

Health services

Single Agency Plan to achieve our priorities around Neglect

Our Priorities



PRIORITY 1 Children and their families are at the centre of our work, we ask questions to understand their lived experience and how the parents/carers are ensuring that the children's needs are being met.

PRIORITY 2 Increase awareness, knowledge, understanding and recognition of all forms of neglect.

PRIORITY 3 Deliver effective response and support to all forms of neglect in partnership with all agencies across Surrey.

PRIORITY 4 Ensuring that the partnership provide the right support at the earliest opportunity and put families first.

PRIORITY 5 Improve how we evidence the impact of support and monitor long-term outcomes for children and young people.



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These actions will be reviewed on a quarterly basis to ensure we achieve our priorities. A data report will be used to track quantitative progress.

A REDUCTION IN:	KEY ACTIONS
number of children not being brought to health appointments.	Was not brought policy in place ; safeguarding supervision for those children who miss appointments / do not engage with services ; use of chronologies to identify patterns of non-engagement ; engage with families to support them to attend appointments / understand the importance
number of 0-5 years not meeting their developmental milestones.	Advice on child development at universal contacts; HV advice line for parents / carers, baby massage Perinatal infant mental health service. Development reviews offered at 8-10 mth and 27 mths. Targeted for those families who are receiving additional services. Face to face for 27 mths reviews. Follow up review if needed, packages of care to families who need additional support by community nursery nurses, referred to specialist services if required. Promotion of attending

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	social groups and nursery. Liaison with nursery where necessary. Community health early support service- support families early to embed strategies that will help their child's development and support them emotionally around any concerns that they may have regarding their own or families' wellbeing.
number of accidents requiring medical attention.	Accident prevention advice is shared at each of the developmental reviews; quarterly accident prevention promotion across clinics and public areas; sharing of information from the Child Accident prevention trust – promotion of seasonal campaigns ; Information sharing forms from unscheduled attendances shared with the community children services teams who triage and according to need follow up; access using charities to safety equipment such as stair gates; relevant learning from rapid reviews is shared where accidents have resulted in serious harm

AN INCREASE IN:	KEY ACTIONS
number of families who are engaged in targeted support.	identify those who would benefit from targeted support from health needs assessments; Consent for any referrals to other services , practitioners being aware of continuum of support ; practitioners being aware of what support / services are available ; practitioners working with families to get them to engage
number of pre-birth assessments completed before 34 weeks' gestation.	Targeted antenatal visits are completed at 28 weeks gestation if unborn is subject to CP/ CIN plan. Liaison between maternity services and HV teams to share information re vulnerable women
number of GCP2 contributed to and/or completed.	GCP2 champions and facilitator within the sg team; attendance at multi agency GCP2 champion and leads meeting meetings to promote the use of; prompts included in supervision templates ; standing item on meeting agendas; Hv liaise with SW to contribute to GCP2; neglect training delivered in house/ access to external training

IMPACT

Agencies to provide details of the impact and evidence on a quarterly basis.

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We are working with our informatics team to look at how we can evidence through data plus will include anonymised clinical case studies to demonstrate