



Hampshire Safeguarding Children Board

Response to the Recommendations from the

Serious Case Review of Child L

Working Together 2015 allows LSCBs to commission Serious Case Reviews (SCRs) using any learning model consistent with the principles set out in statutory guidance. Joanna Nicholas, an independent person with experience in conducting reviews arising from safeguarding concerns, was commissioned as the lead reviewer to complete the review. The reviewer followed the Social Care Institute for Excellence (SCIE) “Learning Together” systems approach to complete the review.

To support the process the Board established a reference group of senior staff from partner agencies which the reviewer used as a sounding board, and where necessary to provide necessary context on organisational policies and practice. The SCR subgroup quality assured the final draft before presentation to the Board.

As the review was completed using the SCIE methodology, the final report gave ‘findings for the board’ as opposed to defined recommendations. The Board has considered these findings and has provided the following response.

Finding One

In Hampshire there are indicators that there may be limited consideration and understanding by some professionals cross-agency of the potential risk factors when a family becomes homeless. This limited consideration and understanding increases the chance that children in these circumstances will be left vulnerable.

Questions for the Board

1. How will the Board assess whether professionals working across agencies have a sufficient evidence-based understanding of the risk factors associated with homelessness?
2. Is the Board confident professionals are clear at what point a family is considered to be homeless and therefore consider that as a potential risk indicator?
3. Is the Board satisfied that the current threshold chart reflects the potential risk factors that may be associated with homelessness?

HSCB Response

The Board has reviewed its multi-agency training programme to ensure that courses ensure professionals are aware of the point at which children and their families are considered homeless, and, the additional risk factors this may present. The Board has recently approved the training programme for the next financial year which includes training on a wide range of safeguarding issues, including homelessness.

The Board will update its Section 11 Audit (scheduled for mid – 2016) to ask agencies to provide evidence that their staff, particularly those that work in housing, understand and recognise the unique risks that can be present in families and children who are homeless.

The HSCB Thresholds Chart will be re-launched in 2016 along with explanatory guidance to assist practitioners in its application. The Board has stated that risk factors associated with homelessness should be more clearly highlighted within the chart and guidance so professionals are prompted to consider it alongside other safeguarding issues. As outlined in the HSCB Business Plan, the Board has prioritised neglect in its programme of work during 2015 / 16. As part of this work a version of the Thresholds Chart has been developed to cover indicators of neglect. Homelessness and appropriate housing has already been included within this, and the final documents will be available for professionals across Hampshire to use later in 2016.

Finding Two

The importance of the role that housing plays in safeguarding children may be underestimated by some professionals cross agency in Hampshire

Questions for the Board

1. How will the Board assure itself that those working in housing with vulnerable families have a sufficient level of understanding of vulnerability and risk factors?
2. Whilst recognising that placing vulnerable families in B&B accommodation for up to six weeks is accepted practice nationally, how will the Board assure itself that Housing Services in Hampshire are fulfilling their statutory obligations in terms of safeguarding children when they are placing vulnerable families in privately run B&B accommodation with landlords who may have no knowledge of safeguarding, or risk factors?

HSCB Response

All District authorities across Hampshire must complete a s11 return and for 2016 additional challenge will be made from the HSCB to individual districts in relation to housing and safeguarding. In addition to this the Independent Chair has written to the Chief Executives of all District Councils in Hampshire to i) promote the range of multi-agency training provided by HSCB that is open to all District Council staff, and request that Housing staff specifically attend core safeguarding training, and, ii) seek assurance that the Housing Departments in District Councils are aware of their safeguarding responsibilities and are not placing families in B & B accommodation for more than the stated 6 weeks.

The HSCB has recently revised its multi-agency data set which now includes data on:

- *the number of Statutory Homeless households with depending children (under 18yrs) and / or pregnant women;*
- *Number of 16-18 yr. olds being placed in B and B accommodation by CSD*
- *Number of care leavers placed in B and B accommodation*

This work has recently been agreed and will be rolled out and data collated during 2016.

Finding Three

The current alert system used within the health visiting service in Hampshire is complex and confusing and may lead to children about whom there are safeguarding concerns being overlooked.

Questions for the Board

1. How will the Board ascertain to what degree the system is not triggering the responses set out in the Guidance?
2. Would the Board consider it helpful for Southern Health NHS Foundation Trust to review their system?

HSCB Response

The Board are aware that Southern Health NHS Foundation Trust has reviewed its alerts system since the time period covered in this review. The Independent Chair of HSCB has written to Southern Health NHS Foundation Trust to ask them to ensure that their alerts system is clear to enable easy use and application by staff, and, to consider whether refresher training or awareness raising in staff teams would be an appropriate way to ensure both new and existing staff are clear on the different groups and categories.

The Board has also asked Southern Health to undertake an audit of records on the system to ensure that any flags and categories made are correct as relates to the guidance. The findings will be discussed at the Serious Case Review Committee during 2016.

Southern Health NHS Foundation Trust (SHFT) Response

Southern Health NHS Foundation Trust (SHFT) have reviewed their alert system and electronic patient record processes. Since this case SHFT have updated their Electronic Patient record System to Open RiO. This has enabled the Trust to change process and review and update the assessment forms used for children. They are now undertaking work to build a holistic assessment form which can be used on all children to identify health needs and vulnerabilities which will then lead staff automatically to put the correct alert on for the identified needs of the child. The alert system is no longer colour coded but relates to the service offered and the needs of the child and family.

Once the new assessment has been designed and embedded SHFT will carry out an audit to ensure that use is consistent across the service. SHFT already carry out an annual recordkeeping audit which informs practice and record keeping training.

Record keeping and the alert system is regularly discussed at safeguarding Supervision which occurs three monthly in Children's Services. It is also discussed in peer reviews and at management supervision. SHFT will continue to work with the Board and other agencies to improve services offered to children.

Finding Four

Unless a child has complex health needs there is no formal system in place across health agencies nationally, or in Hampshire, to co-ordinate the work of the different health service providers. This fragmented way of working will result in an unsafe system where levels of risk to vulnerable children are missed.

Questions for the Board

1. As this is a national, as well as a local issue, how will the Board address this with the relevant government departments?
2. How will the Board test out how effectively health services are working together?
3. How can the Board be assured that current computer systems across health agencies are being used as effectively as they can be?

HSCB Response

HSCB, including the 5 Hampshire Clinical Commissioning Groups (CCGs) recognise the need to ensure that there are systems and processes in place that safeguard children and young

people when health is the only agency working with the child or young person. The CCGs also promote the concept that safeguarding children is everyone's responsibility and ensure that this concept is adopted by the providers of the services they commission.

As the Findings highlight, the issues around coordination of health services and a lack of a central health computer system are national issues and outside of the sole control of HSCB or the agencies in Hampshire. The Independent Chair will write to the Department for Health to highlight the learning from this review and ask them to consider how communication across health agencies could be improved.

The Board is aware that the 5 Hampshire CCGs have safeguarding adults and children's standards that are included within all contracts of services commissioned to include services from the independent sector. The CCGs also work closely with the Local Authority as commissioners of universal services for children requiring health visiting and school nursing services. These contracts require health providers to communicate in a timely and effective manner with a child's parents/carers, their GP and with other healthcare providers involved, such as health visiting, school nursing, CAMHS and out of hours primary care services, where appropriate. CCGs will monitor these standards through standard processes such as "Clinical Quality Review Meetings" (CQRMs).

Across Hampshire, GP practices maintain continuity of health records for children and carers, receiving correspondence from other health organisations involved in a child or family's care. In this way they are a central point for collation of health information, as well as information from other agencies that may be involved with a child or family. This provides the opportunity for practices to identify risks to vulnerable children.

Although GPs may not be best placed to coordinate the work of different health services, they are required by the CCGs to have in place a meeting to discuss their vulnerable patients. This is usually led by their child safeguarding lead and attended by health visitors, school nurses, community midwives, district nurses, the "Macmillan" team and community matrons where appropriate, to discuss children and families where increasing vulnerabilities have been identified. This is more important for children and young people where health is the only agency working with the child.

The Board has asked the CCGs to continue to work with all GP practices to ensure that they have regular meetings to discuss vulnerable children, young adults and adults with the relevant health professionals. The CCGs will also strengthen and ensure the following:

Empowerment of patients:

- GP practices will encourage their patients to request other health services always communicate with their GP.*

Identification of vulnerabilities:

- *When GP practices receive correspondence from other health providers a READ code is generated on the child's record to provide an alert concerning vulnerabilities in relation to the child and parents/carers where appropriate.*
- *GP practice record systems will be designed to provide a means of alerting practitioners when adults with vulnerabilities are carers of children. They will also ensure they have an effective policy for adults who do not attend, and children who are not brought to appointments.*
- *All GP practices will have regular meetings, with the relevant health care professionals, to discuss children and families where increasing vulnerabilities have been identified.*
- *All other health providers will recognise the need to communicate effectively with GP practices and we will be requesting guidelines/KPIs from health providers of the services we commission on their ability to communicate in an effective and timely manner with GPs in primary care and involve the CCGs in improving these if needed.*
- *All health providers will have a system in place to identify children and young people requiring extra support.*

Governance & scrutiny:

- *These systems will be monitored by the designated professionals and the named GPs for safeguarding and looked after children on behalf of the 5 Hampshire CCGs.*
- *In addition to the governance structure within the 5 Hampshire CCGs, addition scrutiny for effective safeguarding of children and young people will be monitored through the Hampshire Safeguarding Children's Board health subgroup, which is chaired by the deputy director for NHS England (NHS England South, Wessex).*