APPENDIX THREE

Individual Management Review Recommendations

West Midlands Police

1. Ensure that all parties to MADAT review current procedures and practice and implement all necessary changes to ensure the MADAT conforms to the agreed Barnados Screening Tool model.

2. West Midlands Police, Public Protection Headquarters Staff will undertake a review of screening processes to identify a corporate approach which will satisfy the needs of both the police and partners by adopting standard operating principles across the force. This review will include consistency of intelligence checks, joint screening agendas and processes to enable proper monitoring, tracking of referrals and a procedure to escalate an item to more senior staff or managers.

3. To ensure that whenever children are present during a domestic abuse incident or are resident in the household, Police officers carry out appropriate checks, both physical and intelligence, to ensure those children are safe and well. They must obtain details of all adults forming a part of the household in whatever capacity, whether permanent or temporary.

4. To ensure that learning from this IMR is made available to all officers and staff and that this leads to improved safeguarding practice. West Midlands Police will produce a suitable distance learning product which clearly explains the responsibility of officers to not only ensure that children are “Safe and Well” but to address the impact of domestic abuse on those children’s emotional wellbeing and development.

5. West Midlands Police will identify the key letters sent out by PPU’s in response to domestic abuse and joint screening and provide staff with a database of letters translated into the most widely spoken languages across the region.

6. The phrase “contact and monitor” which is used by the Coventry MADAT team will cease to be used because it does not accurately reflect actual practice. A more appropriate term will be adopted.

Coventry PCT / Coventry and Rugby CCG
Note from the 1st April 2013 the PCT is no longer a Statutory Body. The statutory responsibility is undertaken by NHS England, area team, the CCG and Public Health within the Local Authority.

1. The PCT/CCG should review the current contract for the health visiting services to ensure it delivers its service according to the Health Child programme in line with the trajectory of increased health visiting capacity.

2. The PCT should through its Quality Review Arrangements ensure that all providers have a robust process in place for the receipt of and action on domestic violence notifications. In particular that the 'Nurse Advisor for Domestic Violence and Abuse' service is providing timely information to Health Visitors, School Nurses, Midwives and GPs.
   In addition a review of how information from domestic violence screening process is shared with GP's should be undertaken and process developed to ensure relevant information is shared

3. Discussions should take place between the PCT and CWPT with the aim of establishment of regular meetings between a member of the Health Visiting team and the GP practice as a forum for discussing vulnerable families.

4. The PCT should ensure that it is assured that the walk in centre includes a requirement to routinely notify attendance of children to GP and to notify health visiting or school nursing of any concerns and record the name and relationship of the person attending with the child

Coventry City Council Children Learning & Young People's Directorate
Schools and Academies

1. Head teachers should ensure that school staff including attendance officer, learning mentor, SENCo and senior management within school should meet twice per term to discuss children with a number of different concerns, particularly those children who are not the subject of an open common assessment framework intervention, have difficulties with attendance, where English is a second language or where there are special educational needs.

Children and Families First Service

2. The head of the education welfare service should ensure that supervision arrangements for staff include checking records for, and the discussion of previous attendance history or family difficulties such as domestic violence.

Schools and Academies

3. Head teachers should ensure that school records are checked and all information is passed to children's social care when the school is contacted in relation to a child or family assessment.

4. Head teachers should ensure that, within the context of existing procedures, the views and feelings of all children are always ascertained and where English is an additional language, particularly for very young children, using the translation service if necessary

5. Head teachers should put in place procedures to log formally all contact with parents and external agencies and any logs should be kept on the child's confidential file. This should include written logs of any meeting arranged with parents and any follow work needed as a result or if the meeting is rearranged

6. Head teachers should put in place procedures to ensure Contact with external services such as health services are always formally logged by the school and letters of concern sent directly to the appropriate professionals and not via the parent.

Children's Social Care

7. A second tier officer in liaison with senior police colleagues should ensure that an effective screening system for domestic violence notifications is in place and appropriately resourced which provides weekly referrals into the RAS. Management information should be generated from this system and provided to the senior management team for information and action as necessary.

8. A quality audit of newly commenced core assessments should be undertaken by officers no lower than third tier to determine if the inadequacy of the assessments found in this case are systemic. The results should be reported into the senior management team for information and action where necessary

9. A quality audit tool should be put in place by service managers to provide a quality exemplar for team managers to use in their supervision of staff undertaking Initial and core assessments.

10. A review of the overall current workload of the referral and assessment service should take place, headed by a senior manager. The review should address the overall capacity of the service against current demand and ensure that any resource/demand mismatch is addressed

GP's/Coventry and Rugby CCG

1. Coventry and Rugby CCG safeguarding lead to work with other health services, social care and police leads to develop a system whereby GPs receive information on domestic violence.

2. GPs to use the recommended READ codes for child safeguarding to alert other Health professionals of their concerns.

3. GPs to have robust systems in place to alert other relevant Health professionals, across the health economy, when safeguarding children concerns are identified.
i.e. Community Midwife, Health Visitor, School Nurse or other known to be involved with the child e.g. Community Mental Health Nurse). GPs to have regular meetings with their named Health visitor in the practice so that concerns can be raised.

Coventry and Warwickshire NHS Partnership Trust

1. All relevant services within CWPT to be reminded of Coventry Safeguarding Board Children's Social Care Thresholds and Practice Standards and to revisit this document.

2. To review the Guidance for Health Visitors, School Nurses and other Health Professionals on receipt of West Midlands Police Violence Information this should include all;
- Children present at the incident and those who live within the house hold and that information is contained within
- All of these children records
- Clarification of MARAC process across Coventry and Warwickshire and Professional; Domestic Abuse. The role of the Named Nurse.

3. Baseline height and weight assessments to be completed when working with a child with feeding/eating difficulties e.g. height and weight, child protection concerns. This is especially important when a child is referred onto another practitioner when these measurements can be used as comparators, for example in the outpatient setting

4. At the point of transfer of records from health visiting to school nursing service when a child has needs or there are professional concerns there should be a face to face contact between professionals. The transfer summary form should also be completed.

5. Health staff explore with social care where cases are closed where health continue to have safeguarding concerns. Professional to escalate these concerns as per escalation policy where agreement and resolution can not found.

6. All relevant staff within CWPT to learn from lessons from this SCR

University Hospitals Coventry and Warwickshire NHS Trust

1. Maternity have specific guidance for managing domestic violence and abuse in pregnancy and in the postnatal period, this requires updating and should be expanded to incorporate guidance for referral into adult safeguarding services.

2. Maternity managers and matrons should be supported to develop expertise around the impact of domestic violence and abuse whether this is suspected or disclosed. This will enable them to provide safeguarding supervision for midwives working with families where concerns have not yet reached the threshold for child protection referral and to facilitate effective decision making in relation to assessing thresholds of needs.

3. A report or discharge summary should be written contemporaneously after an admission of a child with an injury which is initially suspected to be non-accidental in nature, if the admission leads to discussions with Social Care or the Police

4. When there is an injury requiring joint paediatric and orthopaedic care, the paediatrician and orthopaedic surgeon should jointly review the child and discuss the injury, looking at the X Rays and digital photographs together. This review should be documented in the medical records.

5. Emergency department processes for routine questioning around domestic violence and abuse and the recording of this data should be embedded. The safeguarding adult lead intends to undertake an audit within the emergency department during June 2012 to test whether standard domestic violence and abuse identifying questions are being consistently asked. The report from this audit should be presented at safeguarding vulnerable adult and children committee and should inform the work plan of this committee