

Serious Case Reviews

Action Plan for Gloucestershire Partnership NHS Foundation Trust

Recommendation of SCR	Context of Recommendation	Progress to date	Outcomes required to meet the recommendation
<p>1. The use of Strategy meetings (discussions) to discuss children/families where there are safeguarding concerns.</p>	<p>All three of the SCRs identified that several meetings were held when there were concerns about the children. These were variously referred to as 'professional' meetings, 'multi agency' meetings or 'multi professional' meetings. However the status of these meetings, who was invited and the outcomes were not always clear.</p> <p>Strategy Discussions are part of the Child Protection procedures. Their purpose is to decide on a multi agency basis, whether a child protection enquiry should be held (under section 47 of Children Act 1989)</p>	<p>Gloucestershire Safeguarding Children Board have produced information on Strategy discussions in the form of an alert (May 2007). This has been cascaded to all staff in the trust via global email</p> <p>During mandatory training the process is explained and the importance of participation stated. The handout includes information on strategy discussions.</p> <p>In child protection supervision, when asked for advice, requesting a strategy discussion is an option explored if appropriate and support to do this given if necessary.</p>	<p>All GPT staff must participate in strategy discussions when there are concerns about children, even when the clinician is working with the adult in the family. Information disclosed should be in accordance with the Information Flow Chart (attached) and the safeguarding of children should be central to this.</p> <p>Following referral, if a member of staff disagrees with Social Care's decision not to consider it a child protection concern, then a strategy discussion should be requested. If this request is declined then the member of staff should contact Gloucestershire Safeguarding Children Service (GSCS).</p>

	through a core assessment, whether emergency action to protect a child is necessary and whether a child protection conference is required. The discussion should take place within 7 working days of receipt of the written referral.		
2. When children are the subject of concerns, greater effort should be made to ensure that the children are seen on their own, even when there is no legal right to so do, in order to ascertain their own view of their circumstances. Parental refusal should form the basis of any assessment risk.	One of the SCRs identified that only one of the four children being treated within GPT was given the opportunity to speak without the carer being present. Several attempts were made to involve other professionals within the CAMHS team, which might have allowed opportunities to disclose abuse, but appointments were declined by the carer.	The need to consider any children in a family, even when working only with the adults is embedded into the mandatory training. The SCR is used as an example of the importance giving children opportunities to speak without parents being present. The Crossing Bridges Training has been reviewed. The course focuses on the interface between child care workers and adult mental health workers.	CAMHS staff and those working with children and young people with learning disabilities should, where possible, ascertain the views of the children and young people they are working with. Staff working with adults should always consider the impact of parental mental health, substance misuse or learning disability on any children and where possible, facilitate opportunities for children to speak alone. Any concerns regarding the safeguarding of children should lead to a Welfare Concern being logged.
3. When there are identified multiple health needs for children, then a Health lead professional should be allocated to monitor	Poor communication between professionals was identified in each of the SCRs.	A Working Group has been established including representatives from the three trusts. (first meeting 20 th December 2007). The health lead person will be seen within the context of the Lead	All GPFT staff will have an understanding of both the role of the health lead professional and the Lead Professional as identified in Every Child

<p>and, if necessary, coordinate medical interventions, note any failed appointments, and if appropriate, establish clinical review meetings.</p> <p>3a.Professionals and families need to understand who is the lead professional in the absence of Social care. In all complex cases a lead professional should be appointed and even in a case where there is single agency involvement and several professionals in contact with the family a lead professional should be appointed for that agency. All relevant information should be collated by the lead professional and disseminated to all other involved agencies.</p>	<p>In two of the SCRs there were a number of health professionals involved with the families, but no one person with an overview of who was seeing the family, any DNAs etc</p>	<p>Professional role as identified in the Every Child Matters agenda</p>	<p>Matters. They will fully participate in information sharing, contribute to any multi agency discussions and undertake this role if appropriate</p>
<p>4.All records should contain a brief, up to date chronology of significant events and interventions regarding the family</p> <p>4a.Chronologies need to</p>	<p>“The absence of a clear chronology on all case files meant it was difficult for professionals to identify significant and recurring causes for concern.”</p>	<p>All care groups within the Trust have a blue chronology of risk sheet stored behind the red divider in the file.</p> <p>The importance of using these sheets is emphasised during mandatory training. Staff who ring for advice are reminded to</p>	<p>All GPFT staff will understand and acknowledge the importance of keeping an up to date chronology of risk sheet.</p> <p>Anyone who has concerns regarding the safeguarding of</p>

<p>reflect a complete picture of agency intervention over time to help make sense of and analyse repeat patterns of referrals and escalating concerns. Such chronologies should be collated through the lead professional.</p>		<p>record their concerns and any action taken on the chronology of risk sheet.</p> <p>An audit of case files in the five CAMHS teams was completed in December 2006 followed by record keeping training to all CAMHS staff in June 2007.</p> <p>An audit of case files throughout the Trust is planned for January/ February 2008 to monitor the use of chronology of risk sheets.</p>	<p>any children, should record these briefly, with any action taken, on the sheet.</p>
<p>5.When a child is not attending school and there is a diagnosis of ADHD or other similar behavioural condition requiring medication, then there must be a source of secondary impartial information to verify that diagnosis</p>	<p>The children who were the subject of one of the SCRs were all educated at home therefore, except in the case of one child who briefly attended a playgroup) there was no corroborative information available to support the carer's concerns and description of behaviours</p>	<p>During 2004 the Gloucestershire Health Community issued shared care guidelines relating to the diagnosis and treatment of ADHD. ".....there must be clear evidence of clinically significant impairment in social or academic functioning; some impairment is present in two or more settings (usually at home and at school)....."</p> <p>The Guidelines also clearly set out the aspects of care for which the hospital, GP and the patient or parent/guardian are responsible for.</p>	<p>All GPFT staff who are responsible for diagnosing ADHD or other similar behavioural condition requiring medication must adhere to the <i>Gloucestershire health Community Methylphenidate Shared Care Guidelines (2004)</i></p>
<p>6.Consideration should always be given to inviting key professionals working with adults in the family to both Child Protection Conferences and to</p>	<p>The parents of children in two of the SCRs were using GPFT's Countywide Substance Misuse Service. (CSMS)</p> <p>Professionals from CSMS</p>	<p>The necessity of GPFT staff attending conferences and reviews is reinforced during training and through supervision.</p> <p>Support to write conference reports and attend conferences is offered to staff by the Named Nurse.</p>	<p>All GPFT staff have a responsibility to attend Child Protection Conferences, Strategy Discussions and Reviews when invited.</p> <p>If attendance is impossible, a</p>

Children in Need Reviews and agencies should amend their procedures to reflect this	were not always present at meetings, reviews and conferences. However it was not always clear whether anyone had been invited or if they had been and did not attend.	An information pack is being devised for use by GPFT staff working with adults, specifically relating to child protection conferences. The pack will include an assessment to help identify the impact of parental mental health on children and a template for writing a conference report.	report should be written and shared with parents at least 48 hours before the conference. A copy should be sent to the Safeguarding Children Service prior to the conference.
7. Training should adequately address issues in relation to achieving the balance between working positively with parents while at the same time ensuring the protection of the child and delivering child protection plans remains the focus of attention	All three SCRs highlighted an imbalance between consideration of the parent's needs and, in two cases, a failure to challenge religious beliefs, in order to maintain positive working relationships with the parent possible risk to the children.	<p>Lessons learned from the three SCRs are embedded into the mandatory training. Achieving a balance between the parent's needs and the safety of the children is highlighted.</p> <p>An information pack is being devised for use by GPFT staff working with adults, specifically relating to child protection conferences. The pack will include an assessment to help identify the impact of parental mental health on children and a template for writing a conference report.</p> <p>The Crossing Bridges Training has been reviewed. The course focuses on the interface between child care workers and adult mental health workers.</p>	In accordance with <i>Working Together to Safeguard Children (DfES 2006)</i> mental health practitioners should routinely record details of patient's responsibilities in relation to children, and consider the support needs of patients who are parents and of their children, in all aspects of their work, using the Care Programme Approach
8. Where a decision is made that the threshold for Social Care intervention is not being met following referral, this needs to be : Communicated clearly in writing and; The referrer should	Two of the SCRs identified the need for strategy discussions rather than professional; interagency'; multi agency meetings where the status of the meeting was not always known and	<p>The child protection referral procedures are referred to in depth during Mandatory training. This includes discussion regarding the use of strategy discussions.</p> <p>A GSCB Alert explaining the use of strategy discussions has been</p>	All GPFT staff will follow up any referral they make to Social Care concerning the safety of a child /children if an acknowledgement has been not received within three working days. (<i>Working Together to Safeguard</i>

<p>consider a co-ordinated multi agency or single agency response without Social care involvement.</p> <p>8a.Clear protocols should be developed and agreed by GSCB detailing the thresholds that once met would automatically trigger a strategy discussion to decide whether the case should be managed under section 17 of the Children Act or section 47.</p>	<p>information not always pulled together in a rigorous manner.</p> <p>The Police and Probation are always invited to strategy discussions and in one of the SCRs would have given greater weight to the family history possibly raising the threshold of concern quicker than it was.</p>	<p>disseminated to all GPFT staff via global email.</p>	<p><i>Children. DfES 2006).</i></p> <p>As part of the initial assessment process if there are welfare concerns, a strategy discussion should take place to include the referrer and any other professionals working with the family. All GPFT staff must attend or contribute to a strategy discussion concerning the family they are working with.</p> <p>Following referral, if a member of staff disagrees with Social Care's decision not to consider it a child protection concern, then a strategy discussion should be requested. If this request is declined then the member of staff should contact Gloucestershire Safeguarding Children Service (GSCS).</p>
<p>9.An audit of clinical records should be undertaken within CAMHS to ensure that staff are adhering to <i>Gloucestershire Partnership NHS Trust Health and Social Care Records Policy and Procedures(2003)</i></p>	<p>One of the SCRs highlighted poor record keeping within CAMHS</p>	<p>A record keeping audit was completed across all five CAMHS teams in Sept/October 2006 which identified poor record keeping practices. From this audit, several recommendations were made including Record Keeping training which all staff attended in June/July 2007. The audit will be repeated in January 2008.</p>	<p>All GPFT staff will maintain their clinical records in accordance with <i>Gloucestershire Partnership NHS Trust Health and Social Care Records Policy and Procedures(2003)</i></p>

<p>10. Consideration should be given as to how the outcomes from SCRs are disseminated to front line staff and included in future training programmes.</p>		<p>There have been a number of multi agency workshops around the county to disseminate the recommendations and lessons learned from SCRs. All staff in GPFT were informed of these workshops and many attended.</p> <p>Outcomes and recommendations from past and recent, national and local SCRs are referred to during mandatory training.</p> <p>The Named Doctor and Nurse and Child Protection Link Persons for each care group have disseminated the recommendations of the three local SCRs to staff in GPFT via staff meetings.</p>	<p>All GPFT staff will understand the purpose of a Serious Case Review and have received feedback of outcomes from the three recent SCRs.</p>
<p>11. All Health professionals should be reminded of the need to maintain legible records which should include negative contacts i.e. unsuccessful visits or telephone calls not answered</p>	<p>There were several examples where recorded notes were unable to be read due to poor handwriting. Patterns of missed appointments and unsuccessful telephone contacts were only identified retrospectively in all three SCRs.</p>	<p>All care groups within the Trust have a blue chronology of risk sheet stored behind the red divider in the file.</p> <p>The importance of using these sheets to record DNAs as well as concerns is emphasised during mandatory training. An audit of case files throughout the Trust is planned for Jan/ Feb 2008 to monitor the use of chronology of risk sheets. An audit of case files throughout the Trust is planned for January/ February 2008 to monitor the use of chronology of risk sheets.</p>	<p>All GPFT staff will maintain their clinical records in accordance with <i>Gloucestershire Partnership NHS Trust Health and Social Care Records Policy and Procedures(2003)</i></p>