

## DERBY SAFEGUARDING CHILDREN BOARD - REVIEW OF HARINGEY JOINT AREA REVIEW FINDINGS

No	Haringey JAR Para	Issue	Action
1	11,15 52	<p>Frontline capacity and caseloads</p> <ul style="list-style-type: none"> <li>• Social work and Family Support caseloads range roughly from 16 to 25 children (taking no account of complexity). The position is adversely affected by vacancies and sickness – remedial measures have been taken but this remains a concern. If the vacancy position were better, social work caseloads would be running at around 18 overall</li> <li>• Complexity and numbers are rising, with additional impact of the Integrated Children's System (ICS – the electronic social care recording system) and Public Law Outline.</li> <li>• Effective prevention also requires more multi-agency networking</li> <li>• Minimum statutory requirements are not enough in themselves – the quality ultimately depends on effective action</li> <li>• NI59 Initial assessments carried out within 7 working days of referral – performance in January 09 was at 63.1% completed within the target 7 days and at 59.3% for the year to the end of quarter 3, against a year end target of 70%</li> <li>• Reception staff have a large backlog of inactive cases that need recording on ICS</li> <li>• NI60 Core assessments carried out within 35 working days of their commencement – 80.1% completed in January 09 and 79.5% for the year to the end of quarter 3, against a year end target of 88%.</li> <li>• Health visiting is an important way of supporting families</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risks have been assessed to inform budget pressures and 2009-10 DCC budget includes funding to replace part of the time 'lost' to frontline social work through the use of ICS and to support the management costs of the continuing Locality 1 trailblazer</li> <li>▪ In the meantime some funding has been secured from Extended Services grant to increase social care time in reception</li> <li>▪ It should be noted that neither of the above will completely make up for the time now spent on case administration and will not affect caseloads. Risk assessment will continue to inform staff deployment</li> <li>▪ Continue to promote multi-agency working through the locality arrangements</li> <li>▪ Promote the case for national investment in social care services</li> <li>▪ Continue to make the case about the problems with the ICS to the Department for Children Schools and Families</li> <li>▪ Performance has been considered at a DCC performance surgery in December and will be kept under review</li> <li>▪ NHS Derby City (the PCT) is identifying new ways of working to address the shortage of health visitors through the use of a skills mix and lead health worker model. Team leaders have been appointed to support teams</li> </ul>

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		<p>and monitoring safeguarding and capacity is also stretched (a national problem)</p> <ul style="list-style-type: none"> <li>The volume and complexity of work renders it difficult to provide newly qualified workers with a protected probationary period. This is an issue for various agencies in the partnership.</li> </ul> <p>Capacity at all levels</p> <ul style="list-style-type: none"> <li>There has been no additional investment in social work capacity (Children in need/child protection) over the last 9 years. Prevention is a high partnership priority, but budgets for family support services have been used to meet departmental pressures to fund independent fostering placements</li> <li>The recent re-organisation has placed further pressures on the service both in terms of capacity and increased demand. Demand has increased for a range of reasons including; greater accessibility; improved prevention services identifying need; need rising generally</li> <li>Capacity is adversely affected by ICS – workers repeatedly reporting they have less time to spend with children</li> <li>Where there are performance issues, the procedures are very demanding of the time of managers</li> <li>There is evidence that national concerns arising from Haringey and some other LAs have significantly impacted on pressures across the partnership, with an increase in contacts.</li> </ul>	<p>around allocations and case management. Extra support is being offered from the PCT Safeguarding Children Service.</p>
<b>Practice</b>			
2	13	<p>Thresholds for intervention</p> <ul style="list-style-type: none"> <li>Work has been done on thresholds with a comparator authority and this needs to be reviewed from time to time</li> <li>Latest events will impact on thresholds</li> </ul>	<ul style="list-style-type: none"> <li>Funding for a multi-agency case audit programme to be pursued through the Regional Improvement and Efficiency Partnership. This would assist the LSCB in</li> </ul>

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		<ul style="list-style-type: none"> <li>Locality structure is supporting ongoing discussion about thresholds at practice level. The structural moves we have taken support the thresholds work already completed</li> <li>Evaluation of Locality 1 shows positive impact of co-location.</li> </ul>	<p>thresholds work</p> <ul style="list-style-type: none"> <li>Work on thresholds across the four tiers of prevention/intervention as a whole, not just for child protection, needs to be ongoing, with challenge of decisions. This will aid the targeting of prevention services. A continued drive around the implementation of integrated processes will support this.</li> </ul>
3	14	<p>Lack of written response to referrers</p> <ul style="list-style-type: none"> <li>Practice is patchy in this area. It had been hoped that the move to taking non-urgent work directly into localities would help but demand has risen, affecting capacity.</li> </ul>	<p>Prioritise this administrative process for improvement, whilst recognising the priority to frontline response. The shared responsibility for follow up, including on those who refer, needs to be emphasised.</p>
4	16	<p>File audits</p> <ul style="list-style-type: none"> <li>Health carry out audits. In social care, ADs and HoS do file audits and the HoS reports to the Social Care core group – nominally twice yearly</li> <li>Capacity to do audits is affected – not all ADs and HoS manage to fulfil their auditing duties.</li> </ul>	<ul style="list-style-type: none"> <li>Commitment to audit is high, but the amount and quality of auditing we are actually doing needs to be tracked more regularly</li> <li>The judgement of quality needs to be a consistent aspect of middle and senior managers' roles.</li> </ul> <p>(Multi-agency audits are referred to below)</p>
5	17,18	<p>Quality assurance of files (including chronologies).</p>	<p>More work is needed to support social care staff to draw up chronologies and to use them effectively – the same applies to service plans as opposed to assessments.</p>
6	16	<p>The nature of supervision for staff</p> <ul style="list-style-type: none"> <li>Supervision arrangements for social care staff are robust and sessions are recorded. Formal sessions are supplemented with informal consultation</li> <li>Supervision gives insufficient time to analysis and reflection, in addition to monitoring processes</li> <li>This issue also affects partner agencies, but in different ways and degrees, because of different governance.</li> </ul>	<p>Whilst maintaining a robust approach to performance management, staff need to be</p> <ul style="list-style-type: none"> <li>empowered to be reflective and analytical and also to address the emotional demands</li> <li>helped to balance 'social policing' and 'helping' roles</li> </ul> <p>Observed/monitored supervision and peer supervision may be helpful strategies</p>

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			Work is in hand through the Quality Assurance Group to establish the minimum standard in relation to child protection.
7	19,31	The need for CYP to be seen alone as part of an assessment, or an explanation given why not, and also to be consulted on the Child Protection Plan.	This should be regarded as a mandatory requirement. Where children are not seen alone the rationale must be recorded.
8	20	<p>Delayed distribution of minutes/plans.</p> <ul style="list-style-type: none"> <li>This hinders the practice of the 'team around the child' and inhibits partners taking on the role of Lead Professional</li> <li>The need for translation/interpretation also presents barriers.</li> </ul>	<ul style="list-style-type: none"> <li>This is due to capacity issues, including the adverse impact of ICS (the electronic social care record). The DCC budget for 2009-10 includes provision to replace some capacity as a result of this</li> <li>Explore options for translation/interpretation</li> <li>Explore potential for technological solutions to sharing casework information across agencies</li> </ul>
9	21	<p>Taking proper account of previous issues facing a child (avoiding 'start again' syndrome)</p> <ul style="list-style-type: none"> <li>This is at least variable.</li> </ul>	As a result of the thresholds exercise the need for more focused, time limited service plans was agreed. Chronologies support child focused work and need to be improved. The point about assisting staff out of the 'helping role' applies here too.
10	22	Are health assessments in sufficient depth?	A Serious Case Review is currently being carried out and the health assessments in primary, community and secondary care settings will form part of this review.
11		Should there be a 'lead GP' on the DSCB/Stay Safe Group?	Attempts to recruit have been made, so far without success, but will continue.
12	23	<p>Police referrals arising from domestic violence incidents need to be more specific to impact on children.</p> <ul style="list-style-type: none"> <li>The large number of referrals is an issue.</li> </ul>	A protocol between the Police, Health agencies and CYP Social Care will come to the DSCB following review.
13	24	Implementation issues for the Common Assessment Framework (and the associated Lead Professional role)	Further work is needed as part of CAF development for the partners to progress from

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			seeing CAF as a means to get a response from social care to seeing it as a tool to support asking the broad question 'how is this child and how might we help early on?'. In addition this will support further analysis of referrals, re-referrals etc.
14	25	<p>The need in some cases for the wider involvement of agencies in strategy discussions/meetings</p> <ul style="list-style-type: none"> <li>• The DSCB has agreed that meetings involving agencies additional to police and social care – notably teachers and nurses - will improve practice, but capacity hinders this</li> <li>• Overall, we have strong dialogue with partner agencies, even though there are some specific issues noted elsewhere.</li> </ul>	Continue to roll out locality working as, apart from previously unknown and urgent cases, it will be easier to bring a team together; indeed one may already be in place.
15	26	<p>Police thresholds for investigation</p> <ul style="list-style-type: none"> <li>• There are issues of thresholds <i>and</i> capacity in all probability.</li> </ul>	There is some scope for review of thresholds
16	29	The information available to A&E (and other health settings) on whether a child has a CP Plan (through contact with social care services).	<ul style="list-style-type: none"> <li>• The effectiveness of communication channels needs to be ensured and used. The Southern Derbyshire Liaison Group exists as a positive forum for exploring issues</li> <li>• Contactpoint development is on track and will support this communication.</li> </ul>
17	30	<p>Quality and use of Child Protection Plans</p> <ul style="list-style-type: none"> <li>• CP plans are now better and used more effectively</li> <li>• Transfer of information for siblings and into the child protection plan is not possible with ICS</li> <li>• NI64 Child Protection Plans lasting 2 years or more - 19% at the last reporting period (Dec 08) against a year end target of 8%.</li> </ul>	<ul style="list-style-type: none"> <li>• Government have been lobbied by both the London and East Midlands DCSs about the problems with ICS</li> <li>• Of 130 children whose child protection plans had ended by the end of December 2008, 25 children had been subject to a plan for more than 2 years, this remains a low number, and the safeguarding needs of children will continue to be the prime consideration.</li> </ul>
18	32	Core Group attendance and meeting content	The notable improvements seen in Locality One

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		<ul style="list-style-type: none"> <li>These have improved, with a better structure.</li> </ul>	<p>should be reflected as practice develops in other localities, though full integration will not be possible in the medium term due to resourcing. Administrative support to core groups for children have a CP plan will be explored.</p>
19	33	<p>Independent Reviewing Officer input to Foster Carer reviews</p> <ul style="list-style-type: none"> <li>Social workers (for the child) have been invited to contribute and complete end of placement reports.</li> </ul>	<ul style="list-style-type: none"> <li>Social workers for children in care must also always see children alone and away from the foster home at regular intervals</li> <li>Robust feedback to be pursued from social workers responsible for children placed.</li> </ul>
20	36, 40, 41	<p>How the DSCB, senior managers and inter-agency meetings challenge and assure themselves of the quality of front-line practice and impact on cases.</p> <ul style="list-style-type: none"> <li>A DSCB performance management framework is firmly in place, supplemented by Ofsted inspections and internal audit</li> <li>As part of this, the Board receives reports on the implementation of the business plan, including performance indicators and the impact of policies is regularly considered in DSCB meetings</li> <li>There is a strong structure of sub-groups as part of the DSCB, including the Stay Safe outcome group and the Quality Assurance group</li> <li>The Board continues to be concerned about how, as a primarily strategic body, it can gain sufficient re-assurance about practice at the frontline.</li> </ul>	<ul style="list-style-type: none"> <li>A development session in March will again address this issue</li> <li>Consider the feasibility of multi-agency audit through a regular audit team or alternatively, auditing by Child Protection Managers</li> <li>The DSCB will consider commissioning a small scale audit of 6-12 randomly selected cases by an independent auditor. This would need to be taken into account in the LSCB budget and partner contributions</li> <li>Explore the possibilities of peer auditing in both localities and specialist services</li> <li>Allocate time to the management observation of practice</li> <li>Promote the use of the 'so what' question on receipt of reports on file audits</li> <li>Explore use of questionnaires for staff training events</li> <li>Quality Assurance Group to explore discussion with core group members at the point of ceasing the child protection plan, or in 'stuck cases', about what went well/wrong. Feed findings into the Board.</li> </ul>

21	26,37	The balance of business carried out in the DSCB and its sub-groups, and communication between them.	The Board could helpfully receive reports to help review progress against the CYP Plan and/or receive exception reports The scheduled development session for the DSCB will consider appropriate levels of reassurance and methods of quality assurance about frontline practice.
22	38	The relationship between the work of the DSCB and the CYP Plan.	The DSCB needs to ensure that it examines broad strategic issues within the context of the CYP Plan.
23	39, 40, 54 – 57	Matters for inclusion in the Workforce Development Plan: <ul style="list-style-type: none"> <li>• Safeguarding - in particular there is a need for training for court processes as this tends to become too management focused</li> <li>• Additional training for managers to enhance the quality of supervision. This would help with the challenge of frontline practice and requires the shift we are all trying to make from reactive to reflective practice</li> <li>• The need to bring a multi-agency dimension to training in specific agencies/teams (e.g. schools)</li> <li>• Spreading knowledge, expertise and confidence to reduce the dependence on managers, including on the child protection managers as sources of expertise</li> <li>• Extending the 'social policing' element of visiting by all agencies. This can helpfully be linked to the adult safeguarding agenda.</li> </ul>	<ul style="list-style-type: none"> <li>• Work is in hand on the further development of our workforce development plan and this will be given a due focus</li> <li>• The changes to service arrangements that we are making appear to be helping with approaches to supervision but this needs to develop further</li> <li>• Reinforce induction processes</li> <li>• The safeguarding leadership and management course includes supervision issues and will be rolled out in due course</li> <li>• Explore ways of increasing the reduced training capacity</li> <li>• Make wider use of action learning approaches (tested in Locality 1) in team meetings</li> <li>• Improve recording systems so that partner agencies have assurance that they are achieving the right levels of training for the right staff and can engage in outcome evaluations effectively.</li> </ul>
24	39	Briefing/training for Elected Members and wider officer group	<ul style="list-style-type: none"> <li>• Training/briefing opportunities to be provided for elected members on the Council's safeguarding responsibilities and the work of the DSCB</li> </ul>

			<ul style="list-style-type: none"> <li>Develop the role of the Children and Young People's Commission in scrutinising safeguarding matters.</li> </ul>
25	39,49	CRB checks for Elected Members. Members are subject to CRB for visits to residential homes.	The requirements of the new Independent Safeguarding Authority are expected to include the checking of Lead and other Members
26		The appointment of an independent LSCB Chair. Some LSCBs have an independent chair whilst others are chaired by the DCS, as in Derby. The advantage of an independent chair is that s/he is seen to be independent of the agencies that hold safeguarding responsibilities. Where it is a DCS, s/he can ensure coherence across the Children's Trust arrangements, exercising the leadership role across all five outcomes. Lord Laming's review will no doubt make recommendations on this matter.	<p>Subject to the outcomes of the Laming review and further consideration by the DSCB:</p> <ul style="list-style-type: none"> <li>Draft a job description for an independent chair</li> <li>Identify the budget requirement and partner contributions</li> <li>Carry out the recruitment process</li> </ul>
27	45	Safeguarding audits and performance management systems in partner agencies.	<ul style="list-style-type: none"> <li>See Health community paper</li> <li>DSCB to consider reports on arrangement in individual agencies..</li> </ul>
28	43	Recommendations arising from the DCC internal audit on the conduct of corporate safeguarding responsibilities. This audited progress in implementing a consistent system in relation to child protection procedures and policies across Council departments.	Follow up to the internal audit is in hand.
29	44	Closure of dormant cases Also the review of longstanding cases	<ul style="list-style-type: none"> <li>Analyse the time taken to close cases as part of file audit processes</li> <li>Agree a protocol for closure</li> <li>Set clear criteria for referral of long-standing cases for review by Board nominees where there is a difference of view that has not been resolved by the child protection conference process.</li> </ul>
30	46	Communication of organisational learning The network of groups constituting the Derby Safeguarding Children Board arrangements and the work of the policy officer currently provide an effective means of sharing	<p>Ensure that</p> <ul style="list-style-type: none"> <li>communication channels are kept under review and improved where necessary</li> <li>workforce development responds effectively</li> </ul>



		information and learning, but in a complex partnership and environment it is important to keep this under review.	to new knowledge and developments.
31		Transfer of cases from one team/service to another It is felt we generally do this well and we are very responsible about inter-authority transfer. We do take the view (sometimes to our own cost) that the child comes first and arguments will be resolved later.	<ul style="list-style-type: none"> <li>• Monitor transfer as part of file audits</li> <li>• Promote ADCS and DCSF leadership on responsibility for cross-boundary cases.</li> </ul>
32	53	The impact of the Integrated Children's System (the electronic social care record) on front-line capacity. This is a national initiative that is seriously affecting frontline capacity. Collectively the DCSs from the East Midlands and from London have lobbied the DCSF about its shortcomings and it will require national resolution. In the meantime, it reduces the time available for casework with vulnerable children.	<ul style="list-style-type: none"> <li>• Continue making the case for improvements to this initiative</li> <li>• Consider non-compliance with the scheme if changes are not made and casework continues to suffer</li> <li>• Budget proposals for 2009-10 include funding to try to make up the shortfall in capacity caused by the system.</li> </ul>
<b>Additional Items</b>			•
33		Child Protection Co-ordinator role in schools.	Reinforce and support the role
34		Response to schools. This needs to be continually strengthened and schools also need to be supported to discharge their responsibilities - the school's role is critical. This is about both the response <u>to</u> schools and the response <u>of</u> schools.	<ul style="list-style-type: none"> <li>• Engage the Heads' Reference Group representatives in looking at existing practice, celebrating some excellent practice and looking at the barriers and how they might be overcome</li> <li>• Pursue the engagement of school child protection coordinators in training</li> </ul>
35		<ul style="list-style-type: none"> <li>• Common Assessment Framework (and Lead Professional role) - development/use.</li> </ul>	<p>Explore the possibilities of:</p> <ul style="list-style-type: none"> <li>• more investment by all partners development</li> <li>• a CAF lead / co-ordinator per locality in order to maintain and grow the limited CAF support.</li> <li>• Develop the LP role in agencies to change the default position that it should be adopted by social care staff</li> </ul>
36		Links to housing.	Develop links at strategic and operational levels to ensure they are strengthened and more consistent

37		<p>The role of the frontline social worker. This has become highly unattractive, morale is low and this needs to be addressed. This is a national issue involving:</p> <ul style="list-style-type: none"> <li>• Pay and conditions</li> <li>• Caseloads</li> <li>• Workforce development, incl initial training and induction, with levels of investment that reflect what has happened in schools through the TDA. Initial training of social workers is broad, but pays insufficient attention to Child Development and Forensic Aspects of Social Work. Competency based teaching is felt to be over-reliant on the completion of tick boxes, rather than teaching students to think critically and analyse. This is now reinforced by ICS</li> <li>• Opportunities to do developmental work</li> <li>• Public perception.</li> </ul>	<ul style="list-style-type: none"> <li>▪ DSCB to ensure that the case is made to the new Social Work Taskforce set up by the Government.</li> <li>▪ The challenge and support to frontline teams and managers needs to be carefully balanced.</li> </ul>
38		<p>Performance management culture – eg PAF - has tended to emphasise the importance of reducing the number of children in need of a Protection Plan and In Care, during the last decade. There is a sense of thresholds being defined to fit in with performance indicators, rather than systematically being based on evidence based decision - making. Performance management is vital but some of the indicators do not serve children well.</p>	<p>DSCB to ensure that performance indicators are used within a wider context of quality assurance.</p>