



Issued: 21 October 2011

Child protection vacancies in the NHS rising fast

Child protection and services for children in care in the health service are suffering due to rising vacancy rates, a survey of child protection experts finds today. The vacancies occur in posts specifically designed to help health services and local authorities to work together to keep children safe and to make sure that children in care have access to health services.

The survey of the Chairs of Local Safeguarding Children Boards, tasked with overseeing child protection arrangements in a local area, found that vacancy rates have risen dramatically since 2009, and that:

- More than one in ten safeguarding nurse (11%) and doctor posts (14%) were vacant in 2011;
- More than one in five posts (22%) dedicated to children in care were vacant in 2011.
- These figures represent dramatic rises since 2009 when the figures were 5%, 3.8% and 19% respectively.

The survey also found that:

- 27% of responding LSCBs had one or more vacancies. This compares to 17% in 2009.
- One in three (33%) of respondents thought that increased vacancies had reduced the effectiveness of the advice given by the health professionals.

The survey, undertaken at a time of change in the health service, also asked LCSB chairs about how designated safeguarding leads should be commissioned in the future to make sure that children are safe.

- 57% of respondents thought that the roles should be commissioned by the new Health and Wellbeing Boards so that they had an overview of local circumstances and priorities.
- 24% reported that structural change in the health service had reduced the influence that these professionals had on decision making in the health service.

Commenting on the findings, Matt Dunkley, President of the Association of Directors of Children's Services, who commissioned the survey, said:

“This survey shows that, despite many Primary Care Trusts saying that safeguarding is a priority, posts are still going unfilled, leaving health commissioners with no-one to turn for advice about keeping children safe. In other areas, professionals do not have enough time to dedicate to child protection and are being asked to undertake other roles, such as safeguarding adults, as well.”

“As commissioning responsibilities in the health service change, it is important that there is a clear responsibility for retaining these roles. They must continue to have the access and influence that they need to put child protection at the heart of every contract and every service. Given much of the commissioning will be done locally, there is a strong argument for transferring this responsibility to the new Health and Wellbeing Boards, where designated safeguarding professionals can continue to play a strong role in building partnerships with the local authority.”

ENDS

For more information, please contact Rebecca Godar,

Notes to editors:

1) The survey, commissioned by the Association of Directors of Children’s Services, was sent to the chair of every Local Safeguarding Children Board. The full report is available at:
<http://www.adcs.org.uk/download/misc/ADCS%20LSCB%20safeguarding%20lead%20report.pdf>

- 2) Designated Safeguarding Professionals include doctors and nurses appointed by the Primary Care Trust to oversee the child protection work of health services in the local areas. Designated Looked After Children Professionals perform a similar role for children in care, ensuring that they have access to a GP and a dentist as well as more specialist health services.
- 3) Local Safeguarding Children Boards are bodies in each local authority area overseeing how public agencies work together to keep children safe. They were established by the Children Act 2004. Designated professionals provide advice to the LSCB on safeguarding children in the health service.
- 4) The Association of Directors of Children’s Services Ltd is the professional leadership organisation for Directors of Children’s Services and their senior management teams.