

WAKEFIELD & DISTRICT

safeguarding children board

West Yorkshire Inter-Agency Safeguarding Children Procedures

In 2007, Wakefield joined with Kirklees, Calderdale and Leeds to develop joint procedures for safeguarding children. This means that professionals in different agencies across these four LSCBs all now work to the same set of agreed procedures.

These procedures are published electronically, and can be found on the Wakefield and District Safeguarding Children Board web-page (www.wakefield.gov.uk/lscb).

The procedures have recently been updated. A new chapter "Children Abused Through Sexual Exploitation" has been added, as have procedures in relation to sudden and unexpected deaths in childhood. Also, some amendments have been made in the section that relates to Child Protection Case Conferences.

All staff working with children should familiarise themselves with the updated sections.

WDSCB Multi-Agency Training

Work is currently taking place in the Training Unit to produce a draft of the 09/10 training programme. These courses are available free of charge to anyone who works with children in the Wakefield district, regardless of their setting or organisation. The new training brochure will be available in early 2009. Several new courses are being considered for 09/10, and details will be published towards the end of this year, once the plan has been approved by the Training Sub-Committee and the Board. Planning for the 09/10 brochure has been undertaken by Jane McGill in conjunction with partners in a number of different agencies. Thanks to those people for their valuable assistance.

Details of all WSCB Training, including how to apply, can be found online at www.wakefield.gov.uk/lscb or by contacting Jane McGill (Training Officer) or Liz Rimmington (Training Support Officer).

Contact details: lrimmington@wakefield.gov.uk,
jmcgill@wakefield.gov.uk

Telephone: 01924 304147

An update on the Safeguarding Unit.....

Currently, the Safeguarding Unit consists of the following staff:

- **Family Services Safeguarding Coordinator / LADO (Rachel Holmes)**
- **WDSCB Business Manager (Richard Fawcett acting)**
- **Adult Protection Manager (Dennis Appleyard)**
- **WDSCB Training Officer (Jane McGill)**
- **WDSCB Training Support Officer (Liz Rimmington)**
- **WDSCB Administrator (Jenny Ward)**
- **3 x CP Conference Chairs (Avril Giles, Niaz Fatima & Jim Foy)**

It is intended that the Safeguarding Unit be further enhanced by the addition of the 3 designated Safeguarding Nurses (currently based at Castleford Hospital), who will join the rest of the team at the Family Services offices at Calder Vale Wakefield in late Autumn.

Safeguarding Children in the Yorkshire Ambulance Service

In June, the Yorkshire Ambulance Service introduced their Safeguarding Children and Young People Policy and Procedure. It aims to ensure that children and young people under the age of 18 are safe and protected by effective intervention if they are thought to be suffering, or likely to suffer, significant harm.

The major change across YAS relates to the responsibility placed on staff dealing with an incident. YAS staff who are in direct contact with the child/ren must now make any referrals to Social Care themselves, which did not previously happen in the South and Central divisions.

As part of the awareness month, an intranet site was launched for staff containing information about domestic violence, the unexpected death of a child, safeguarding children training opportunities, facts and figures and useful contact details.

In addition, a section was developed on the YAS website to demonstrate the commitment to safeguarding children and young people.

Hundreds of posters were also displayed in ambulances to raise public awareness of child abuse.

Dave Blain is the YAS Named Professional for Safeguarding Children. He stated that "We have a duty under the Children Act 2004 (Section 11) to make arrangements to ensure that, in doing our job, we safeguard and promote the welfare of children.

"Unfortunately, safeguarding children is becoming an everyday issue for staff working in numerous disciplines across YAS. The number of referrals to Social Care is escalating and currently stands at an average of six per week throughout the Trust.

"It is crucial that staff, who encounter safeguarding children issues, either face to face, via the telephone or through documentation, can respond in an appropriate and professional manner. It is therefore essential that YAS has commensurate training, policies and procedures in place to face these challenges.

"YAS is currently engaged in ten Serious Case Reviews, where a child has died and the cause may be attributable to abuse and neglect. The Serious Case Review panels provide recommendations that will allow YAS to improve its performance and future direction when dealing with safeguarding children issues."

**For further information about the YAS approach to safeguarding children, contact Dave at:
david.blain@yas.nhs.uk**

Serious Case Reviews

A Serious Case Review is a multi-agency review of the practice of all agencies when a child dies or is seriously injured and neglect or abuse are thought to be a factor. The aim of the review is to learn lessons about the way agencies have worked together in order to lessen the possibility of future death or injury. Once the review has been completed, the agencies involved are required to produce an action plan to address any issues raised about their practice, procedures etc. These individual Action Plans are then combined into an overall WDCB Action Plan. The process of all Serious Case Reviews is closely monitored by OFSTED and by the government, and we are required to adhere to strict (and tight) timescales. In Wakefield, the Safeguarding Board is currently undertaking three Serious Case Reviews.

If you would like any further information about Serious Case Reviews, please contact the Wakefield and District Safeguarding Children Board Business Manager on 01924 302625.

A Definition of Safeguarding

In Working Together to safeguard Children, the government define Safeguarding as:

“The process of protecting children from abuse or neglect, preventing impairment of their health and development, and ensuring they are growing up in circumstances consistent with the provision of safe and effective care that enables children to have optimum life chances and enter adulthood successfully.”

Remember: safeguarding is not just about risk or harm.

Anti-Bullying Strategy

The latest version of Working Together to Safeguard Children places the issue of bullying firmly in safeguarding territory, by clearly describing the impact that bullying can have on the health and development of the victim. In some cases, it can even cause the victim significant harm. In addition, many young people who bully have experienced problems themselves, and may be in need or at risk. The West Yorkshire Safeguarding Procedures provide added guidance on how bullying should be dealt with, and Working Together requires that all settings in which children are provided with services, or live away from home, should have rigorously enforced anti-bullying strategies in place.

As a result, staff in Family Services and schools are working hard to address the issue of bullying, by ensuring that all schools have suitable policies in place and are able to detect and respond to bullying appropriately. In addition, a software package called Sentinel has been purchased and is being piloted in a number of schools and also within Youth Services. This package will enable teachers and youth workers to record all incidents of bullying, and to develop action plans to address the problem for individual young people. When rolled out, Sentinel will also provide data that will enable Family Services to gain a greater understanding of the extent and nature of the bullying problem in Wakefield.

If you have any questions about the Anti-bullying strategy, please contact Allan Jonas (Service Manager – Prevention) at ajonas@wakefield.gov.uk

Safeguarding Children – 2008 Report

The third joint chief inspector’s report on arrangements to safeguard children was published in July 2008.

Since the last report (2005) a great deal has changed in the landscape of children’s services. For example most of the provisions of the Children Act 2004 are now in place, as is the framework to support the Every Child Matters agenda. The 3rd report into arrangements for safeguarding children reports largely positive findings, with some clear areas for improvement and development (for example, clearer thresholds for intervention by social care services, the need to ensure that certain groups of vulnerable children are better safeguarded etc).

The full report, together with a much briefer Executive Summary, can be found online at www.safeguardingchildren.org.uk.

Child Death Review – 2007/2008 Update

Previous newsletters have highlighted that reviewing ALL child deaths (not just those where abuse or neglect are suspected) became a requirement for all Local Safeguarding Children Boards (LSCB's) in April 2008.

Since April we have been busy refining our existing local procedure in conjunction with partners across West Yorkshire. This has been admirably supported by Jan Shakespeare, the Child Death Review Administrator (suggestions for a different job title on a postcard please).

The questionnaires we have been using for the last few years have now been replaced by a national data collection form which is now being used in all areas. This should enable sharing and comparison of statistical data in the future. Alongside this major change we have been making progress with the investigation of deaths in very young babies - as a result of improvement in notifications. This has meant that we have included new members in the panel process – notably midwifery. It has also meant that there has been an increase in deaths being reviewed – so the panel meetings are becoming more frequent.

Since the last update we have been able to analyse the deaths that took place during 2007.

Below is an update on statistics previously shared but which take into account this additional year's data:

2004 – 2007 Death in children from age 1 month to 18 years

1. 70 deaths were notified and discussed by the panel – varying between 14 & 19 each year.
2. 51% were in children below 5 years (which proportion will increase when we add the deaths taking place within the first 28 days of life).

However, 1 in 5 (19%) were 15-17 years of age.

Compared with national data from 2003 – 05, Wakefield experiences a slightly higher mortality rate in the under 1's and in the 1 – 4 years age group. The Wakefield mortality rate for the 5 – 9's is slightly lower than the national rate and for the 10 – 14's is more or less the same. There are no national figures for the 15 – 17 years age group. Because of the small numbers involved at local level, these comparisons have limited statistical use – however they do demonstrate that the experience in Wakefield is not dissimilar to national mortality rates.

3. The gender ratio is interesting. Of the 70 deaths, 60% were in males – clearly disproportionate to population ratios.

There are a number of possible explanations - for example, we know at all ages during childhood, including still births and deaths in the newborn period that deaths in boys outnumber girls.

The reasons are complex and not completely understood.

However, we do know that there is a marked gender difference in key causes of death, notably accidents. This is an area we will be keeping an eye on.

4. Of the 70, 68% (48) were deemed unexpected deaths using the Working Together definition. As other Safeguarding Boards have only been collecting this data from 2008, it will be sometime before we are able to compare our position in relation to this statistic
5. Accidents are still by some way the lead cause of death - 24 of the 70 (34%). If we look at accidental deaths in a little more details we see Male: Female ratio is 15:9 (or 1.6:1.)

Accidents account for similar proportions of deaths in all age groups but vary in relation to cause of accident

RTA (Road Traffic Accident) 5 of the 9 deaths were in 16 & 17 year old, mainly car passengers

House fires All 4 deaths were in children below 5 years of age.

Inhalation of aerosols Both in teenagers

The panel continues to identify lessons for prevention in each death and is pleased to see the progress being made in improving our child accident prevention work - which will be so important if we are to reduce the number of children dying locally from accidents.

Dr Gill Pinder
Chair of Child Death Review Panel

What to do if you are worried a child is being abused.....

If you are concerned about the welfare of a child, you should discuss these concerns with the designated person in your agency. If you do not have a designated person, you should ring Social Care Direct on 0845 8503503. You will be able to speak to a social care professional, who will be able to listen to your concerns and make arrangements for any action to be taken as necessary. A professional who makes a referral to Social Care Direct cannot remain anonymous, and must follow up their telephone referral in writing.

Social Care Direct will provide feedback to the referrer.

The DCSF guidance *"What to do if you're worried a child is being abused"* provides further details, and can be found at

www.everychildmatters.gov.uk Copies can be ordered free of charge by organisations, alternatively contact WDSCB.

The Named Nurses for Safeguarding Children

The role of the 'named professional'/'named nurse' is defined in Working Together 2006 (HM Government 2006) and denotes professionals with specific roles and responsibilities for safeguarding children. Named professionals are required to have specific expertise in children's health and development, child maltreatment and local arrangements for safeguarding and promoting the welfare of children.

All NHS Trusts, NHS Foundation Trusts, and Primary Care Trusts (PCT's) who provide services for children should identify a named doctor and a named nurse/midwife for safeguarding. In the case of NHS Direct, Ambulance Trusts and independent providers, this should be a named professional. The focus for the named professional's role is safeguarding children within their own organisation and taking a professional lead on safeguarding children matters.

Named nurses have a key role in promoting good professional practice and providing expert advice, guidance and support to their organisation, its staff and other health service providers and agencies. They are responsible for ensuring a safeguarding training strategy is in place and for developing and delivering relevant single and inter-agency training.

Named Nurses support their organisation in its clinical governance role, by ensuring that audits on safeguarding are undertaken and that safeguarding issues are part of its clinical governance system. They are also responsible for conducting internal management reviews and ensuring that resulting action plans are implemented

The three Named Nurses for Wakefield District PCT are Gill Marchant, Sharon Harvey and Maureen Kelly. The Mid Yorkshire NHS Trust employs Geraldine Allen as Named Nurse and Angela South as Named Midwife and Julie Lodge is the Named Nurse for the South West Yorkshire Mental Health Trust.

PRIVATE FOSTERING

The Children Act 1989 and the Children (Private Arrangements for Fostering) Regulations 2005 require the Local Authority to promote and safeguard the welfare of privately foster children.

What does “Private Fostering” mean?

Private Fostering is when a child under 16 (or under 18 if they have a disability) lives with someone other than a parent (or other person with legal Parental Responsibility) or a close relative (grandparent, aunt/uncle, brother, sister) or a step-parent, for a period that is intended to last more than 28 days.

A Private Fostering arrangement is an agreement made between the parent and the adult who is offering to care for the child.

When a child is privately fostered, the parent retains parental and financial responsibility for the child. The law states that the parent must notify the Local Authority of the arrangement, and it is an offence not to do so.

The Local Authority must ensure that the child is safe and well-cared for. As a result, Social Workers are required to visit the placement regularly. If the care provided to the child is not adequate, the Local Authority have the power to intervene.

Although parents and private fosterers are required by law to notify the Local Authority, in reality, they do not always do this. As a result, it is often a professional who will first become aware that a child is being privately fostered, and as a result, they also have a duty to notify the Local Authority.

If you are aware of a Private Fostering Arrangement that may not be known to the Local Authority, ring Social Care Direct on 0845 8503503.

LAC Health Team Development

The health services provided to looked after children are taking on a new and exciting phase in their development.

The employment of three Specialist Health Advisors will ensure that all looked after children receive continuous excellent health care.

Unaccompanied Asylum Seekers received into the care system will now have a Specialist Health Advisor with a special interest in their unique health problems and who will be pro active in developing our service to meet those identified needs.

The appointment of a Specialist Health Advisor for Care Leavers is a new development within the LAC Health Team. The specification for this post has been shaped by the input of the care leavers themselves and Barnardo's Signpost Leaving Care Services.

The delivery of a broad encompassing health service for LAC needs many varied skills and competencies. Therefore the post of Sexual Health Development Worker is held by a teacher with experience in working with vulnerable children.

If you would like more information about anything discussed in this newsletter, please contact the Wakefield and District Safeguarding Children Board Business Manager on 01924 302625 or email the Safeguarding Board on wds cb@wakefield.gov.uk

Disagreements Between Professionals

When dealing with sensitive issues such as safeguarding children, it is inevitable that at times, professionals will not always agree about the level of risk or concern, and what to do about it. It is important to recognise that at times, this can lead to healthy debate and discussion, which can benefit everybody, not least the children we are trying to safeguard. Usually, these disagreements can be resolved through discussion and understanding.

However at times, the disagreement will not be resolved at an early stage. If this is the case, WDSCB recommends the following:

- Keep clear records explaining why you think the way you do, and of discussions you have had with other professionals.
- Make sure that the disagreement is recorded professionally in your notes
- Inform a more senior staff member in your organisation (e.g. line manager, Named Nurse, Designated Teacher)
- If the disagreement cannot be resolved, and relates to a safeguarding issue, the representative of your organisation on the WDSCB should be informed. They will then be able to raise the issue at a higher level, and may need to discuss with the Chair of the SCB.

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Latest Child Protection Statistics

In 2007/8, a total of 340 s47 investigations and 536 Core Assessments of Need were undertaken by Social Workers in Family Services, in partnership with colleagues in other agencies.

In Wakefield, there are currently 217 children subject to a Child Protection Plan, of which, only four have been subject to a plan for more than two years. However there are currently ten children who have been subject to a CP Plan for almost two years.

