point and protecting children who have not been picked up by universal services
- Addressing the underlying problems identified in the report into the death of Victoria Climbié- weak accountability and poor integration
- Ensuring that the children's workforce are valued, rewarded and adequately trained.

### **2.3 Every Child Matters – The next steps DcSF (2004)**

Implemented the Government's response to Laming's recommendations which was followed by legislative changes to the Children Act 2004 to develop more effective and accessible services to assess and respond to the needs of children, young people and families.

### **2.4 Working Together to Safeguard Children (HM 2010)**

Sets out how organisations and individuals should work together to safeguard and promote the welfare of children; it defines the roles of named and designated professionals and provides a national framework within which agencies and professionals at a local level work together to safeguard and promote the welfare of children.

## **2.5 The Protection of Children in England: A progress report (Laming 2009)**

Following the tragic case of Baby Peter, the Secretary of State for Children, Schools and Families, commissioned Lord Laming in November 2008 to provide an urgent report on the progress being made nationally to safeguard children. This progress report included 58 recommendations to improve safeguarding arrangements; including recommendations on improving the inspection of services and the quality of Serious Case Reviews (SCR's). This report informed "A review of arrangements in the NHS for Safeguarding Children" as detailed below.

## **2.6 A review of arrangements in the NHS for safeguarding children - Care Quality Commission (July 2009)**

This followed the submission of national information from trusts in December 2008 relating to leadership, training, policies, senior management assurance, effectiveness of collaborative working and compliance with standards for better health. The report has made a number of key recommendations to improve NHS arrangements.

## **2.7 Safeguarding Disabled Children – practice guidance (DcSF 2009)**

Recognises this group experience greater vulnerability as a result of stigma, unequal access to resources and their additional physical and psychological needs.

# **3 Leadership and Accountability**

*"The personal accountability of the most senior managers in all of the public services now needs to be fully understood"* (Laming, 2009)

The Managing Director is ultimately responsible for safeguarding arrangements within LCRCHS. The Associate Director for Children's Services has provided regular reports to the Board and the Clinical Quality & Governance Group throughout 2009/10. It is recognised that "Safeguarding is everyone's business" and accountability for safeguarding sits with everyone employed by LCRCHS.

## **3.1 LCRCHS children's structure and reporting arrangements:**

NHS Leicestershire County & Rutland have recently appointed a dedicated 1.0 WTE Designated Nurse, Head of Safeguarding Children and Adults. The Designated Dr is shared jointly with NHS Leicester City; who also appoint their own Designated Nurse. Collectively they have responsibility for safeguarding arrangements across all service providers and for providing assurance on the safeguarding arrangements for the populations served by the two organisations. The joint LLR Local Safeguarding Children Board is in the process of disaggregating into separate Leicester City and Leicestershire County and Rutland LSCB's by September 2009.

The 4.0 WTE Named Nurses for Safeguarding are directly employed by LCRCHS, the team deliver safeguarding training, provide expert advice

and supervision arrangements on areas of safeguarding practice which include court reports and appearances. The Named Nurses undertake the Internal Management Review investigations into Serious Case Reviews and Serious Untoward Incidents involving children and young people and progress the recommendations to inform robust practice. The team work co-operatively with Leicester City named nurse team to deliver the rapid health response as part of the Child Death Overview Process (CDOP), statutory duty under Chapter 7, *Working Together* HMSO 2010.

The Named Doctor for Safeguarding Children is employed by Children's Community Child Health (Leicester City); is a senior community paediatrician who provides advice on medical areas relating to safeguarding practice and supports the serious case review investigations.

The named professionals work closely together on individual cases.

In February 2010, LCRCHS employed a Head of Safeguarding Children and Adults (1.0 WTE) who directly line manages the named nurse team (children and adult); providing senior management leadership and support to safeguarding assurance and safeguarding practice development.

A structure chart is included as appendix 1

## **4 Safeguarding Meetings**

There are a number of safeguarding meetings held across organisations within Leicestershire & Rutland.

### **4.1 LCRCHS Safeguarding Children Group**

This bi-monthly multi-agency meeting includes the named and designated professionals for safeguarding children and service leads from health and social care agencies across Leicestershire and Rutland. The group has been chaired by the AD Children's CHS until April 2010. The terms of reference are included as appendix 2, this group actively co-ordinates and reviews safeguarding activity across our organisation and reports to the Clinical Quality and Governance Committee on a quarterly basis.

### **4.2 LCRCHS Board**

Both the MD and AD for Children's CHS are members of the CHS Board. During 2009/10 the Board have received a number of reports, either in the confidential or public section in relation to safeguarding. Robust scrutiny by non-executives and other executive Board members in relation to the rigour of internal reviews can be evidenced through the minutes of the confidential CHS Board meetings

### **4.3 Local Safeguarding Children Board**

Leicester, Leicestershire & Rutland Safeguarding Children's Board (LSCB) has the statutory responsibility to oversee the working

arrangements for all agencies involved in safeguarding children, young people and families. It is responsible for ensuring multi agency policies, procedures and guidance reflect national practice guidance; provide inter-agency safeguarding training; producing communication materials and monitoring and assessing how well agencies meet their responsibilities and work together. In September 2009 disaggregation of the Board was completed, we now have a dedicated Board for Leicestershire & Rutland, however a number of shared LLR functions remain including the website and policy development.

The LSCB has a number of sub-groups which are supported by representatives from LCRCHS, appendix (3).

#### **4.4 Safeguarding Children's Network**

The Safeguarding Children's Network is chaired by NHS Leicester City Designated (Consultant) Nurse and is attended by the Named Doctors and Named Nurses from LLR health providers and private and voluntary providers across Leicester, Leicestershire and Rutland. The network cascades information to named professionals and service leads for safeguarding from both local and regional perspective. The network facilitates peer supervision and learning, including lessons from local and national serious case reviews and incidents.

#### **4.5 LLR "Think Family" group**

Membership includes Directors and Service leads from both commissioning and provider NHS organisations including UHL, LPT, LCRCHS and CCHS. This group reviews and strengthens children and adult safeguarding interface areas in line with the "think family" national agenda. Terms of reference are attached as appendix (4).

#### **4.6 Strategic Safeguarding Assurance Group**

This is commissioner led and provides a forum for assurances on safeguarding areas. LCR CHS are represented within this group.

#### **4.7 Communication**

Information is disseminated by the safeguarding group members in a number of ways into their service or professional areas. The Named Nurses for Safeguarding communicate policy, practice changes and learning from serious case reviews through a number of clinical forums directly to CHS staff, through professional / children's operational meetings, safeguarding children supervisors meetings, specific education and development sessions, 6 monthly safeguarding newsletters and the 'PCT' News.

## **5 Activity and Achievements**

Appendix (5) illustrates the continuum of need and service delivery to children and families, across the 4 tiers. These are as follows:

### **5.1 Tier 4 Children with Child Protection Plans (Children Act 1989,S47)**

Table (1) provides an overview of caseload responsibility and work areas on Tier 4 children according to health visitor and school nurse establishment

within localities. Health practitioner involvement when a child becomes subject of a child protection plan varies from case to case, however at a minimum it includes:

- Report writing and case supervision
- Attendance at case conferences; 3 monthly – 6 monthly
- Attendance at ‘core groups’; 6 weekly
- Enhanced visiting pattern as determined in CP plan
- Police, solicitors, court statements and appearances

Health practitioner involvement when a child becomes ‘Looked After’ (Children Act 1989, s31 and s20 arrangements) includes:

- Support for foster care, kinship carers, residential staff and parents
- 6 monthly health reviews for children under 5 years
- Annual health reviews for children over 5 years
- 6 monthly review of arrangements meetings
- Progression of health care plans
- Co-ordination of health care across other agencies.

**Table 1: Children with Child Protection Plans by Locality (April 2009 – March 2010)**

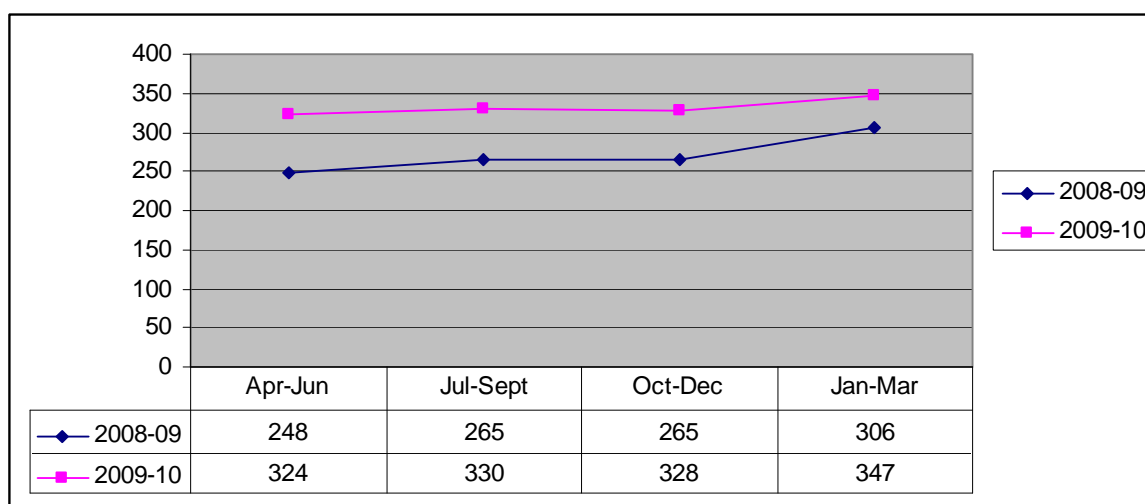
	North West Leicestershire NWL	Charnwood CH	South Leicestershire SL	Hinckley & Bosworth HB	Melton & Rutland MR
Apr-Jun 2009	88	95	52	67	22
Jul-Sep 2009	93	82	56	81	18
Oct-Dec 2009	86	86	56	83	17
Jan-Mar 2010	88	90	60	82	27
<b>Information from case load analysis January 2010</b>					
Health Visitor WTE	12 WTE	14.86 WTE	25.52 WTE	12.98 WTE	9.81 WTE
population 0- school age	5133	7240	10362	5323	5159
School Nurse WTE	5.7 WTE	15.75	10.65	6.24	6.12 WTE
Approx population 5-18 children	12634	20023	31994	15549	13143
<b>Information from case load analysis January 2010</b>					
No's of LAC 0 – school age	18	31	33	28	13
No's of LAC 5 – 18 yrs	36	69	72	91	20

## 5.2 Impact of Increased Child Protection Activity

Graph (1) illustrated the overall increase in numbers of children being supported with child protection plans within Leicestershire and Rutland. The table reports quarterly data for 2008/9 and 2009/10, arising from caseload figures for health visiting and school nursing services. This cohort of children live within Leicestershire and Rutland or attend local schools.



**Graph 1: Comparative Quarterly Data 2008-09 and 2009-10**



**5.3** In 2009/10 some progress has been made towards reducing the size of health visitor caseloads in the areas of highest need and this remains a priority in 2010/11. Additional investment has been secured through the Local Operating Plan to strengthen responsive safeguarding capacity, new recruitments have been targeted towards Charnwood, North West Leicester and Hinckley and Bosworth. During 2010/11 work has commenced on developing local case-load weighting tool to support the capping of HV caseloads to 400 children (0-5yrs), in line with Laming 2009 recommendations.

#### **5.4 Tier 3 – Children in need**

Underneath the Tier 4 responsive safeguarding areas are Tier 3 targeted children who are defined as in need within the Children Act 1989, (s17(10)) if:

*“he/she is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him/her of services by a local authority”...or...“he/she is disabled”*

This group of children are targeted within health visitor caseload and school nurse work streams for more intensive support. Analysis from the caseloads in January 2010 (appendix 6) indicates that at any one time approximately 400 children meet the threshold for local authority intervention on family support who live in Leicestershire or Rutland. Many of these care packages are co-ordinated across support agencies with active care planning and provision of services.

#### **5.5 Tier 1&2 – Vulnerable Children**

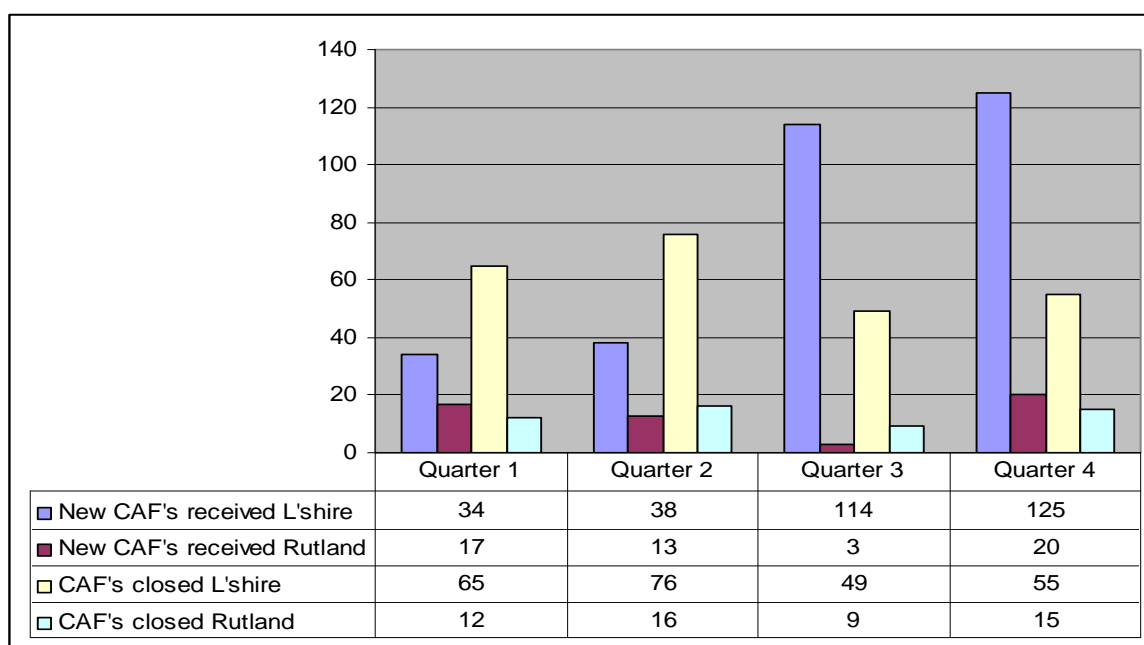
In addition to the children with child protection plans and those meeting the statutory definitions as ‘in need’, the health visitors and school nurses identify vulnerable children and co-ordinate progressively targeted support to approximately 4,000 children and young people at any one time, based on local caseload data. These are children who

require more than the universal points of contact with children's staff as a result of identified needs in relation to parenting, environment or their own development needs. These families are visited more frequently or offered support through various single or multi-agency groups, many of which are now accessed through the Childrens Centre networks.

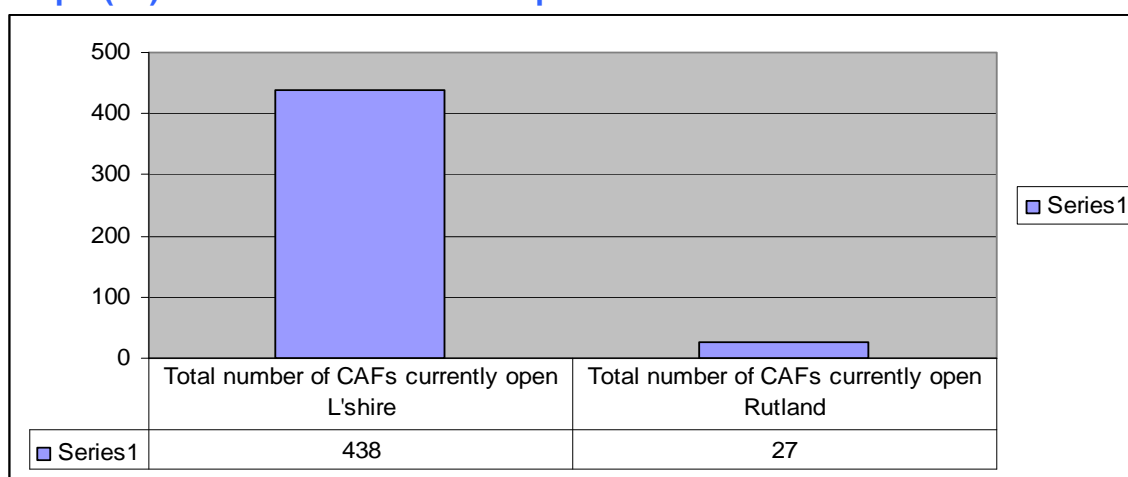
## 5.6 Common Assessment Framework (CAF) multi-agency planning and support

The CAF is a key part of delivering frontline services that are integrated and are focused around the needs of children and young people. The CAF is a standardised approach to conducting the assessments of children's additional needs and deciding how they would be met. The CAF provides a more effective, earlier identification of additional needs within universal services. See Graph (2) for trends in CAF activity 09/10. Graph (3) illustrates comparisons between Leicestershire and Rutland on CAF cases open.

**Graph (2) Quarterly CAF data 2009-2010**



**Graph ( 3 ) Total Number of CAFs open March 2010**



## 5.7 Progress and Achievements

Progress has been made against the Integrated Safeguarding Development plan 2009/10, the following achievements being of note:

- Dedicated *Policy for Safeguarding Children and Young People*: previously *Protocols for Practice* has now been updated and launched across health visitors and school nursing teams during June/July 09 through a number of briefing sessions across localities. Staff have been advised to access this guidance on-line and to save this on their desktops. The document embeds lessons learned from serious case reviews into practice guidance and also includes Looked After Children health assessment areas.
- The Named Nurses are linked with the Walk in centre (WIC) Out Of Hours service and minor injury units (MIU's) in the community hospitals. They make regular contact with managers and staff to strengthen safeguarding practice.
- LCRCHS *Safeguarding Competency Framework* has been implemented across Health Visitor and School Nursing Services. The framework translates nationally agreed safeguarding competencies into a local framework for implementation. Further to this new staff to these services receive induction and preceptorship on safeguarding practice and assessment of competencies by the Named Nurse.
- Development and implementation into practice of the Serious Case Review pathway agreed between LCRCHS and CCHS; this defines the process, timescales and reporting arrangements; practice guidance is currently being developed by the Designated Nurse to support this process.
- Completion of Trust Mapping Exercise against level 2 safeguarding training areas was undertaken in 2010. EMSHA inspected performance against Markers of good Practice 2009, with positive assurance being received.
- SystmOne records: clinical staff within children's services are systematically moving over to electronic child health records, which will over time provide a single record for each child and will improve information sharing across professional groups once this process is embedded. Safeguarding flags are in place for children with child protection plans and looked after children.

## 6 Serious Case Reviews (SCR), Serious Untoward Incidents (SUI) and Lessons Learned

### 6.1 Investigations into Serious Case Reviews and Serious Untoward Incidents

Working together to safeguard children 2010, chapter 8 defines statutory requirements for LSCB'S to undertake reviews of serious cases. Serious Case Reviews are local enquiries into the death or serious injury of a child where abuse or neglect is known or suspected to be a factor. Ofsted (2009) published a report on 85 national SCRs, that they have graded (17 inadequate, 38 adequate and 30 deemed good).

During 2009/10 we have contributed towards 2 Serious Case Reviews and 2 and led on 2 Serious Untoward Incident investigations within agreed timescales. 2 previous SCR investigations undertaken 08/09 have received grading as "good" by Ofsted.

National and local recommendations resulting from SCRs are scrutinised by the Designated Nurse and leadership team through the Leicestershire and Rutland LSCB and LCRCHS Safeguarding group. Learning is shared in a variety of ways across the services including - :

- Establishing practice and systems changes through management and professional routes
- Circulating information from executive summaries and recommendations to staff teams by Named Nurse attendance at professional meetings
- Incorporating actions into the integrated Safeguarding Development Plan to ensure monitoring and delivery.
- Embedding learning from national and local SCR's within our safeguarding training.

### 6.2 Practice changes arising from SCR & SUI:

The learning from these investigations and actions include:

- Personal feedback to practitioners, Locality Service Managers, and Clinical Operational Leads involved within these cases to disseminate the learning and recommendations for practice.
- Work is progressing to develop a caseload weighting tool to review current health visitor caseload sizes.
- Re-launch through professional meetings awareness of the approved LSCB *leaflet guidance on safe storage of drugs- for parents who substance misuse*.
- Where staff have returned to practice following periods of extended leave or absence they will be briefed and updated on clinical and safeguarding practice by the Clinical Operational Lead and Named Nurses within their first week of return.
- Where families are in receipt of family support packages from other agencies, staff will directly contact the key professionals to share information.



- “Respectful uncertainty” as a key component of safeguarding practice has been included within our local safeguarding training programmes, professional briefings and internal audit.
- Guidance on responding to “sick children” has been developed for foster carers and has been disseminated through local authorities, alongside the Choose Well leaflet, which supports appropriate access to local community health services.
- DH distribution of *Birth to Five* books has been influenced to now include foster carers and adoptive parents, copies of this recently updated resource have been distributed to foster carer’s registered to care for young children within our local authorities.

## 7 Child Death Overview Panel (CDOP)

The Child Death Review Process (CDOP) has now been established within Leicester, Leicestershire and Rutland since 1<sup>st</sup> February 2009.

As an officer of the Local Safeguarding Childrens Board (LSCB) the Child Death Review (CDR) Manager continues to report back to the LSCB, outlining the number of cases notified to the CDOP office, the number of cases the panel has reviewed and highlight any recommendations/actions that have been identified. The CDOP annual report is due to be received by the respective boards within the next 3 months and will then be available on the LSCB website ([www.lscb-llr.org](http://www.lscb-llr.org))

The process has continued to evolve during this time;

- Strong links have been established with the perinatal review team in UHL providing greater analysis of neonatal cases.
- Continued working with the Police ensures the home visits they undertake with the named nurses inform the families about the CDOP process.
- Close links have also been established with the Coroners in order to facilitate the timely review of cases.
- Close working with the Diana team has resulted in the CDOP process now being discussed with families as part of their ‘end of life’ care plan discussions.
- The working group currently have a number of areas of work they are developing; training and education being one. A training and education strategy is currently being developed to identify the level of training required by identified professionals.

The CDOP process has continued to evolve and develop as a result the support and commitment of the partner agencies, the named nurses and the SUDIC Drs.

## 8 Safeguarding System’s Assurance

### 8.1 Safeguarding Supervision

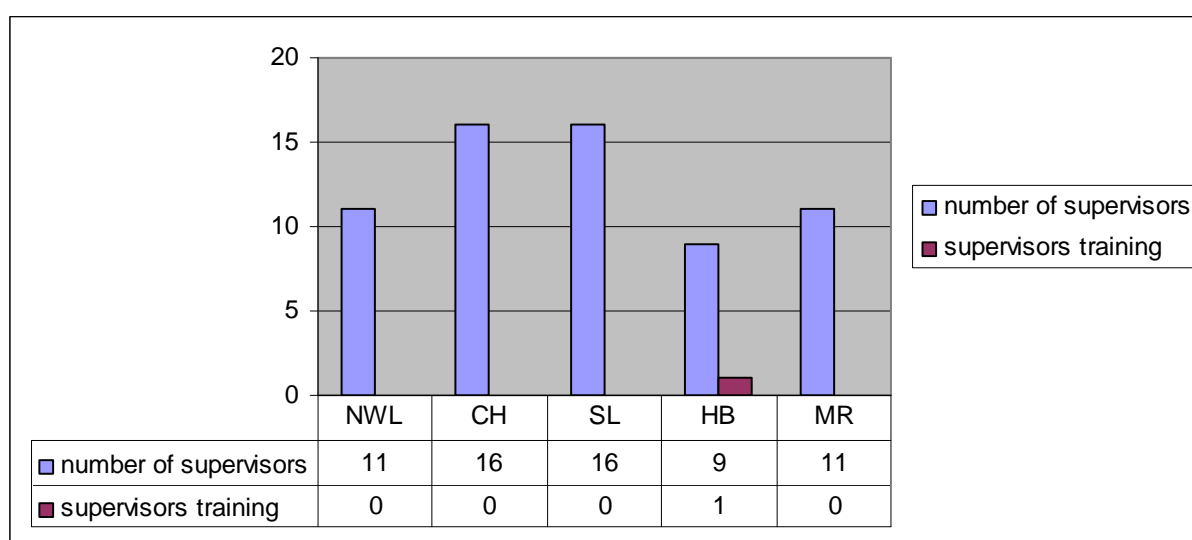
Quarterly Safeguarding Supervision is undertaken with all health visitors and school nurses as a minimum standard. Supervisors are experienced practitioners who have attended 2 further days training to

prepare them for this role and then competencies are assessed by named nurses, before they are able to independently progress this area of practice.

Each supervisor supports between 1-3 practitioners. We currently have 63 supervisors (including the 4 named Nurses) undertaking this role in the County and Rutland and zero in the process of training. Supervisors are supported in this role through quarterly supervisor meetings with their peers, facilitated by a named nurse. There is an expectation that supervisors will attend at least 2 meetings a year and will attend an annual safeguarding supervision update training of ½ day alongside their annual Level 3 updates of half a day.

Where urgent advice and guidance is required, all LCRCHS practitioners are able to contact the Named Nurse team, clinical leads or supervisors. The Named Doctors for Safeguarding are also available to practitioners where specific medical concerns have been identified.

**Graph 4 Safeguarding Children Supervisors by Locality 31<sup>st</sup> March 2010**



## 8.2 Safeguarding Audit

A review of the audit cycle methodology was undertaken in 2009/10, following a spot audit pilot in Hinckley and Bosworth the team have progressed a more robust qualitative analysis of clinical application of safeguarding knowledge and skills, to inform future audits. A trust wide spot-audit was undertaken by the East Midlands internal audit team during 2009; with the development of 2 separate questionnaires one for the Children's Workforce and a more generic questionnaire was used for the Wider Community Health Service (CHS) workforce. The spot-audit was applied in all localities including community hospitals, children's centres and health centres through the random sampling of staff to review:

- knowledge and understanding of Safeguarding Children Arrangements amongst staff, achieved through access to information

- inter-agency working together to safeguard children strategies  
Significant assurance was provided that there is generally a sound system of control designed to meet the system's objectives. The audit concluded there was:
- A robust governance structure and demonstrable accountability is demonstrated within safeguarding children;
- Comprehensive policies and procedures produced in conjunction with the LSCB.
- Inter-agency and internal training programmes are in place; with a high awareness and understanding of what is meant by abuse and what to do if a child is (or is suspected of) being abused.

An action plan on areas for improvement included improving the uptake of mandatory training; further embedding within the workforce an understanding around "respectful uncertainty" and awareness of internet access to safeguarding procedures. The audit calendar is also supplemented by the bi-annual record audit which includes child protection record areas.

In addition we carried out a qualitative review of LCRCHS Walk In Centre, Out of Hours service safeguarding arrangements. An action plan is currently being progressed.

### 8.3 Safeguarding Training and Developments

During 2009 the *Safeguarding Children and Young People Training and Education Strategy* was revised in line with the Intercollegiate document *Safeguarding Children and Young People: Roles and Competencies for Health Care Staff*, published by the Royal College of Paediatricians and Child Health (April 2006), DH. This provides guidance on the competencies, knowledge and skills required by all healthcare staff. This framework underpins Chapter 4 of *Working Together to Safeguard Children* (HM Government, 2010) and the safeguarding children review undertaken by the Care Quality Commission in Feb 2009. It reflects the recommendations from the independent review of safeguarding training across Children's Community Health Services completed in May 2009 and responds to the expectations of the Care Quality Commission communicated through their review of arrangements in the NHS for safeguarding children (July, 2009). The content is consistent with the Leicester, Leicestershire and Rutland Local Safeguarding Children Board (LSCB) safeguarding training strategy agreed in June 2009.

- A new online booking system for safeguarding training was introduced during 2009 managed by Leicester City Children's Services; this provides staff with easy access to booking arrangements, handouts for sessions, on-line evaluations forms. The 2010/11 staff learning directory has been updated according to the revised safeguarding education strategy
- Named Nurses have reviewed the child protection training uptake of CHS staff and have raised the profile of child protection training across the organisation and contributed to the revised training and

education materials. All staff are required to attend induction and mandatory training 3 yearly. Children safeguarding, adult safeguarding and domestic violence are included in this programme.

**Table 2: Attendance on Safeguarding Training, April 2009 to March 2010**

Name of Course	COUNTY & RUTLAND	COUNTY & RUTLAND GP EMPLOYED
	Attended	Attended
Level 2 Initial	164	31
Level 2 Update	314	58
Level 3 Initial	42	0
Level 3 Update	302	1
Domestic Violence and Safeguarding	6	0
GP Child Protection Workshop	22	0
Neglect and Emotional Abuse	4	0
Supervisor Initial	25	0
Supervisor Update	34	0

## **9 Development Plan Priorities for 2010/2011**

The integrated safeguarding development plan for 2010/11 reflects the government's response to Laming 2009, Health Care Commission return and learning from local SCRs and actions.

- Develop safeguarding policy for LCR, for all staff groups
- Review and update the dedicated Policy for safeguarding Children for School Nurse and Health Visitor teams, July 2010.
- Embed "E-learning" into level 1 & 2 children's and adult safeguarding training programmes.
- Undertake a "spot audit" during 2010 on "confirm and challenge" within safeguarding practice.
- Across LCRCHS the staff development team and named nurses will audit staff compliance with Levels 1,2,3 children's safeguarding training.
- Review and update local safeguarding training programmes to ensure that learning from serious case reviews is applied locally
- Embed the "think family" protocols within local safeguarding training programmes.



- Continue to develop our contribution to the rapid response (scene visits); review the on-call rota for named nurse response.

## 10 Conclusion

Following the tragic death of Baby Peter, a great deal of national and local scrutiny and assurance of good safeguarding practice and systems has been required. This has placed significant pressure on leaders and managers of practitioners involved in safeguarding, whilst serving to clarify accountabilities and senior level ownership.

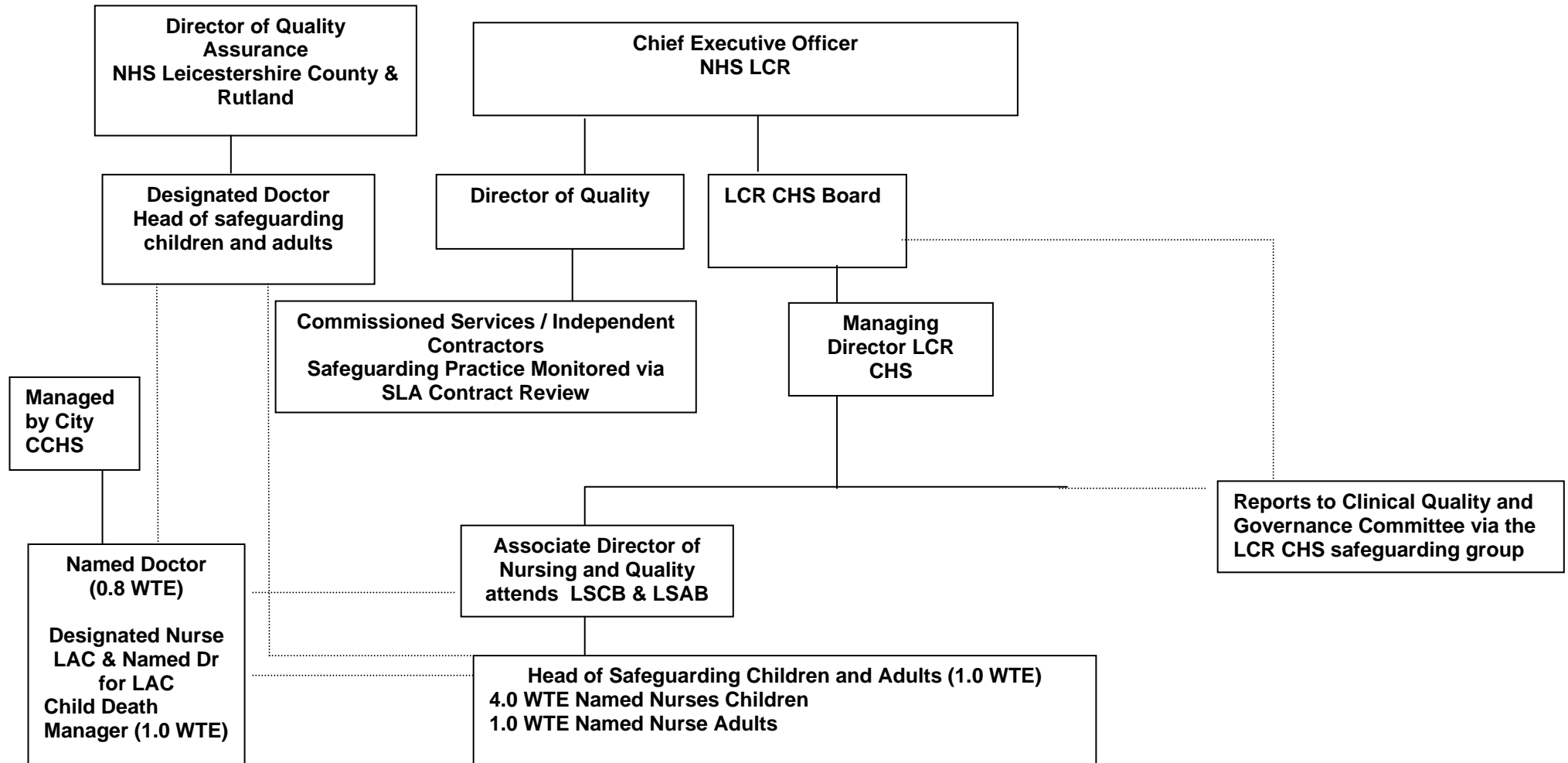
Much needed investment has been secured as a result of the national endorsement of the importance of universal services in identifying and protecting vulnerable children. However the pressures on frontline staff to meet the high demands of the broad government agenda around safeguarding children and family support needs to be acknowledged. Clinical staff within children's services are systematically moving over to SystmOne records which will, over time provide a single record for each child and will improve information sharing across professional groups within health once this process is embedded. Safeguarding flags are in place for children with child protection plans and looked after children.

Accountability for safeguarding children practice can be evidenced across our organisation; the recent internal audit has provided significant assurance that "staff know what to do if they suspect or know a child is being abused".

Excellent progress has been made in relation to establishing a Child Death Overview Process, with an emerging rapid response model delivered by named nurses, which fulfils our statutory obligations under Working Together 2010.

The services will continue to progress and respond proactively to the recommendations made by Lord Laming, listening to children and keeping them at the centre of service delivery.

## Appendix 1: Safeguarding Leadership and Accountability 2010



## Appendix 2

### LEICESTERSHIRE COUNTY AND RUTLAND COMMUNITY HEALTH SERVICES

#### Safeguarding and Protection Children Working Group

##### Terms of Reference

##### **Purpose**

LCR CHS is committed to safeguarding and protecting Leicestershire and Rutland's children and young people through the continuous improvement of systems and front-line clinical practice, in line with national guidance.

The group will ensure a multi-agency local approach to safeguarding children and joining up systems to enable early identification and protection of the most vulnerable children and young people

The aim of this group is to ensure that safeguarding and promoting the welfare of children is integral to everybody's practice and the clinical governance and audit arrangements within the organisation.

##### **Membership**

- Associate Director for Childrens CHS (Chair)
- Public Health representative
- Clinical Quality and Governance representative
- HR representative
- Designated and Named Child Protection and LAC professionals within LCR area
- Local Authority Children and Young People representatives
- Training / Education representative
- Children's Community Health Services Senior Manager

##### **Purpose and Duties**

- To develop services to
- To receive child protection guidance from the Local Safeguarding Children Board (LSCB) and consider implications for LCR CHS/partners and report these through the formal governance processes
- To receive and comment on policies agreed within LSCB and / or the Child Protection Team managed through Leicester City CHS
- To develop and agree new policies and procedures and ensure ratification processes through appropriate forums.
- To engage in the serious case reviews (SCRs) by supporting individuals involved in the SCR process, receiving SCR reports and planning, monitoring and reporting on agreed and implemented action plans

- To ensure clinical staff are skilled and knowledgeable competent an influence clinical standards and education programmes ensuring Trust employees and independent contractors are competent to provide child protection services whilst minimising the risks.
- To consider techniques / mechanisms for engaging general practitioners (and other independent contractors) in child protection service provision.
- To act as a conduit between front line clinicians and LCRCHS to ensure robust systems are in place and all Trust employees and independent contractors are familiar with structures, policies and procedures and communication pathways.
- To consider and agree the process for establishing a single database for recording and retrieving all training received by PCT employees and independent contractors.
- To work in partnership with Children and Young People's Service colleagues to ensure a co-ordinated approach to safeguarding children across Leicestershire and Rutland County Councils.
- To review and agree any relevant documentation pertaining to safeguarding children.
- To provide regular reports to the Clinical Quality and Governance group and Board ensuring members are briefed on policies, procedures and their
- To ensure the Records Management Action Plan incorporates records management for child protection and receive regular reports on audits and actions from Record Management Group

### **Frequency of Meetings and Quoracy**

The meeting will be quorate on the attendance of 6 of the membership. There should be at least representative from;

- Named Doctor
- Named Nurses
- Looked After Children
- Community Health Services

Meetings will be held bi-monthly

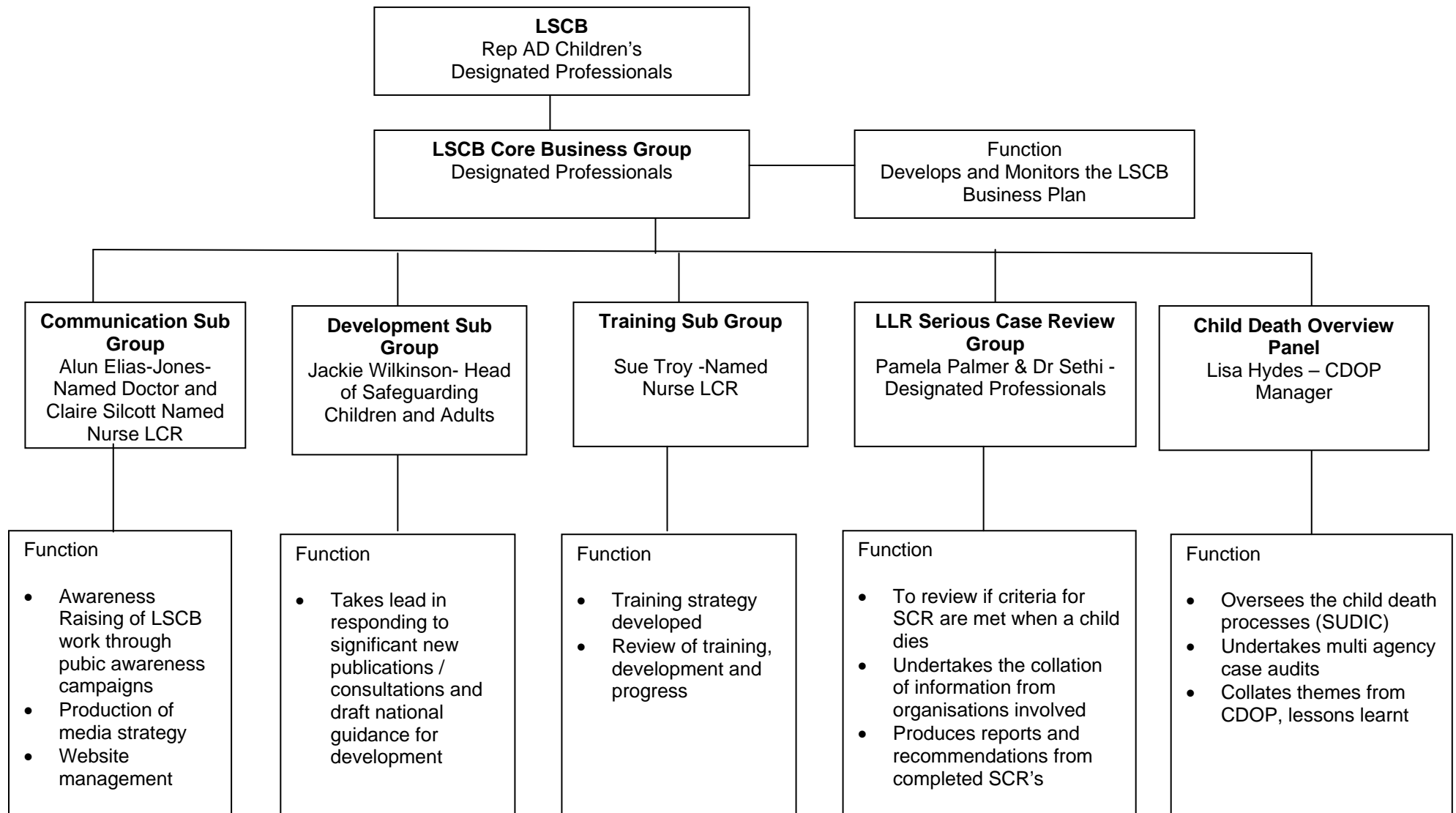
### **Standard Agenda Items**

- Performance Monitoring
- Report from LSCB - HT
- Report from LAC
- Education Update
- Progress Report from Named Nurses
- SCR's and SUI's action plan assurance



## Appendix 3:

## LSCB Core Group and Supporting Group Interface Chart 2009



## Appendix 4

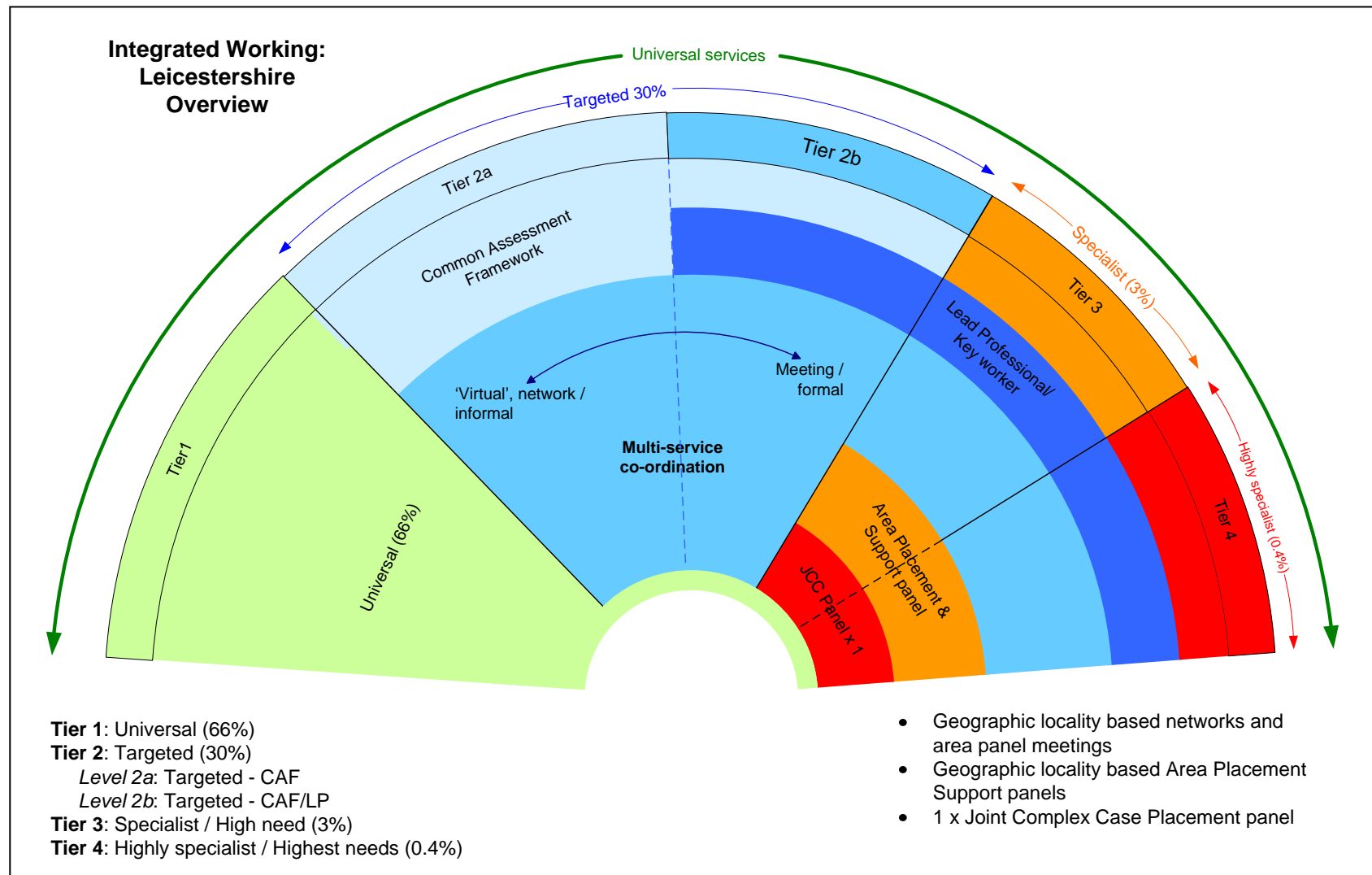
### Leicester, Leicestershire and Rutland

### (HEALTH) 'THINK FAMILY' STRATEGIC GROUP

#### TERMS OF REFERENCE

1. Translation of national into local health implications in light of National Safeguarding Unit.
2. To receive the two LSCB papers and one Adult Safeguarding Board recommendations, policies, guidance, Serious Case Reviews and annual reports.
3. To interpret above documentation and translate into practical application across health organisations within LLR.
4. To ensure that each health organisation utilises its own governance systems and processes for the adoption and performance management of local and national recommendations, policies, guidance and procedures in relation to all safeguarding matters.
5. To establish a Health specific Safeguarding Strategy for LLR reflecting priorities of both LSCBs (City/County & Rutland) and Adult Board working plans that combine commonality of the agenda with the different aspects of provision and commissioning and informs the commissioning process.
6. To receive reports of performance and learning in relation to Child Death Reviews and Serious Case Reviews for Children, Young People and Adults.
7. To consider the learning from Child Death Reviews, Serious Case Reviews, Serious Untoward Incidents and disseminate these findings by way of the LLR annual work programme with performance management of such issues being integrated within the quality schedules for provider organisations. Translate and coordinate health responses to national expectations SDU.
8. **Membership**
9. **Duration and Frequency of Meetings**  
Six weekly for two and half hours split 50:50 between Children and Young People and Adults agenda.
10. **Quorum**  
Minimum of four organisations with representation.
11. **Chair**  
Executive Director for one year rotating  
Vice Chair  
Executive Director for one year progressing to chair thereafter.

## Appendix 5: Leicestershire and Rutland Safeguarding Continuum



**Appendix 6: LCRCHS Health Visitor Caseload Analysis by Locality**  
**(Please note data is based on manual collection with accuracy +/- 10%)**

					Children 0 - 1 year						Children 1 yr to School Entry						
								Number of Children Tier 3 and						Number of Children Tier 3 and Tier 4			
Locality	WTE	WTE Band 5 Support	WTE Band 4 Support	WTE Band 2/3 Support	Total Number of Children 0 - 1 yr	Number of Children In Tier 1 (Children not Targetted)	Number of Children 2a/2b (Targetted Children not counted elsewhere - Including mental health support/C AF)	Section 17 (Child In Need with an allocated social worker)	Section 47 (Child with CP Plan In Place)	Children In Care	Total Number of Children 1yr to School Entry	Number of Children In Tier 1 (Children not Targetted)	Number of Children 2a/2b (Targetted Children not counted elsewhere - Including mental health support/C AF)	Section 17 (Child In Need with an allocated social worker)	Section 47 (Child with CP Plan In Place)	Number of Children with a Statement of Educational Need	Children In Care
CHW	14.86	1.4	7.04	2.14	1660	1417	197	20	19	7	5580	5177	306	37	22	15	24
NWL	12	0.8	7.107	1.1	1026	816	163	12	11	1	4107	3706	323	37	37	10	17
HB	12.98	1.02	4.61	0.6	1262	1001	214	22	20	10	4061	3620	302	48	17	46	18
SLH	25.52	1.60	5.82	2.91	2175	1822	363	18	8	12	8187	7435	637	31	17	41	21
MRS	9.81	0	3.27	2.49	1163	889	228	34	6	3	3996	3709	236	24	5	12	10
Total	75.17	4.82	27.85	9.24	7286	5945	1165	106	64	33	25931	23647	1803	177	98	124	90
Percentage						81.6%	16.0%	1.5%	0.9%	0.5%		91.2%	7.0%	0.7%	0.4%	0.5%	0.3%