Making the case in safeguarding: Enhancing safe practice at the interface between hospital services and children's social care (2012-2013)

If we reflect on the high-profile cases of children such as Peter Connelly (Baby P), Victoria Climbie and Kyra Ishaq and her siblings, it is striking that they all had involvement with paediatric services, emergency departments, or had episodes as inpatients and outpatients within district general hospitals. Children with disabilities and developmental disorders, mental health needs and children experiencing neglect, are also at increased risk of abuse and much more likely to be known to secondary health care. Paediatric services are universal, but are not accessed universally.

The interface with paediatrics is a useful place to start to identify the most vulnerable children. Hospital contacts can provide opportunities to assess and act whilst the children are in a safe place. Yet, systems are not working consistently to that effect.

The aim of this research project is to develop a tool-kit of transferable methods, based on clinician-led innovation in one hospital (Pennine Acute Trust), extending and adapting extant PSF tools. The aims of the tool-kit is to help foster a safeguarding culture within the hospital environment that will detect children at risk of abuse and devise appropriate protective actions before discharge, typically involving other agencies.

Our research will, through careful inter-agency follow-up, rigorously appraise hit, false positive and miss rates, enabling 'signal detection' performance to be robustly appraised.An action research methodology will be followed, with three main phases. Current design work on the tool-kit will be completed in Pennine, using user-centred methods, including interview, observation and design workshops. Evaluation will then be carried out, focused on the quality of decision-making regarding safeguarding. This will involve an analysis of complaints to help to detect any increase in false-positives, and follow up with external agencies (e.g. GP and statutory children's services).

The third phase will comprise an evaluation of the transferability of the tool-kit, by implementation in new sites, namely particular clinical settings within Birmingham Heartlands and Solihull Trust and Birmingham Children's Hospital, both of which have recently experienced adverse incidents in children's safeguarding.

Consultations with clinicians and managers in the new sites will take place, to adapt the tool-kit, which will then be implemented in specific sites and evaluated. Further redesign work to produce a robust and portable 'transition package' will then be carried out, which will assist any hospital seeking to adopt the approach.

Further information

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