

CHILDREN'S CHAMPIONS BOARD

Tuesday, 21 July 2009

10.00 am

**Seminar Lecture Theatre, Sessions House, County
Hall, Maidstone**





AGENDA

CHILDREN'S CHAMPIONS BOARD

Tuesday, 21 July 2009 at 10.00 am
Seminar Lecture Theatre, Sessions
House, County Hall, Maidstone

Ask for: **Theresa Grayell**
Telephone: **01622 694277**

Tea/Coffee will be available 15 minutes before the meeting.

Membership (8)

Conservative (7): Mrs A D Allen (Chairman), Mrs P Cole, Mr G Cooke,
Mrs V J Dagger, Mr L B Ridings and Mrs J Whittle and one vacancy

Liberal Democrat (1): Mr M J Vye

UNRESTRICTED ITEMS

(During these items the meeting is likely to be open to the public)

A. BOARD BUSINESS

- A1 Substitutes
- A2 Election of Vice-Chairman
- A3 Declarations of Members' Interest relating to items on today's agenda
- A4 Minutes of the Board Meeting held on 12 February 2009, and an extract from the Minutes of the Board Meeting held on 20 May 2009 (Pages 1 - 10)
- A5 Dates of Board Meetings for 2009 and 2010

The Board is asked to note that the following dates in 2009 and 2010 have been reserved for its regular meetings, to consider the subjects shown:

Wednesday 23 September 2009 (Child Protection)
Wednesday 2 December 2009 (Looked After Children)

Wednesday 10 March 2010 (Child Protection)
Wednesday 19 May 2010 (Looked After Children)
Wednesday 15 September 2010 (Child Protection)
Wednesday 1 December 2010 (Looked After Children)

All meetings will start at 2.00 pm at County Hall.

A date for a meeting to consider phase 3 of the 'Protecting Children in Kent' Review will be announced separately.

A6 Chairman's Announcements

B. ITEMS FOR CONSIDERATION

B1 Protecting Children in Kent (Pages 11 - 62)

EXEMPT ITEMS

(At the time of preparing the agenda there were no exempt items. During any such items which may arise the meeting is likely NOT to be open to the public)

Peter Sass
Head of Democratic Services and Local Leadership
(01622) 694002

Monday, 13 July 2009

Please note that any background documents referred to in the accompanying papers maybe inspected by arrangement with the officer responsible for preparing the relevant report.

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Council Chamber, Sessions House, County Hall, Maidstone on Thursday, 12 February 2009.

PRESENT: Mrs A D Allen (Chairman), Mr M J Vye (Vice-Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Mr I T N Jones, DL, Dr T R Robinson and Mr J D Simmonds

ALSO PRESENT: Mr P B Carter, Mr L Christie, Ms C J Cribbon, Mr A D Crowther, Mr D S Daley, Mrs T Dean, Dr M R Eddy, Mr M J Harrison, Mr P M Hill, OBE, Mr D A Hirst, Mrs S V Hohler, Mr A J King, MBE, Mr S J G Koowaree, Mr P W A Lake, Mrs J Law, Mr T A Maddison, Mrs M Newell, Mr W V Newman, DL, Mr M J Northey, Mr G Rowe, Ms B J Simpson, Mrs P A V Stockell, Mr R Tolputt and Mr F Wood-Brignall

IN ATTENDANCE: Mr M Ayre (Senior Policy Manager), Mr P Thomason (Independent Child Protection Consultant), Dr I Craig (Interim Joint Managing Director, CFE), Mr K Abbott (Interim Joint Managing Directors, CFE), Mr B Anderson (Director Children's Social Services), Miss T Grayell (Democratic Services Officer) and Miss J Purvis (Improvement & Engagement Officer)

UNRESTRICTED ITEMS

23. Chairman's Announcements

(Item A3)

(1) The Chairman welcomed all those Members who had attended in response the Board's invitation and thanked them for taking the time to discuss this vitally important issue.

(2) She explained that the report was Phase 1 of three phases of a major review of Children's Safeguarding issues commissioned by the County Council.

24. Protecting Children in Kent

(Item B1)

(1) Mr Ayre and Mr Thomason introduced the report and presented a series of slides (*which are appended to these Minutes*) setting out the key findings of Phase 1 of the review. With Dr Craig and Mr Anderson, they answered a number of factual questions from Members about the findings of the review and its recommendations, and responded to Members' concerns. Mr Ayre emphasised that the Board was not required to agree the recommendations at today's meeting. There was general cross-party support for the robust and thorough report that had been produced, and Members added their thanks and congratulations to the review team.

(2) In discussion, and in officers' responses to questions put by Members, the following points were highlighted:-

- (a) Questions asked of Children's Social Work teams had been based on the issues covered by the Haringey Joint Area Review (JAR). Questionnaires had been sent to 52 members of staff, with 34 responses having been received - a response rate of 65%. Staff chosen to receive the questionnaires were Team Leaders, District Managers and Heads of Service;
- (b) Findings arising from the questionnaire had confirmed information identified in the Haringey JAR. Key issues were staff shortage and increased case loads, delays in giving written acknowledgement of referrals and allocating cases, leaving Managers holding cases. However, Mr Thomason and Mr Ayre emphasised that they had found professionalism, compassion and much excellent practice in the work of social work teams, including the following:-
 - (i) Most children in care had an allocated social worker;
 - (ii) An initial meeting with a child always happened within the prescribed time span;
 - (iii) No child with a child protection plan (CPP) was without an allocated social worker;
 - (iv) Case files were very comprehensive; and
 - (v) There was much good practice in multi-agency working
- (c) Findings presented in the slides had been identified by looking at five serious case reviews (SCRs) of very complex cases and 14 cases from the ICS. At the end of December 2008, there had been some 1052 CPP cases in Kent;
- (d) Case loads changed frequently and it was not possible to identify an ideal case load size. Even for some experienced social workers, two child protection cases going on at once could be too much to handle. Child protection cases were allocated to a team manager before being allocated to a social worker, but team managers would not normally hold such cases. The Haringey JAR had highlighted case load size as an issue and Kent's review had found that case load monitoring and management was done very well;
- (e) The Integrated Children's System (ICS) was a problem shared by many other local authorities, and Directors of Children's Services in the South East and London Boroughs were working together to lobby the Secretary of State to delay further development of it until some consolidation of the system could be done. A task force had been set up by the Secretary of State to look into this;
- (f) Potential benefits of the ICS included freeing up qualified social workers from time spent inputting information, but dis-benefits included administrative staff having to put on hold other admin work to do the inputting. Change to the inputting regime would need to be both managed and gradual. The Cabinet Member reported having found out that social work staff spent 20% of their time inputting information on the ICS;

- (g) The ISC had been intended as a work aid, and staff had tried very hard to make it work. However, some fundamental problems, such as an incompatibility between the court proceedings data base and the ICS, had been identified. The ICS had been developed rapidly while funding was available. It was not possible to scrap the system but it would need to be consolidated and progress made very carefully. Three relatively minor problems areas - the nature of the forms, hardware and software - when added together made a major problem. When the system worked it worked very well, but the problems still persisted. Many staff responding to the questionnaire felt that case recording had become more difficult and time consuming since the introduction of the ICS. The review had identified the quality of file recording as very good;
- (h) The appointment of the Area Consultant Practitioner (ACP) post in recommendation 4 would cost some £60-70,000 per year, per children's social services area, of which there were three - East, Mid and West Kent;
- (i) Recommendation 5 proposed a Senior Consultant Practitioner (SCP) /Head of Profession post reporting to the Chief Executive rather than to the Managing Director of CFE, as social work professionals were not just employed in Children's Social Services but in Adult Social Services, drugs teams and others. This was intended to support the key professional role of social workers and had been welcomed by the Head of Children's Services;
- (j) The practice audit proposed in Recommendation 6 was intended to demonstrate to the public that Kent had a systematic way to police its own work, and should increase public confidence;
- (k) Vacancy rates in social work teams were volatile and changed often from district to district in Kent and varied over time between local authorities. Only one district in Kent had a 24% vacancy rate. Nationally, one in 17 social work posts was currently vacant. Vacancy rates were calculated by using a formula (*the number of vacancies in qualified social work posts in full-time equivalent form in the funded establishment, expressed as a percentage of the total number of posts*), although the definition of what constituted a vacancy changed over time. An increase in the vacancy rate in Kent had been steady and was not dramatic;
- (l) The additional £1.5m allocated to Kent from the Government would be spent on supporting and resourcing social work posts to reflect the increase in demand caused by an increase in CPP cases. The total fund allocated would cover and support 40 social work posts;
- (m) Courses offered by universities needed to train and equip new social workers fully for the realities of social work. Newly-qualified social workers had a protected case load for their first year and extra training, ensuring that they were armed with practical knowledge to be able to identify physical symptoms of abuse and how deal with them;
- (n) Phase 2 of the review would be concerned with partnership working, and the review team had recently met with the Kent Safeguarding Children Board (KSCB) to discuss the approach to be taken;

- (o) Long term neglect was as damaging to a child as physical abuse, and was a very difficult issue to work with. Social workers needed objective, expert supervision to avoid becoming numbed to the effects of neglect cases. Sadly, there were some neglect cases being reviewed by the KSCB, and the outcome of these cases was never predictable. Haringey JAR had said that local authorities needed to be more robust in conducting SCR, although the quality of Kent's SCR process had been identified as good;
 - (p) When a CP case file was to be closed, this would not a decision just for social services but would be subject to multi-agency discussion, and any ongoing monitoring of the child's case, once closed, would be shared between agencies. The decision in 2007 to cut admin staff was being reviewed in the light of the ongoing problems experienced with the ICS;
 - (q) A Member who served on an adoption panel pointed out that some 98% of case coming to adoption panels involved drugs and alcohol issues, yet the Kent Drug and Alcohol Action Team (KDAAT) was not referred to in adoption papers. The KSCB was soon to look at improving links between agencies and would address this issue;
 - (r) Mr Ayre confirmed that the legal responsibility for the County Council's child protection function rested with the "Director of Children's Services" (in Kent, the Managing Director of CFE) and "The Lead Member for Children's Services" (in Kent, The Cabinet Member) and the Chief Executive;
 - (s) Lessons learnt in the review of child safeguarding could be used in the safeguarding of adults. Work by the University of Kent at Canterbury and Kent Adult Social Services had identified that adult protection, although not a statutory function, carried the same risks and shared some of the same issues as child protection; and
 - (t) Mr Abbott reassured Members that savings identified in this year's budget from vacancy management did not include keeping unfilled any social work or social work support staff posts.
- (3) In discussion, Members expressed the following concerns *(listed in order of the recommendations they relate to)*:-
- (a) Recommendation 1: Members were concerned about the size of the sample which had been used for the review. What was needed was a complete audit of all cases.
 - (b) Recommendations 2 and 3: Members expressed disappointment at the persistent and ongoing problems experienced with the Government imposed ICS system, despite much effort from officers to make the system work.
 - (c) Recommendation 4: Members asked to be given evidential proof of the effectiveness of the proposed Area Consultant Practitioner post.
 - (d) Recommendation 5: Members expressed concern about the Senior Consultant Practitioner/Head of Profession post reporting direct to the Chief Executive.

This post should report direct to the Managing Director of CFE, as the proposed arrangement would undermine the role of the Managing Director of CFE, which had been dictated by the report which followed the Climbié investigation.

- (e) Recommendation 7: The new Managing Director of CFE would need to have the opportunity to give a view on this recommendation and the discussions with the universities.
- (f) The Board would need to meet in private later to explore the issue and question the Cabinet Member more closely.
- (g) Members expressed concern about the independence of the review team and the fact that no non-social services person was involved. Mr Ayre explained that the team had been chosen to be independent of the line management of both CFE and Children's Social Services.

(4) Mr Carter congratulated the review team on a clear and concise report and said Kent should not let anything get in the way of reaching a conclusion. The new Managing Director of CFE has been appointed today and would be key to taking forward the issues raised in the review report. Mr Carter said he particularly supported recommendation 4 of the review report, which would provide a champion for the professional development needs of social work staff across all disciplines. He stated his intention to make a report to Cabinet to take forward the recommendations in the report.

(5) The Cabinet Member, Mr Ridings, also congratulated and thanked the review team for the report, which, he said, was rational, objective and professional. He hoped that all Members would be able to support it. He confirmed that the Directors of Children's Services and Kent Adult Social Services and the Cabinet Members for Adults and Children would meet to discuss how best to co-ordinate adult and child protection issues.

(6) In conclusion, Members expressed a need for more information on some issues and be able to come to a formal view before submitting a report to Cabinet, and asked that their comments, reservations and concerns be fully reported in the Minutes of the meeting, which would be sent to Cabinet. There was still much work to do before the Board could report to Cabinet with any recommendations.

(7) RESOLVED that:-

- (a) the report be noted and welcomed, and the review team be and thanked for it;
- (b) the Minutes of this meeting, setting out the comments, reservations and concerns set out in paragraph (3) above, be considered at the Board's next regular meeting on 11 March 2009, and the information requested during discussion be made available for that meeting;
- (c) Phase 2 of the review go ahead in the meantime; and

- (d) the Board submit its views to the Cabinet at a future date when it had been able to see more information requested and assess the outcomes of Phase 2 of the review.

KENT COUNTY COUNCIL

CHILDREN'S CHAMPIONS BOARD

MINUTES of a meeting of the Children's Champions Board held in the Swale 1, Sessions House, County Hall, Maidstone on Wednesday, 20 May 2009.

PRESENT: Mrs A D Allen (Chairman), Mrs C Angell, Mr J Curwood, Mrs V J Dagger, Mr I T N Jones, DL, Dr T R Robinson and Mr A D Crowther (Substitute for Mr J D Simmonds)

ALSO PRESENT: Mr L B Ridings

IN ATTENDANCE: Mrs K Weiss (Head of Policy & Performance), Mr P Brightwell (Policy & Performance Manager - Looked After Children), Mrs J Doherty (Policy Manager) and Miss T Grayell (Democratic Services Officer)

UNRESTRICTED ITEMS

32. Oral Update - Progress of the Protecting Children in Kent Review (Item B1)

Mr M Ayre, Review Lead, and Mr P Thomason, Independent Child Protection Consultant, were in attendance for this item at the request of the Board.

(1) Mr Ayre and Mr Thomason updated Members on developments since the 12 February meeting, at which the Board had considered the findings of Phase 1 of the review, and set out the plans for Phases 2 and 3. Several major events had happened since 12 February to keep the issue in public focus:- the publication of Lord Laming's report and the Government's response to it, the conviction of Baby Peter's killers and the initial report of the Social Work Task Force.

(2) Mr Ayre and Mr Thomason then updated Members on the progress on each of the seven recommendations arising from Phase 1. Key points arising from the update, and given by Mr Ayre, Mr Thomason and Mrs Weiss in response to questions from Members, were as follows:-

- a) Mr Thomason gave a summary of the findings of the extended case audit undertaken, arising from recommendation 1, and explained that a fuller account would be included at the meeting on 21 July;
- b) 52 cases had been reviewed. These had been chosen from across the county and included cases from disability teams. More than half of these cases related to children of pre-school age;

- c) To gain comprehensive information, it had been necessary to use written files as well as the Integrated Children's System (ICS);
- d) All cases reviewed were considered to be safely managed, with child protection conferences and core group meetings taking place within the stipulated time scales and being recorded properly, and child protection plans being in place and monitored properly;
- e) There was some evidence that difficulties with the ICS had hampered the recording and co-ordination of information. Recording standards had dropped, hence the need for paper recording as well as using technology;
- f) Some delays had been experienced in transferring cases from duty to an allocated social worker. Ideally, there would be no delay in transferring, but Members were assured that, where delay occurred, it did not compromise the safety of any child. Managing the transfer well was more important than managing it quickly. If a transfer could not be effected within a few days, a child would always be visited, and the school kept informed, in the interim period;
- g) Recommendations 2 and 3: Mrs Weiss's team had done much work on the problems experienced with the ICS, and this work had been invaluable in contributing to the Government's response to the ICS problems;
- h) Recommendation 4: Practice Development Officers were now part of the general growth in children's social work arising from the £2.5 million government investment. This investment had funded the appointment of 33 new social workers and 11 new social work assistants;
- i) Recommendation 5: The proposed Head of Social Work for Kent had no national precedent and had proved controversial, with much concern being expressed by both Members and officers. A very slow and cautious approach to this issue had been adopted;
- j) Recommendation 6: A paper setting out a proposed practice audit had been sent to Board Members as an information item at the same time as the agenda for today's meeting; and
- k) Recommendation 7: Discussions with the universities – Canterbury Christ Church University and the University of Kent at Canterbury – were well under way and the approach was being welcomed by the universities.

(3) Phase 2 of the review will be considered at another special meeting of the Children's Champions Board, to which all County Council Members will be invited, on 21 July 2009. This will cover inter-agency working and will be prepared jointly with the Kent Safeguarding Children Board (KSCB). All safeguarding agencies are required to complete a self-audit by 26 June, and the initial results of this would be available on 21 July. Mrs C Angell asked that the report on Phase 2 of the review include specific mention of the relationship between the County Council and Health in respect of the Health Visitor service, and also mention of the role of Police and the voluntary sector.

(4) Phase 3 of the Review will be reported to another special meeting of the Board in early Autumn. This will cover the development of national policy on child protection since Lord Laming's report on the Victoria Climbié case and will include the government's response to Lord Laming's second report.

(5) RESOLVED that the information given in response to Members' questions be noted, with thanks, and the progress made be welcomed.

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By: Peter Gilroy, Chief Executive
To: Children's Champions Board – 21 July 2009
Subject **Protecting Children in Kent**

Classification: Unrestricted

Ref.

Summary: The report sets out the findings from the staff self-assessment questionnaire and the extended child protection plan case-file audit, in the context of wider national policy developments since the meeting on 12 February 2009.

FOR DECISION

Introduction

1. The report marks the second stage of the review of child protection services in Kent, commissioned of the Chief Executive by the County Council at its meeting on 11 December 2008. This was prompted by the publication in November 2008 of the urgent Joint Area Review following the Baby Peter case in Haringey. This, in turn, had prompted the Secretary of State for Children, Families & Schools to instruct all councils with children's social care responsibilities to undertake their own quality-assurance audits, with an emphasis, as he put it, on "getting behind the headlines of performance monitoring data".
2. The first stage of the review was reported to Members at the special meeting of the Children's Champions Board on 12 February 2009. The key findings of that review were:
 - a. sound professional practice in Children's Social Services, with appropriate child protection plans in place, demonstrating satisfactory risk-assessment and multi-disciplinary and inter-agency working;
 - b. Children's Social Services learns from and applies the lessons from Serious Case Reviews (SCRs);
 - c. the effectiveness of professional competence of frontline staff was blunted by caseloads (in some teams) but particularly by the recording requirements of the Integrated Children System (ICS) and also from more onerous requirements as a result of changes, from April 2008, associated with court proceedings;
 - d. Children's Social Services can be deemed as complying with the recommendations of the Climbie Inquiry, save for some specific identified exceptions, which are not of themselves indicative of unsafe practices.

3. These findings were based on the small number of cases which were audited by the Review Team – that is to say, the few cases in Kent that met the criteria set by the County Council in its resolution on 11 December 2008. Those early findings were also based on the preliminary results of a questionnaire designed to ask the same questions as the urgent Joint Area Review in Haringey. The questionnaire was completed in late January/early February by a cross-section of professional, supervisory and managerial staff in Children Social Services.
4. The Review Team were invited to give an oral update to the Children's Champions Board on 20 May 2009. At that meeting Members were informed of the progress that the Senior Management Team of Children, Families & Education and senior managers and staff in Children Social Services have already made on taking forward the recommendations from the initial report, particularly with regard to the Integrated Children's System and deployment of support staff, as well as giving a verbal 'work-in-progress' report on the extended case-file audit.
5. At the meeting on 20 May, Members were also given an initial analysis of the self-assessment questionnaire results. In terms of providing further assurance, it is intended that this analysis will be presented again, for the benefit of all those attending the special meeting on 21 July. These findings have been discussed with and 'reality checked' with a staff focus group and with the Senior Management Team for Children's Social Services. The key findings of that analysis are set out in Appendices 1 and 1a to this report. The findings from the self-assessment questionnaire-based survey are consistent with the preliminary findings reported in February and also bear a strong correlation with the review team's findings from the extended case audit.
6. It was envisaged that this second phase of the review would focus on the extended case-file audit, recommended and agreed in February 2009, together with working jointly with the Kent Safeguarding Children Board, on an examination of the effectiveness of interagency safeguarding arrangements. The first strand of that work, namely the extended case audit, comprises the key outcome of this second phase and is the main focus of the meeting on 21 July. Appendix 2 sets out in detail the findings and conclusions of the extended case-file audit and will be the subject of a presentation at the meeting on 21 July.
7. **The overall conclusion of the extended case-file audit is that children in the cases under review are being adequately protected.** Taken together with the earlier audit work and the analysis of the self-assessment questionnaire, a strong assurance can be given that Children Social Services is 'on top' of its child protection responsibilities, notwithstanding the pressures identified

in the earlier report indicating little or no 'slack' in the system and the areas for improvement identified through the audit.

8. However, whilst information has now been collected from all agencies represented on the Safeguarding Board, insufficient progress has been made thus far on the analysis of inter-agency effectiveness work to be able to report on it substantively at this point. A third stage to this review has always been intended and consideration of the inter-agency work will now have to be incorporated into that third phase.
9. In terms of the actions already being taken by the Children, Families & Education Senior Management Team and Children Social Services since the February report on additional posts, managing vacancies and workload pressures, the actions are noted and welcomed but it is too early to report on their impact. These too will be reported in the third phase.

The national policy context

10. Much has happened on the national stage since the special meeting of the Children's Champions Board in February 2009. Members will of course be aware of the continuing developments in the Baby Peter case in Haringey – the prosecution, conviction and sentencing of the mother, her partner and their lodger, and the partner's further conviction for a serious sexual assault on a 2 year old girl.
11. The most recent Ofsted-led progress report on Haringey, at the beginning of July, indicates limited progress in correcting the systemic and practice failings identified in the 2008 Joint Area Review. These very specific events have ensured that child protection remains very much in the public eye.
12. Lord Laming was invited in November 2008 to undertake a national review of progress on implementation of the recommendations of the Climbié Inquiry that he had chaired in 2003. His report was published on 12 March, accompanied on the same date by a Statement to the House of Commons by the Secretary of State giving in principle agreement to the reports findings and the 58 recommendations it set out for action.
13. The formal Government response to Lord Laming's report was subsequently published on 6 May, setting out a detailed action plan and timetable for implementation. The Government response and action plan wholly endorses Lord Laming's recommendations, with the singular exception of the recommendation for Government to ring-fence budgets to ensure that the needs of all children in need can be met. Instead, whilst the narrative of the response is silent

on the specifics of the recommendation, the Government has committed itself in the Action Plan to “further discussion”.

14. Many of the actions relate to the Department of Children, Schools & Families issuing revised *Working Together* guidance, following consultation, on important matters to do with the accountability and governance arrangements of Local Children Safeguarding Boards and Children’s Trusts; the conduct of Serious Case Reviews; the focus of local Children & Young People’s Plans. Some of the draft guidance is now coming out for consultation but it is too soon to usefully comment until it is possible to have an overview of the entire package of proposed changes. Further information on Lord Laming’s report and the Government response can be found in the agenda papers for the Children’s Champions Board on 20 May.
15. The Review Team, from the outset, has worked on the basis that whilst systems and processes play an important role, the best safeguards for the protection of vulnerable children rely on having skilled, qualified and confident social workers and others, equipped with sound professional skills in direct intervention with families, risk-assessment and risk-management, supported by their supervisors and managers, and able to make inherently difficult judgements in sometimes stressful situations, each of which is unique.
16. So, whilst there is little with which one can take exception in the recommendations and the action plans to deliver them, opinion remains divided as to whether they, as a package, strike the right balance of measures, appropriately calibrated to the different stakeholders, and that they will strengthen capacity and capability at the point where professional staff are intervening directly in the families and lives of vulnerable children.
17. Also on 6 May, the Social Work Task Force published an initial report which gives a clear set of messages about the pivotal role played by social work professionals in protecting vulnerable children, calling for greater political and public support for the profession and for urgent steps to be taken to free up practitioners from what it refers to as “bureaucracy”, a reference to the unintentional but adverse impacts of rolling out nationally a fundamentally flawed Integrated Childrens System.
18. It is a credit to staff in Children Social Services and the Children, Families & Education Directorate that, even before this call from the Task Force was made public, they had already taken significant steps locally to mitigate the worst defects of ICS in a measured and managed way. It is also a credit to the Secretary of State that the Government has accepted the underlying messages about the system’s manifest flaws and substantially varied its earlier policy position on rolling-out ICS.

Recommendation to Children, Families and Schools

19. *One very specific finding in respect of Children's Social Services has emerged from the work of the Review Team since the earlier special meeting of the Children's Champions Board in February – the strong correlation between the quality of supervision and the quality of social work practice. This is not specific to Kent and is a key message in research published by the Department for Children, Schools & Families in June 2009 into the findings of 350 SCRs conducted in the period 2005-07.*
20. *The two key recommendations the Review Team makes are:*
- *CSS undertakes work to review its supervision policy and where necessary strengthen it;*
 - *the additional investment in staffing takes account of the need to make high-quality task-focussed and reflective supervision consistently available to front-line staff.*

Recommendations to Children's Champions Board

21. Members are asked to:-
- (a) NOTE the contents of this report and in particular the findings of the staff survey and extended case-file audit;
 - (b) ENDORSE the recommendation set out in paragraph 20 above;
 - (c) NOTE that a further special meeting of the Board will be arranged for the Autumn to report back on further national developments and their possible impacts on local safeguarding arrangements and on the findings of the work to assess the effectiveness of local interagency safeguarding arrangements.

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KENT SAFEGUARDING REVIEW 2009

PHASE I

**ANALYSIS OF RESPONSES TO
SAFEGUARDING QUESTIONNAIRE**

Introduction

1. Following the death of Baby P, a Joint Area Review (JAR) of Haringey's children's safeguarding services was completed in November 2008 which identified serious shortcomings. These were summarised in a letter from Ed Balls, Secretary of State for Children, Schools and Families, to all Directors of Children's Services on 1 December 2008.
2. The JAR identified the following concerns:
 - Weakness in safeguarding and child protection procedures and practice
 - Inadequate leadership and management of safeguarding by local authority and partner agencies
 - Poor gathering, recording and sharing of information
 - Failure to identify those children and young people at immediate risk of harm
 - Poor child protection plans
 - Agencies generally working in isolation from one another and without any effective co-ordination
 - Failure to consult with children in some cases and where a child has not been seen alone, limited evidence of addressing the reasons for this and enabling the child's voice to be heard
 - Inadequate serious case review of the death of Baby P
3. The Secretary of State requested all children's services authorities to review their own safeguarding practices and to take action to remedy any similar, or newly identified shortcomings. As part of a comprehensive review of Children's Social Services (CSS) and inter-agency safeguarding practice in Kent, a questionnaire based on the findings of the Haringey JAR was sent to all CSS teams.¹ The responses to the questionnaire are reported and analysed in this report.

Findings

4. The questionnaire asked for 48 points to be considered. These points were linked to specific findings in the Haringey Joint Area Review. In general, the responses indicated that most elements of the CSS child protection process are considered safe or that action is currently being taken where the need for development or improvement has been identified.

¹ The questionnaire is contained in Appendix A of this report.

5. In some instances, responses indicate that certain elements of the child protection process are in need of attention, although this should not be read as saying that they are unsafe.
6. The questionnaire sought to establish the views of managers and practitioners on the following areas of practice:
 - Identifying and responding to safeguarding concerns (Questions 1 – 6)
 - Quality of recording and assessment (Questions 7 – 17)
 - Effectiveness of inter-agency co-ordination (Questions 18 – 26)
 - Service management (Question 27)
 - Performance management (Questions 28 – 37)
 - Workforce development and recruitment (Questions 38 – 46)
 - The Integrated Children’s System (ICS) for computerised case recording and management
7. Details of the responses to each question together with illustrative comments from respondents are contained in Appendix B of this report.

Identifying and responding to safeguarding concerns

8. Responses to the questions dealing with this aspect of safeguarding indicate the following positives:
 - Thresholds are clear (Question 1)
 - Gathering information is generally satisfactory (Question 2)
 - Cases are almost always allocated to a qualified social worker (Question 5)
 - Electronic allocation is normally only done after discussion with the identified social worker (Question 6)
9. Responses indicated that improvements are required in the following elements of safeguarding:
 - Referrers are not often given written notification of action taken in response to the referral (Question 3)
 - Cases are often allocated to team managers pending allocation to a social worker (Question 4)

Quality of recording and assessment

10. Responses to the questions dealing with this aspect of safeguarding indicate the following positives:

- Children are seen and spoken to (Question 12)
- Managers address reasons when children are not seen alone (Question 13)
- The quality of care planning and assessment is satisfactory (Question 15)
- Account is taken of historical concerns (Question 16)
- Information from other agencies is used in assessments (Question 17)

11. Responses indicated that improvements are required in the following elements of safeguarding:

- Case file recording is not considered satisfactory (Question 7)
- Management oversight and decision-making is not sufficiently evident from records (Question 8)
- Evidence of thorough, analytical, and reflective supervision is not evident from records (Question 9)
- Files are not as well organised as they should be (Question 10)
- Chronologies are not always compiled (Question 11)

Inter-agency work

12. Responses to the questions dealing with this aspect of safeguarding indicate the following positives:

- Child protection review conferences usually involve agencies in addition to CSS and police (Question 19)
- Police managers participate in strategy discussions (Question 20)
- Children are visited within expected timescales (Question 21)
- Child protection plans are clear about actions and who is to take them (Question 22)
- There is evidence that child protection plans are successful (Question 23)
- Children and young people are usually consulted and their views sought regarding their child protection plans (Question 24)
- There are robust procedures for placing children with relatives in emergencies (Question 26)

13. Responses indicated that improvements are required in the following elements of safeguarding:

- Strategy discussions do not often involve more than CSS and police (Question 18)

- Attendance of children and parents at child protection conferences is not always monitored (Question 25)

Service Management

14. The response to the question dealing with this aspect of safeguarding indicates the following positive:

- Policies are generally well implemented and followed (Question 27)

Performance management

15. Responses to the questions dealing with this aspect of safeguarding indicate the following positives:

- Results of qualitative audits are used to evaluate outcomes for children (Question 28)
- CSS performance indicators are used to question and challenge quality of front-line practice (Question 29)
- Audits are supported by clear, measurable action plans (Question 31)
- A file is opened for each child in the family (Question 34)

16. Responses indicated that improvements are required in the following elements of safeguarding:

- Due to past difficulties with data quality in ICS, internal audit reports may not have been as comprehensive as desired.
- CSS management data is not always perceived as reliable data. Inconsistencies are perceived between reported performance and reality (Question 3)
- Cases identified for closure are not closed promptly (Question 35)
- There is not always evidence of management oversight and decision-making on records (Question 36)
- Accounts of case discussions are not always placed on records (Question 37)

Workforce development and recruitment

17. Responses to the questions dealing with this aspect of safeguarding indicate the following positives:

- Criminal Records Bureau (CRB) checks are completed on staff (Question 38)
- Employment and identity checks are made on staff (Question 39)

- Pending CRB clearance, staff are appropriately supervised (Question 40)
- There is not a high turnover of qualified social workers (Question 41)
- There is not a high reliance on agency staff (Question 42)
- Action has been taken to attract staff (Question 43)
- There is a clear protocol for transfer of cases to long-term teams (Question 46)

18. Responses indicated that improvements are required in the following elements of safeguarding:

- Caseloads and their management present difficulties (Question 44)
- Social workers' management of their caseloads is affected by having to complete work of staff who leave (Question 45)

ICS computerised recording system

19. Responses indicated that improvements are required in the following elements of safeguarding:

- ICS has created difficulties for practitioners and managers (Question 47)
- Managers appear not always to have given sufficient priority to resolving ICS problems (Question 48)

Responses of CSS focus group

20. CSS teams that responded to the questionnaire were invited to send a representative to a "focus group" meeting to discuss the overall findings. Unfortunately the first date for the meeting had to be cancelled due to severe weather conditions which would have prevented many from attending. The deferred meeting was held on 20 March 2009 which was attended by a total of only six participants, including team managers, senior practitioners, and independent chairpersons of child protection conferences. Discussion with this group elicited the following views:

- Delays occasionally experienced in inputting by County Duty system.
- A concern that episodic pressures on teams may cause some occasional lack of consistency of designating a referral as Child in Need or Child Protection.
- Child protection cases are very occasionally and temporarily "farmed out" to other teams because of pressure on teams, in order to ensure continuity of direct work and case management.

- Consistent standards of professional intervention depend on good managerial oversight and supervision and at times of greatest pressure, time may not be available for this.
- Transfer of cases from duty teams to long-term teams can sometimes be delayed because of lack of capacity in long-term teams. This often entails a number of duty social workers dealing with the case with consequent risks associated with lack of consistency and case sensitivity.
- Generally, the standard of professional work and the pressures of work are experienced as being worse than the situation 12 months ago.
- Experienced social workers are tending to move out of child protection work (seeking positions in adoption, disabilities, and other less pressurised specialisms). Exit interviews should be conducted with all staff, including those moving to new posts within CSS, to find out what would induce them to remain in child protection practice.
- Staff retention is crucial. Successful incentives are not always monetary. Post-qualifying training opportunities are considered good in Kent. Newly qualified staff are well-supported in Kent.
- Social-work training does not properly equip newly qualified staff to undertake children and families work (e.g. some have not undertaken any statutory work before or during training).
- There are many very able and experienced social work assistants that could be a very good source of future trained social workers. There is a need to “grow our own” professional staff. Social work assistants often have family and financial commitments that discourage them from undertaking full-time social-work training: there is a need for financial support to help them through training.
- Experienced workers need less management time.
- Consultant practitioner posts are not necessarily seen as an advantage to practice as in the past they had seen substantial amounts of their time diverted towards dealing with complaints, with consequently less time available for supporting practice development.
- CSS audits add pressure to workers and managers. There is the possibility that they may hinder rather than enhance practice by adding to stress and not allowing time to implement identified improvements before undertaking the next audit.
- There is an unhelpful perception of a “blame culture” and audits and reviews need to be framed in a more positive way.

- The establishment of a Head of Social Work profession reporting to the Chief Executive is welcomed.
 - District vacancy rates may not adequately reflect high vacancies in individual teams.
 - DIAT teams are under considerable pressure of work.
21. The small size of the focus group poses the obvious question of how representative these views may be. However, it would be wise to give further consideration to many of the points raised.

CONCLUSIONS FROM QUESTIONNAIRE RESPONSES

22. The broad conclusions that can be drawn from the responses indicate that:
- Kent CSS safeguarding standards are generally safe.
 - There are some pressures on the safeguarding systems and practice.
 - Some pressures are county-wide; others are localised.
 - Localised pressures may change location and focus over time.
 - Where county-wide pressures coincide with local pressures there is increased risk that standards may become unsafe.

County-wide pressures

23. The responses to the questionnaire indicated that most teams are affected by pressures arising from:
- The current operation of the ICS system which affects the quality of records and management information and occupies social work time which otherwise could be spent in client contact
 - Staff recruitment and retention
 - Workloads

Localised pressures

24. Questionnaire responses indicated that some individual teams were particularly affected by pressures arising from:

- High vacancy rates.
- Demanding workloads, especially when complex cases are in simultaneous crisis.
- Use of agency workers.
- The above pressures lead to increased demands on managers and diminish the capacity for thorough, analytical, and reflective supervision

Discussion

25. A degree of caution is required in drawing conclusions from the questionnaire responses, which were made in late January/early February 2009 when the post Baby Peter media scrutiny was at its height. This also arises from the fact that the responses are subjective and that judgements may differ according to the nature of the work of the team. Similarly, it is possible that some responses represent a collective team response after consultation and others may represent the views of an individual manager.

26. Although the general standard of child protection work is clearly seen as safe, a broader and more dependable assessment will be possible when the findings of the questionnaire are considered with the findings of the extended child protection file audit that is currently nearing completion.

27. There is no doubt that the introduction of the ICS system has proved demanding and disruptive. It is likely that standards of recording on both paper files and on the computerised system had deteriorated. This poses risk in that information should always be comprehensive and current. It is acknowledged that this is a national problem and that Kent is giving priority to resolving problems wherever the system allows for local action.

28. The problems of the ICS system may also be responsible for the comments relating to the perceived unreliability of management data and reports (see Paragraph 16).

29. Based on informal discussions with managers and practitioners and with the focus group and from the responses to the questionnaire, it is apparent that CSS was working to the upper limits of its capacity at the time the questionnaire was being completed. Although the additional investment into frontline capacity from 2009/10 onwards will make a positive impact, this will not happen overnight. Inevitably, local pressures of staff shortages and a rise in referral rates will, at times, create demands that require temporary solutions which may include engaging agency staff or reviewing local priorities. This has to be achieved whilst maintaining a good standard of

professional intervention with existing cases. In order to achieve this, managers need to have adequate time to attend to both, i.e. responding to demand and maintaining standards on current cases. Much use has been made of the analogy of “the perfect storm” and although it has almost become a cliché, it may aptly be applied to child protection work in children’s social services departments over the last 18 months. In a team that is normally working efficiently and providing good safeguarding standards, the combined pressures of vacancies or absences due to sickness, a sudden peak in demand, and a number of current serious cases in simultaneous crisis, can create circumstances where there is an increased potential for misjudgements, mistakes, or poor practice.

30. In his response to the recent publication of Lord Laming’s review of child protection practice², the Secretary of State for Children, Schools and Families stated that “None of Lord Laming’s proposals alone could have prevented the death of Baby P.”³ In this, he appeared to echo the conclusions of many overviews of serious case reviews of child deaths which indicate there is rarely any single cause for these tragedies but an unanticipated and undetected combination of factors which creates the potential for catastrophe. Although action should be taken to improve and maintain standards of child protection practice wherever audits and reviews find them to be deficient, it is essential that managers and supervisors have sufficient time to devote to providing thorough, analytical, reflective and supportive supervision. In this way, an objective and professional oversight of complex and emotionally draining cases can assist in identifying and taking appropriate action when combinations of potentially dangerous circumstances occur.

² *The Protection of Children in England: A progress Report*, HMSO, March 2009

³ Statement to Parliament, 12 March 2009

Acknowledgements and thanks

We are grateful for the time and consideration given by managers and team leaders in completing this questionnaire. Although an additional burden to busy and demanding work schedules, the responses have been given obvious thought and demonstrate commitment to achieving high standards of professional practice.

We are also indebted to Kay Weiss and her Policy and Performance Unit for providing us with the basis for the questionnaire, which required little modification.

We would also like to thank Joanne Purvis of the Improvement & Engagement Team for her invaluable assistance in distributing and collecting the questionnaires and in organising the focus group meeting and in arranging the final printing of this report.

Peter Thomason
Independent Consultant

Martyn Ayre
Review Leader

July 2009

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KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

App1 a: Practice relating to safeguarding – effectiveness of arrangements to respond to concerns

Issue	Yes	In part	No	Evidence	Risks	Action required
1. Are thresholds clear for accessing social care services and for receiving referrals?						
2. Is the quality of arrangements satisfactory for gathering information following a referral from relevant and interested parties?						
3. Is the requirement being routinely met that referrers are notified in writing of action taken in response to the referral?						
4. Is the requirement being met that team managers do not have cases allocated to them, pending allocation to social workers?						
5. Are all children's social care cases allocated to a qualified social worker?						
6. Is electronic allocation of cases only made after prior discussion with the allocated social worker?						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

Quality of recording, assessment and child protection planning

Issue	Yes	In part	No	Evidence	Risks	Action required
7. Is case file recording adequate?						
8. Is there evidence of appropriate managerial oversight and decision-making in case records?						
9. Is there evidence of thorough, analytical, and reflective supervision?						
10. Are files well organised and are processes and planning of individual cases simple to follow?						
11. Do all children's social care files have a chronology of the individual case?						
12. In assessments, is it consistently demonstrable that children and young people are being seen, spoken to, and their views taken into account?						
13. Is there evidence that managers are addressing the reasons where children are not seen alone and, where possible, enabling the child's voice to be heard?						
14. Are there unacceptable delays in distributing minutes of key meetings to						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

partner agencies?						
15. Is the overall quality of assessment and care planning satisfactory?						
16. Is proper account taken of historical concerns?						
17. Is information from other agencies always used to inform assessments?						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

Effectiveness of inter-agency child protection

Issue	Yes	In part	No	Evidence	Risks	Action required
18. Do the majority of child protection strategy discussions primarily involve staff from social care and police (i.e. much more frequently than representatives of other agencies)?						
19. Do the majority of child protection review conferences primarily involve staff from social care and police (i.e. much more frequently than representatives of other agencies)?						
20. Do police managers participate in initial and subsequent strategy discussions?						
21. Are children visited by social workers within expected timescales?						
22. Is it clear what needs to be done and by whom in child protection plans in order to reduce identified risk?						
23. Is there evidence of the child protection plan's success in improving the safety or welfare of the						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

child?						
24. Are children and young people consulted and their views sought regarding their child protection plans?						
25. Is attendance by children, young people, and parents and carers at child protection conferences monitored and the information collated and analysed?						
26. Are there robust procedures in place for placing children with relatives and friends in an emergency?						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

Service management – effectiveness of governance arrangements

Issue	Yes	In part	No	Evidence	Risks	Action required
27. Are policies effectively implemented and followed (e.g. supervision policy, "whistle-blowing" policy?)						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

Effectiveness of safeguarding arrangements

Issue	Yes	In part	No	Evidence	Risks	Action required
28. Are the outcomes from qualitative audit activity used to critically evaluate and report on the actual outcomes for children?						
29. Does Children’s Social Services use performance indicators to question and challenge underlying issues about quality of front-line practice?						
30. Do internal audit reports presented to elected Members accurately reflect the significance and implications of identified weaknesses and inconsistencies in practice?						
31. Are internal (or independent) audit reports supported by clear and measurable action plans?						
32. Is Children’s Social Services management data reliable?						
33. Is there consistency between the reported performance data and reality (e.g. do data reports indicate that initial assessments and core assessments are completed						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

within agreed timescales, when if files checked, this would not be the case)?						
34. Is a file opened for each child in a family?						
35. Are all cases identified for closure, closed promptly?						
36. Do case files show sufficient evidence of management oversight and decision-making?						
37. Are records of case discussions routinely placed on children's files?						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

Workforce development and safe recruitment practices

Issue	Yes	In part	No	Evidence	Risks	Action required
38. Does Children's Social Services meet the minimum requirement for CRB checks on staff?						
39. Are appropriate employment and identity checks made for Children's Social Services staff?						
40. Are arrangements in place for ensuring supervision is given to staff who have been appointed prior to receipt of CRB checks?						
41. Is there a high turnover of qualified social workers?						
42. If there is a high turnover of staff, is there a reliance on agency staff?						
43. Has action been taken to attract staff?						
44. Are social workers' caseloads and the means of managing them satisfactory and effective?						
45. Are social workers' effective management of their caseloads affected by having to complete unfinished work for other						

KENT SAFEGUARDING REVIEW – PHASE 1 QUESTIONNAIRE

staff who leave the department?						
46. Is there a transfer protocol to define when a case should transfer to a long-term team?						
47. Has the ICS created difficulties for practitioners?						
48. Have managers given sufficient priority to resolving issues regarding the effectiveness of ICS?						

EXTENDED CASE FILE AUDIT

*The purpose of this extended case-file audit was to be able to give a greater degree of assurance on the **reliability** of the findings from the initial work in January 2009 by taking a larger and more representative sample. The findings of this audit are consistent with those of the earlier study.*

Audits of critical areas of public service such as child protection are, by their very nature, stressful for those whose work is under analysis and, in the wider public realm, under an unrelenting public and media gaze.

This report seeks to direct attention towards areas of systems and practice where we think improvements can be made. We do not intend that those comments that can be construed as critical are misconstrued as indications of dangerous or unsafe practice. The audit has uncovered no such evidence. In saying this, we repeat what everyone knows – complacency is perhaps the biggest risk of all.

The message is clear. There appears to be little or no 'slack' in the system. However, social workers and their supervisors, managers and support colleagues are doing good work in challenging circumstances – they occasionally fall short of the highest standards, as described, in this report, to which they aspire, recognise it when they do and aim to do it better next time.

1. Structure of audit

- 1.1 The structure of the audit was agreed by the Children's Champions Board after receiving a report of an initial review of a small number of cases which met criteria previously identified by the Board. The agreed structure for the extended audit was to select a sample of 50 current cases of children with child protection plans. The sample was required to select cases at random with the final selection adjusted to ensure an even spread of cases over Children's Social Services Districts in the county plus cases from specialist teams for children with disabilities. To reflect the particular vulnerability of pre-school aged children, the sample was further adjusted to ensure over half the cases were in this category.

- 1.2 The age ranges of the children in the sample are contained in the following table:

Age range	Number of children
Unborn	2 children
0 – 2 years old	10 children
2 – 5 years old	15 children
5 – 10 years old	9 children
10 – 16 years old	12 children
16 – 18 years old	2 young people

- 1.3 The case files and the ICS records for each child/young person in the sample were examined by four assessors:

Martyn Ayre	(16 cases)
Joan Long	(12 cases)
David Evans	(7 cases)
Peter Thomason	(15 cases)

- 1.4 The case files and ICS records were examined in relevant local offices between 31 March 2009 and 15 April 2009. In order to achieve consistency in the review, each assessor used a common audit tool to guide their review of the case records. The audit tool is attached as an annex to this report.
- 1.5 The audit tool was designed to maintain focus on compliance with the current Kent Safeguarding Children Board's child protection procedures, to review appropriate and timely interventions, to establish whether social workers are appropriately supervised, to ensure that the child was appropriately protected, and to identify any patterns of child protection activity which may indicate problems.
- 1.6 The results of the assessors' reviews were collated by Peter Thomason and have been discussed with the Children's Social Services senior management team.

2. Overall conclusion from the audit

- 2.1 **The overall conclusion is that the children in the cases under review are being adequately protected. Some elements of some case fell short, in the assessors' views, of what could be considered best practice but, overall, practice is NOT unsafe.**
- 2.2 Forming a comprehensive view of individual cases at times proved difficult and time-consuming due to the spread of information between paper files and the computerised ICS system. In some cases this was further complicated by documents and file notes that were waiting to be recorded (i.e. notes kept in manuscript or electronically but not immediately available to others if just reliant on reading the file or accessing ICS).
- 2.3 In their present states, neither the paper file nor the ICS record on its own is currently a useful tool for managing and understanding child protection cases. This is in contrast to the JAR findings in 2007 prior to the introduction of ICS. It is anticipated that the action already taken by Children's Social Services since the completion of this audit to improve ICS and minimise delays and backlogs of inputting will have improved the reliability and is leading to a more efficient and user-friendly information system.
- 2.4 Wherever they were available, chronologies and reports for court proceedings provided a good overview of cases. Similarly, records of supervision discussions and decisions provided a good source of information about the progress of cases. Where these sources of information were absent, assessors sometimes had to spend a considerable amount of time in forming a reliable view of the case. This would also present difficulties for social work staff who had to deal with a case in the absence of the allocated worker (e.g. if the worker was sick or on leave).
- 2.5 In addition to the practical problems of the ICS system that were being encountered in the months prior to this audit, the quality of recording varied considerably between cases. The assessors considered this is a *potential* risk for children, practitioners, and managers. For the protection of the children concerned, it is good practice that records are comprehensive and kept up to date. For the protection of the professionals involved, it is important that their interventions and the reasons for decisions, together with properly completed assessments of risk, are clearly recorded. Much good work is almost certainly being done but is not recorded. In the absence of records, assumptions could be made that appropriate work is not being undertaken.

Although time-consuming, recording is a valuable social work tool that aids objectivity in complex cases.

3. Supervision

- 3.1 The importance of supervision in child protection cases has been emphasised in Lord Laming's recent report and recommendations to the Government following the Baby Peter case in Haringey.¹ The assessors in this review agreed with his statement that "Regular, high-quality, organised supervision is critical". In the cases where records were well ordered and where practice could be considered to be exemplary, good quality supervision records were generally evident. It was concerning to note a number of cases where there were no or limited recorded evidence of supervision. Certainly, in those few cases where episodes of "drift" had occurred or where improvements were needed in other areas of practice, supervision records were often lacking and it is reasonable to assume this indicated a lack of regular and focussed supervision.
- 3.2 Children's Social Services' supervision policy – or at minimum, the recording of supervision – might benefit from being revised and it is anticipated that the requirement for regular supervision will be strengthened as a consequence of the revision to *Working Together* guidance. It is clearly essential that supervision notes are properly and consistently recorded by the supervisor on either the paper file or the ICS system and that they include a regular review of the progress of the child protection plan.
- 3.3 In order to be able to achieve these standards consistently and without undue difficulty, it is essential that social workers and their supervisors have sufficient time for the process. It is important that when the planned additional social work posts are filled, managers and senior social workers are given adequate time to meet the demands of supervising both the existing and the new social workers.

4. Assessments

- 4.1 A significant analysis of risk in child protection cases is dependent on completion of a Core Assessment. This is a requirement in cases where a

¹ The Lord Laming, *The Protection of Children in England: A Progress Report* (HMSO, March 2009)

Strategy Discussion has agreed to pursue enquiries under Section 47 of the Children Act 1989 and the assessment should be completed within 42 working days of the referral which led to the S.47 enquiries.² The Core Assessment is intended to follow the very detailed and comprehensive model of the Common Assessment Framework and “should include an analysis of the child’s developmental needs and the parents’ capacity to ensure that the child is safe from harm. Occasionally, it may be necessary to commission specialist assessments (e.g. from child and adolescent mental health services) that create difficulties in meeting this deadline. Wherever possible, this should not delay the drawing together of the core assessment findings at this point”³ (i.e. within the 42 working day time limit).

- 4.2 In a number of cases under review, Core Assessments had been noted to have commenced but there was no evident record that they had been completed. Delays in completing Core Assessments can represent a deficit in child protection practice as risk assessment and child protection planning may overlook significant information that could have been revealed in the assessment process. There was evidence in the audit that even where core assessments were not completed, care was being taken to order the available assessment information in a preliminary version. Whilst not best practice, it does demonstrate a risk-assessed approach to safeguarding against potentially unsafe practice. The reasons for the delay are not usually recorded on files and can be due to a number of causes (e.g. social workers with limited time, delays in responses to requests to other agencies for relevant information, delays in provision of specialist assessments). Delays from other agencies are obviously beyond the direct control of Children’s Social Services and should be the subject of further investigation and discussion in the inter-agency element of the Kent Safeguarding Review.
- 4.3 Based on their direct experience of the system in the course of the audit, the review team are of the view that current ICS Core Assessment “exemplar” should be reviewed with the aim of simplifying inputting and retrieving information. As a national system, this may be beyond the control of Kent Children’s Social Services but the review team are aware that significant “work around” solutions are being developed locally to mitigate the defects of the exemplar and that representations are being made via the Social Work Task Force and other avenues to the Government.

² Kent & Medway Safeguarding Children Procedures: 6.5.3

³ *Working Together to Safeguard Children* : Paragraph 5.114

5. Repeated periods of intervention

- 5.1 A number of the reviewed cases had a history of previous referrals, sometimes over many years. These are cases which have been previously opened, allocated and worked with for periods and then closed, only for more referrals leading to the case being re-opened. This pattern is in no way unique to Kent and is very well known throughout children's social care in the UK, to the extent it is now generally given the epithet of "start again syndrome". This pattern can suggest the possibility of lack of progress in previous interventions, premature closure, or incomplete assessment; all of which may – or may not - be associated with inadequate or poorly focussed supervision or lack of resources leading to priority being given to the most risky cases at the expense of lower risk but still needy cases. As patterns of re-referral can only emerge through time, the causes are obviously based in the past and may not apply in the current situation in Children's Social Services. However, minimisation of this pattern and the associated "drift" in cases will depend in large measure on regular and focussed supervision to ensure progress in child protection plans and revision of plans when they are not succeeding.

6. Complexity factors

- 6.1 It is often difficult to convey to non-specialist audiences, the complexity of the circumstances with which social workers have to contend in their day-to-day child protection work. In all of the cases reviewed, risk and the complexity of the case was associated with a multiplicity of factors. In some, as many as six or more factors could be identified. Amongst the commonest were drug and/or alcohol misuse, domestic violence, parental mental health problems, and frequent changes of address. These were further complicated when there was an aggressive attitude to social workers and other professionals and open non-compliance with child protection strategies. Even when aggression or open non-compliance was not apparent, some cases showed evidence of covert non-compliance where parents or carers were seemingly co-operative but made little or no progress in set tasks or the general care and protection of their children. Some cases involved fathers with serious mental health problems and histories of violence necessitating MAPPA

assessment and plans. **It is notable that many of the cases have made good progress despite the presence of many of these factors. Once again, regular supervision is an important element of maintaining the welfare and protection of the child as the paramount focus of the case.**

7. Changes of social worker

- 7.1 Despite a high referral rate of children deemed in need of a child protection plan, the evidence from the review sample clearly indicates that social workers are allocated promptly to child protection cases. This is indicative of sound risk-assessment in social work teams. In one case, the change was prompted by the request of the family. In another, there was, exceptionally, a delay of two months from initial case conference to the allocation of a named long-term worker, which also delayed the commencement of the core assessment but the norm, judging from this audit, is that good practice prevails.

8. Use of legal process

- 8.1 The review sample gave evidence of prompt and appropriate use of legal processes where there was immediate and irresolvable risk to a child or where interventions had been tried and failed to bring adequate improvements to the welfare and safety of the child. The use of a formal letter advising parents or carers of the intention to institute legal proceedings had a positive effect; prompting engagement of parents and measurable improvements in their care of children. Where cases were assessed as posing high immediate or long-term risk, there was evidence that legal proceedings to protect the children were taken at an appropriately early date.
- 8.2 Although complex and time-consuming, the process of instituting care proceedings and its associated Public Law Outline process have had the effect of imposing greater structure on cases and improving the standard of information contained on files. Although this approach is not necessarily appropriate for all child protection cases, a similar rigour in assessments, evidence, and recording would benefit most cases.

9. Other elements of the child protection process

- 9.1 The review sample provided positive evidence that the following elements of the child protection process were conducted appropriately:

- Strategy discussions: in most instances, are held according to current child protection procedures and are recorded.
- Child protection conferences: are generally held within stipulated time-scales and are properly recorded although there are frequent delays in completing and circulating minutes. Where available, the minutes provide a good summary of the case.
- Independent chairpersons of child protection conferences: the chairpersons maintain focus on the needs of the child and the progress of agreed child protection plans; holding agencies to account where necessary.
- Core Group meetings: are normally held within stipulated time-scales and are well-attended and recorded. The Core Group follows the agreed child protection plan and will take action when the plan does not achieve identified goals.
- Children are seen: there is evidence that children are seen and spoken to (where age and understanding allow) and are visited regularly when subject to a child protection plan.
- Child protection plans: are in place and monitored. Most show evidence of progress. Where there is no progress and continued risk of significant harm, legal action is instituted.

10. Conclusions

10.1 Based on this sample of 50 current child protection cases, the assessors concluded that the general standard of child protection work with these cases was satisfactory but some elements of practice could be improved. These were:

- Ensuring regular and focussed supervision which is then clearly and concisely recorded.
- Ensuring Core Assessments are completed within 42 working days of initial referrals. Where this is not possible due to reliance on other

agencies' assessments or information, an interim Core Assessment should be completed within the 42 days.

- Improving the standard of recording on paper files and ICS, ensuring it is comprehensive, accurate, and concise.
- Ensuring regular review of the progress of child protection plans and taking legal action to safeguard children where progress is not evident or where parents are non-compliant.

10.2 The standards are deemed to be adequate in the cases under review. This can be said with a greater degree of assurance than it was possible to give on the strength of the initial case-file audit reported in February. However, there can be no guarantee that a single case within Children's Social Services may not be in a state of risk. Standards of child protection work overall can only be assured by regular supervision and self-monitoring. This requires adequate staff and supervisory resources. Action has been taken to improve the number of practitioner posts: it will be critically important to match the supervisory capacity to the increased numbers of practitioners.

10.3 Many elements of the child protection process are dependent on the resources and relationships with other agencies. These will be the subject of further discussion and review within the Kent Safeguarding Children Board.

Peter Thomason
Independent Consultant

Martyn Ayre
Lead Reviewer

The four assessors engaged in this review would like to thank all the managers and staff of Children's Social Services for their ready assistance and co-operation in making files available for the review and for providing office and support facilities.

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KCC SAFEGUARDING REVIEW 2009

FILE AUDIT TOOL FOR EXTENDED AUDIT OF CHILD PROTECTION FILES: Appendix 2a

Name of Child:	Date of Audit:
Date of Birth:	Name of Social Worker:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Unborn <input type="checkbox"/>	Name of Line Manager:
District: Team:	Name of Auditor:
Case Type Subject to C.P. Plan for: Neglect <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/>	

Quality Standards	Comments
1. Referral	
Date of referral/contact,,,,,,,,,,,,,,,,,,,,,,,,,,,,, Referring agency,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Context of referral/contact

Quality Standards	Comments		
<p>Previous referrals / contacts?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, give details in chronological order together with nature of referral and outcome</p>	Date	Nature	Outcome
<p>Subsequent contacts?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, give details in chronological order together with nature of referral and outcome</p>	Date	Nature	Outcome
<p>Is there evidence of start again syndrome? i.e. working with no reference to history</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>			

Quality Standards	Comments
2. Agency checks	Comments
<p>Indicate which agencies were contacted for information</p> <p>Police <input type="checkbox"/> School <input type="checkbox"/></p> <p>Health Visitor <input type="checkbox"/> GP <input type="checkbox"/></p> <p>Midwife <input type="checkbox"/> Probation <input type="checkbox"/></p> <p>Other local authority <input type="checkbox"/></p> <p>Add details of any other agencies contacted :</p>	<p>Were any relevant agencies omitted from the checking/information-gathering process?</p> <p>Were any problems apparent in eliciting information from other agencies?</p> <p>Was information from other agencies clearly recorded?</p>

Quality Standards	Comments																						
3. 1st Strategy	Comments																						
<p>Was there an 1st S.D. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was it held within timescales (24 hrs) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was it a meeting <input type="checkbox"/> Phone ISD <input type="checkbox"/></p> <p>Combination <input type="checkbox"/></p>																							
<p>Which agencies were party to the strategy discussion and decisions</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;">Contributed/ Consulted</th> <th style="text-align: center;">Agreed decision</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Education</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CSS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Referrer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Contributed/ Consulted	Agreed decision	Health	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	Police	<input type="checkbox"/>	<input type="checkbox"/>	CSS	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Referrer	<input type="checkbox"/>	<input type="checkbox"/>	<p>Designation</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Was this appropriate. Is there anyone else who should have been included?</p>
	Contributed/ Consulted	Agreed decision																					
Health	<input type="checkbox"/>	<input type="checkbox"/>																					
Education	<input type="checkbox"/>	<input type="checkbox"/>																					
Police	<input type="checkbox"/>	<input type="checkbox"/>																					
CSS	<input type="checkbox"/>	<input type="checkbox"/>																					
Other	<input type="checkbox"/>	<input type="checkbox"/>																					
Referrer	<input type="checkbox"/>	<input type="checkbox"/>																					

Quality Standards	Comments
<p>What was the decision of the 1st Strategy Discussion?</p> <p> <input type="checkbox"/> S47 joint Police CSS investigation <input type="checkbox"/> Single agency Enquiry <input type="checkbox"/> Joint CSS/other agency <input type="checkbox"/> Referral to other agency <input type="checkbox"/> CIN <input type="checkbox"/> NFA </p>	<p>Please comment on outcome and appropriateness of this decision</p>
<p>Was there an immediate CP Plan agreed? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>If so, did the Plan include?</p> <p> <input type="checkbox"/> Achieving Best Evidence interview <input type="checkbox"/> Medical <input type="checkbox"/> Who will talk to the child <input type="checkbox"/> Immediate protection </p>	<p>Comment on the suitability of the plan with reasons</p>
<p>Were further SD's held between the 1st and outcome SD? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If so, how many? <input type="checkbox"/></p> <p>Were they within timescales (15 days)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	

Quality Standards	Comments																						
4. Outcome S47 Enquiries																							
<p>Was an outcome SD held following S47 Enquiries? Yes <input type="checkbox"/> No <input type="checkbox"/> Not evident <input type="checkbox"/></p> <p>Was it a meeting <input type="checkbox"/> Telephone <input type="checkbox"/> Combination <input type="checkbox"/></p> <p>Was it held within timescales? Yes <input type="checkbox"/> No <input type="checkbox"/></p>																							
<p>Which agencies were consulted / attended?</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Contributed/ Consulted</th> <th style="text-align: center;">Agreed decision</th> </tr> </thead> <tbody> <tr> <td>Health</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Education</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Police</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>CSS</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Referrer</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		Contributed/ Consulted	Agreed decision	Health	<input type="checkbox"/>	<input type="checkbox"/>	Education	<input type="checkbox"/>	<input type="checkbox"/>	Police	<input type="checkbox"/>	<input type="checkbox"/>	CSS	<input type="checkbox"/>	<input type="checkbox"/>	Other	<input type="checkbox"/>	<input type="checkbox"/>	Referrer	<input type="checkbox"/>	<input type="checkbox"/>	<p>Designation</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	<p>Was this appropriate?</p>
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Quality Standards	Comments
<p>Was child seen alone? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>spoken to? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>If child not seen alone and spoken to, is reason recorded and agreed by manager or supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>What was the outcome?</p> <ul style="list-style-type: none"> <input type="checkbox"/> CP Conference <input type="checkbox"/> NFA <input type="checkbox"/> CHIN <input type="checkbox"/> Immediate protection <input type="checkbox"/> Referral to other agency 	
<p>Were the risks identified appropriately? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	<p>Please give reasons if no or partly</p>

Quality Standards	Comments																														
<p>Did the plan respond to the risks / needs?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>	<p>Please give reasons if no or partly</p>																														
5. Core Assessment																															
<p>Was there a core assessment?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																															
<p>Was it in timescales (35 days)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>																															
<p>Was it multi-agency?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/>.....Not evident <input type="checkbox"/></p>																															
<p>Did it include parental history?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>																															
<p>Did it address the concerns identified in the referral in relation to:</p> <table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Partly</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td>Physical</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Sexual</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Neglect</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Emotional</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Abuse</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	Partly	N/A	Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sexual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neglect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emotional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																											

Quality Standards	Comments		
6. CP / CHIN Planning			
<p>Have any further concerns regarding abuse or neglect been identified since this referral?</p> <p>Physical <input type="checkbox"/> Sexual <input type="checkbox"/></p> <p>Emotional Abuse <input type="checkbox"/> Neglect <input type="checkbox"/></p> <p>If so, how have they been responded to? (Please give details in chronological order together with nature of referral and outcome.)</p>	Date	Issue	Response
<p>Have all identified assessments been completed? Yes <input type="checkbox"/> No <input type="checkbox"/> N/K <input type="checkbox"/></p>			
<p>Have core assessments been updated as necessary? (6 monthly)</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>			
<p>Has focus continued on the identified risks? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>			

Quality Standards	Comments
<p>Was a need for specialist assessments identified? Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Was there a need for specialist assessments which were not identified Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>Were any of the following present?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Drug Misuse <input type="checkbox"/> Alcohol Misuse <input type="checkbox"/> Learning Difficulty <input type="checkbox"/> Mental Health <input type="checkbox"/> Parental Non Compliance <input type="checkbox"/> Criminal prosecution of alleged abuser <input type="checkbox"/> Post natal depression <input type="checkbox"/> Violence or aggressive attitude to social worker or other professional <input type="checkbox"/> "Covert non-compliance" or <i>apparent</i> and misleading co-operation <input type="checkbox"/> Homelessness <input type="checkbox"/> Long-term chronic neglect <input type="checkbox"/> Frequent changes of address 	

Quality Standards	Comments																								
<p>7. Recording</p>																									
<p>Was current referral Pre ICS <input type="checkbox"/> post ICS <input type="checkbox"/> (April 08)?</p> <p>Did the record include? paper records<input type="checkbox"/> electronic records<input type="checkbox"/></p>																									
<p>Were the following key documents obtained from:</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">ICS</th> <th style="text-align: center;">File</th> </tr> </thead> <tbody> <tr> <td>Referral</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>1st strategy</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Immediate CP Plan</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Initial Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Core Assessment</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Report to CP Conference</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Outline CP plan</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table>		ICS	File	Referral	<input type="checkbox"/>	<input type="checkbox"/>	1 st strategy	<input type="checkbox"/>	<input type="checkbox"/>	Immediate CP Plan	<input type="checkbox"/>	<input type="checkbox"/>	Initial Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Core Assessment	<input type="checkbox"/>	<input type="checkbox"/>	Report to CP Conference	<input type="checkbox"/>	<input type="checkbox"/>	Outline CP plan	<input type="checkbox"/>	<input type="checkbox"/>	
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<p>Did records show evidence of appropriate supervision in this case?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/> Partly <input type="checkbox"/></p>																									

Are records up to date?
ICS: Yes No
File: Yes No

8. General comments and any Immediate Actions Required

Please comment on the following if relevant to the case:

Multi-agency working: Any problems or deficits apparent?

Have there been frequent changes in allocated social worker? (Please note if these are due to change of team responsible for case (e.g. transfer from DIAT to Long-term team or due to staff turnover.)

Particular problems associated with ICS

Is a chronology available on file?

Have threshold criteria been applied appropriately?

Overall, has there been appropriate compliance with child protection procedures?

Are there any apparent problems with legal processes?

Is the child seen and spoken to at least once every two weeks?

Please add any other relevant comments about safeguarding relevant to this case

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