

ISLE OF WIGHT CHILD PROTECTION ANNUAL REPORT

EXECUTIVE SUMMARY.

The tragic death of Victoria Climbié, and the Government's Response in the Children Act 2004, "Every Child Matters" changed the focus of the protection of the child away from a dedicated team of professionals to the protection of the child being "Everybody's Responsibility" in both the statutory and voluntary sector with Executive Bodies being accountable for the delivery of that protection within their sphere of influence.

The Joint Annual Report of the Health Care Trust and the Primary Care Trust outlines the delivery of that prevention for the year 2004/5 within the two organisations, including training, audit, scrutiny and the safety net(s) in place to ensure that "Every Child does Matter" in health organisations on the Isle of Wight.

The Joint Annual Report has been presented to the Isle of Wight Area Child Protection Committee and the Strategic Health Authority Child Protection Health Representatives Meeting for additional scrutiny.

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**ISLE OF WIGHT
HEALTHCARE & PRIMARY CARE TRUST**

CHILD PROTECTION

ANNUAL REPORT 2004/5

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INTRODUCTION

This report outlines the 2004/5 Child Protection response of the Healthcare and Primary Care Trusts to the challenging health agenda in the protection of the child post Victoria Climbié Inquiry and Report 2003.

This report will cover CHAI Performance Indicators; Team Self Assessment; Audit of Laming Recommendations; Cry of Pain, Cry for Help; Training Programmes; strategy; activity; preventative campaign; Mental Health & Joint Working; Social Services.

CHAI Performance Indicators

“Every Child Matters”, the Department of Health response to the Victoria Climbié’s tragic death, clearly outlined that the protection of the child was no longer the remit of a dedicated team of child protection specialists but that child protection was “ Everyone’s Business”. Each and every health professional who has child contact has a duty both to promote that child’s welfare and a duty to protect that child from harm and to do so requires training specific to their particular discipline into which the child may enter.

The importance and emphasis the Department of Health put on ensuring that “Child Protection being everyone’s Business” is evidenced by four new performance indicators being introduced for the Acute sector, Mental Health, Ambulance and the Primary Care Trust.

Self Assessment Teams

CHAI followed through the “Child Protection is Everybody’s Business” with a self assessment team development pack for clinical teams to work through and come up with action plans for the team to progress to ensure the protection of the child. Thirty Seven diverse teams on the IOW working through the process and developed challenging plans. See attached. A copy available on request.

In Primary Care, all GP practices and PCT service provision teams have been advised to undertake a CHAI assessment of needs regarding child protection. Several practices have completed this assessment and have identified areas of improvement at practice level. Areas identified include improvement to information sharing within the practices, methods of reporting concerns at practice level and processes of sharing information with other agencies in line with the Laming recommendations.

Audit of Laming Recommendations

Lord Laming in his Victoria Climbié report made twenty seven specific recommendations to standards of child protection practice including recommendations history, medical examination, communication and record keeping The Healthcare Trust incorporated the relevant standards into the

child's care pathway and contemporaneously audits the performance against set criteria each month.

Audits results are shared with the paediatric consultant and nurse team at clinical governance sessions. Initial good results tailed off as the year progressed, unfortunately, but this is being followed up by the senior nurse child protection to ensure maintenance of high standards of child protection performance. A copy of the audit available on request.

A method of identification on the GP IT system of children with child protection concerns has been developed and practices encouraged to improve the recording of such data. The Vision system is an excellent platform to record these concerns in Primary Care and this methods of data collection will be standardised across all practices.

Children at Risk of Harm - Cry of Pain, Cry for Help

Children who feel trapped in an untenable situation may attempt to communicate their distress either as a cry for help or a cry of pain. The child who cries for help is attempting to re-establish an escape route and to facilitate rescue from the current circumstance. Whereas the child crying in pain feels totally trapped, with no escape route, with no perception of anyone who could rescue but with the means to commit suicide available to him / her. (attached)

Ninety eight children were admitted to the Children's acute ward during the year 2003/4 with a diagnosis of self poisoning of either drugs or alcohol or a combination of both on a ratio of 4:1 female to male. Eleven further children were admitted with self harming behaviour in the five months November to March when stats started to be collated, with self harming behaviour such as cutting or suicidal ideation. The ratio of the latter being almost evens. At least once child was admitted during this period with a cry of pain - a significant suicide attempt. A copy of the analysis available on request.

During the year, the children's unit has forged links with the Young People's Substance Abuse Service and analysis of information has been shared with interagency colleagues as regards population of self harm, incidence, methodology, location, age, admissions per calendar month, overdose by illegal substance with referral outcomes. An associated specialist and a senior nurse are developing a specialist interest in the adolescent. The latter hoped to undertake a specialist course at Southampton University in 2005 but this course has been cancelled by the university. Steps are being taken to try to identify a reciprocal course elsewhere.

Processes are being developed at practice level to ensure information gathered by Health Visitors to identify high risk families is recorded. This information includes indicating mothers of babies who have been identified as high risk of post natal depression. The recording of this information has been developed by individual practices and there is a need to standardise this recording system across all practices.

Children at Risk of Harm from Bullying & Harassment at School.

Fourteen children were admitted to the acute children's ward in the three and a half month period, November to March 05 with injuries reported to have been sustained from bullying and assaults at school giving projected figure of forty four admissions per annum. Of the nine children whose injuries were recorded, six involved head injuries. One child was admitted from primary school, three from middle school and nine from the four high schools. These children's experience has been shared with colleagues in Children's Services.

Prevention Focus – Non Accidental Traumatic Head Injury

Research identified that infants who have been severely non accidentally injured by shaking, have presented to health professionals in the preceding weeks/ months with minor facial bruising before the event which left one third dead and one third severely brain damaged. Meanwhile the average age of the infant harmed by shaking is five months. The Designated nurse and doctor planned a preventative campaign to combine these two factors to raise awareness of the key characteristics and risk factors before the irretrievable brain damage occurred.

Dr Jean Price, Designated Doctor for Child Protection led the introductory session on the research and training programmes have been designed and targeted at individual disciplines with contact with the new born child including midwives, health visitors, paediatric team, mental health workers and interagency colleagues. The training experience has been enhanced by specially designed dolls and a video outlining the damage occurring to the brain, nerves and blood vessels while the child is being shaken. The key theme being "Never ever shake a baby".

Mental Health and Child Care Joint Liaison Working Group.

Building Bridges between the Children Act 1989/2004 and the Mental Health Act 1983 is always a challenge as each team of professionals sees the family through the eyes of their client group and their professional legislative base. During the year, the Designated Nurse has chaired a quarterly meeting to provide a forum for interagency debate in the best interest of the child and of the parent who has a mental health disorder in order to secure best outcomes for both. A training programme was also prepared and delivered to incorporate "Non Traumatic Head Injury" within a mental health setting.

Area Child Protection Committee (ACPC) Serious Cases Working Group.

The Serious Case Working Group, reviewing interagency co-operation and joint working of a child whose cry for health became a cry of pain and a fatality, made specific recommendation for the Child & Adolescent Mental Health Services as regards following telephone referrals in writing, following up outcomes of referral, calling professionals meetings to share information under Children Act Guidance, copying child protection concerns in consultant

psychiatrist's letter to children's services colleagues and arranging face to face hand overs with general practice colleagues.

The basis of the review recommendations was formulated into reflection and review sessions for health and interagency colleagues led by the Designated nurse looking both at the ACPC review report and at the current research on key indicators and risk factors in order that the outcomes are embedded in clinical practice. Copies of the ACPC report available on request.

The outcomes of the review have been shared with general practice and training needs for depressed adolescents have been identified. This will be included in the CAMHS strategy.

“ Child Protection is Everyone's Business Training Programmes”

To ensure that Child Protection truly does become everyone's business in both the Heathcare Trust and the Primary Care Trust a comprehensive training programme has been delivered by the Designated Nurse and Doctor to discipline specific groups including teams not previously engaged in the protection of the child. Teams include Out of Hours Bed/ Night Co-ordinators team, Genito-Urinary Medicine, Sexual Health & Family Planning, Ambulance, Mental Health, Human Resources and Music Start. A matrix of training available on request.

Together with discipline specific training to groups previously recognised in the protection of the child, such as health visiting, school nursing, paediatrics, accident and emergency, midwifery etc, the programme has been challenging and very rewarding. Referrals to the health child protection team for supervision, guidance and support has increased by 150% during the year, at times overloading the small dedicated team (1.4 wte)

Attendance at Primary Care child protection leads meeting has been excellent; all meetings have been attended by a representative from every practice. Areas of education and training have been developed. This led to Dr Michael Bannon, Dean of Post Graduate Studies at John Radcliff Hospital presenting a lecture outlining evidence based methods of improving standards in child protection for Primary Care.

The CHAI assessment has been used as a training tool by practices during their protected time sessions. Practices and other teams have the facility to request specific training needs and provision from the PCT.

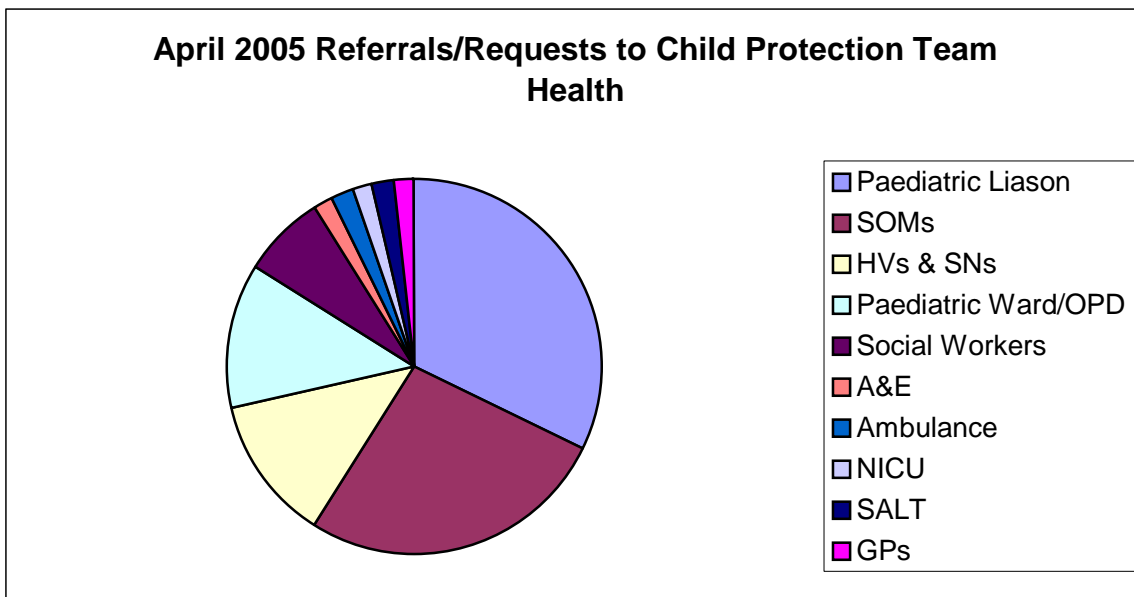
The PCT has continued to develop Child Protection training for all employees and other primary care staff.

Child Protection Health Team.

The referrals have, however, been eminently appropriate in the protection of the child, leading to 24% of the children registered as at risk of significant harm by ACPC colleagues having been identified, and had information shared

by health within a professionals meeting chaired by health. Analysis further identified that the families who had their need recognised and supported with a child protection plan early, had better outcomes in the long term.

An average of fifty requests were received per month by the team with over half being generated by paediatric liaison and the supervisors of midwives requiring child protection follow up or action plans including sharing of information within a professionals meeting. A small percentage required specific intervention by the Designated Nurse / Doctor in line with Laming recommendations for challenging professional practice in the protection of the child.



Conclusion.

Year 2004/5 has been a challenging and labour intensive year embedding best practice of the Laming Enquiry into everyday practice “ Child Protection is Everybody’s Business”.

The increase in workload will be monitored to ensure that professionals working within the acute and primary care setting can have their needs for training, supervision, guidance and support met within an agreed timescale and that the service can be audited monitored and review to ensure that only best practice is embedded in the service offered.

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