Working Together to Safeguard Children

Cornwall and Isles of Scilly
Safeguarding Children’s Board

Learning Lessons Workshop

October 2015
Inter-agency working to safeguard and promote the welfare of children

Ultimately, effective safeguarding of children can only be achieved by putting children at the centre of the system, and by every individual and agency playing their full part, working together to meet the needs of our most vulnerable children.
Key Principles

• safeguarding is everyone’s responsibility: for services to be effective each professional and organisation should play their full part

• a child-centred approach: for services to be effective they should be based on a clear understanding of the needs and views of children.
Children say they need:

• Vigilance: to have adults notice when things are troubling them
• Understanding and action: to understand what is happening; to be heard and understood; and to have that understanding acted upon
• Stability: to be able to develop an on-going stable relationship of trust with those helping them
• Respect: to be treated with the expectation that they are competent rather than not
• Information and engagement: to be informed about and involved in procedures, decisions, concerns and plans
• Explanation: to be informed of the outcome of assessments and decisions and reasons when their views have not met with a positive response
• Support: to be provided with support in their own right as well as a member of their family
• Advocacy: to be provided with advocacy to assist them in putting forward their views
Assessments and Plans

• are child centred. Where there is a conflict of interest, decisions should be made in the child’s best interests;
• are rooted in child development and informed by evidence;
• are focused on action and outcomes for children;
• are holistic in approach, addressing the child’s needs within their family and wider community;
• ensure equality of opportunity;
• involve children and families;
• build on strengths as well as identifying difficulties;
• are integrated in approach;
• are a continuing process not an event;
• lead to action, including the provision of services;
• review services provided on an ongoing basis; and
• are transparent and open to challenge.
The Child (Protection) Plan

The aim of the child protection plan is to:

• ensure the child is safe from harm and prevent him or her from suffering further harm;
• promote the child’s health and development; and
• support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.
Organisational Responsibilities

• **Section 11 of the Children Act 2004** places duties on a range of organisations and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children.

• Various other statutory duties apply to other specific organisations working with children and families
Who?

- Schools and Colleges
- Early Years and Childcare
- Health Services
  - NHS England
  - Clinical Commissioning Groups
  - All providers of NHS funded health services
- Police
- Adult Social Care Services
- Housing Services
- British Transport Police
• Prison Service
• Probation Service: NPS and CRCs
• The Secure Estate for Children
• Youth Offending Teams
• UK Visas, Immigration and Border Force
• CAFCASS
• Armed Services
• Voluntary and Private Sectors
• Faith Organisations
Other considerations

Information sharing:

Effective sharing of information between professionals and local agencies is essential for effective identification, assessment and service provision.
Multi agency audit arrangements

Child Protection and Children In Care/Care Leaver Audit

Sandy Williams – Service Manager - Child and Adult Protection Conferences

Sarah Day – Service Manager – Children in Care and Care Leaver Reviews (Independent Reviewing Officer Service)
What is a multi-agency audit group?

- Monthly audit that reviews how well agencies in Cornwall protect children and support their families, ensuring that adequate progress is being made.
- It is a paper audit to review key documents followed by a meeting to discuss findings.
- Each agency that is represented is also expected to audit their own agency’s records prior to the meeting and share these with the group.

Who takes part in the multi-agency audit?

- Health
- Education
- Police
- Social care
- Independent member
- Advocacy
What information is considered?

Child protection audits
• Key documents from the initial and review case conferences are provided to all members of the group.
  i.e. Child protection plans, conference minutes and reports.
• Agencies are expected to review their own agency’s documents, so if a health visitor is involved for example, his/her records should also be scrutinised.

Child In Care audits
• Child plan is reviewed including health and education.
• Child plans should now be integrated to ensure that information from health, education and social care is available within one plan.
Why are multi-agency audits important?

- To enable identification of learning points from areas that are working well as well as areas that require improvement.
- Provides reassurance that agencies are compliant with Working Together (2015), South West Child protection procedures, Care Planning regulations (2010)
- Allows for instances where compliance is not achieved to be highlighted and escalated
- Provides overview to be gathered on how well child plans are progressing here in Cornwall
- Provides an overview of where agencies may wish to focus their attention when making improvements to services.
- Promotes service improvement through identification of key practice issues
- Is part of the continuous cycle of identifying, capturing, sharing and using new or refined knowledge to improve practice.

All the above result in the improvement of the service that we offer children and their families.
Which results in them feeling and being safer and improving their experience of support and resulting in better outcomes.
Difficulties in multi-agency auditing

• Difficult to co-ordinate, time consuming.
• Accessing other agencies records is notoriously difficult.
• Audit does run the risk of being an audit of recording rather than actual practice
• However …… if it’s not written down it didn’t happen!
• Any other difficulties?
How is learning shared?

- Social care shares the learning with the SMT who are then responsible for disseminating to their staff.
- Learning is also shared with the LSCB.
- Education, Health and Police also have their protocols for sharing information, usually via a senior management meeting before it is disseminated throughout the organisation.

- Who has been aware of any learning from these audits previously?
- Who was aware that these audits were taking place?
Recent learning from Child Protection Audits

- Audits have found a lack of progress in terms of updating plans for children. It is unclear if this is due to lack of / or poor recording rather than poor practice.
- Accurate records will safeguard the professional and the service user.
- Records should distinguish between fact and opinion, and information should be clear and available when others are reviewing the case.
- Recording is key in terms of professional accountability, records should be evidence based. Poor recording is often cited in cases where there have been poor outcomes.
Audits have found that there is a need to ensure that planning is SMART

- Benefits of SMART planning well documented nationally and within Cornwall. SMART planning supports a practitioner to be specific about concerns and to ensure that the right resources are directed towards the family rather than what can appear to be a scattergun approach.
- **S**pecific
- **M**easurable
- **A**chievable
- **R**ealistic
- **T**imescale
Planning in cases where domestic violence is of concern

• Benefits of safety planning within domestic violence cases well documented.
• Family safety plan should involve what action the victim can reasonably take to keep themselves and their children safer without burdening them. That is, how can they leave the home safely, where can they go, can they identify when things are escalating, do they have a mobile phone, do they know who they can call.
• Identification that there may be an issue in Cornwall around availability of resources for domestic violence perpetrators which requires consideration at a strategic level.
Importance of Child’s voice and lived experience being considered during child protection planning.

- E.g. What does the child think about being subject to a child protection plan?
- Do they feel safer?
- Has the child protection plan had an impact?
- What do they think about the contents of the conference reports provided by agencies?
• Importance of being open and honest with the children and families that we work with.
• Our professional relationships with families are fragile and positive working relationships are formed when we are honest, upfront and respectful with parents and children.
• Professionals need to be supported to develop the confidence to be honest with families especially when the messages they must deliver are difficult.
• Professionals need to be supported to be very clear with families about what they are worried about, this will provide families with clear information but also helps the professional to remain focused on the concerns and safety planning.

• Generalisations can lead to concerns being minimised or concerns being over emphasised.
Additional Learning from Children in Care audits

- Joint planning and decision making
- Recognising the impact of decisions made
- How do we respond to the voice of the child?
- How would a child/young person feel looking back at their plan 10 years on?
- Communication is key – don’t let systems get in the way

*(Health and Education colleagues do not often have access to the Child Plan)*

- Where cultural and diversity issues need to be addressed how do we use the support available from across the partnership of services for children?
- Could we better utilise a good multi-agency chronology to inform our analysis and planning (including decision making)?
- Plans should be relevant, be in the context of the child’s lived experience and up to date.
Key judgements (Ofsted) – for reference only – forms the basis of the CiC Audit Group Terms of Reference

- Decisions to look after children and young people are timely and made only when it is in their best interests. Those decisions are based on clear, effective, comprehensive and risk-based assessments involving other professionals working with the family where appropriate.

- Care is used only if this is in the child’s best interests. Children and young people are safely and successfully returned home; where this is not possible for them, permanent plans are made for them to live away from the family home. Families are made aware of, and encouraged to access, legal advice and advocacy.

- Where the plan for a child or young person to return home there is evidence of purposeful work with the family so it is safe for the child to return.

- Children and young people are seen by their social worker alone and understand what is happening to them.

- Any risks associated with children and young people offending, misusing drugs or alcohol, going missing or being exploited are known by the adults who care for them and there are plans in place to reduce the risks.

- Children and young people are in good health or are being helped to improve their health and their health needs are identified.

- Children and young people attend school or other educational provision and they learn. Accurate and timely assessments of their needs help them to make good progress.

- Children and young people who do not attend school have access to 25 hours per week of good-quality registered alternative provision.

- Children and young people are supported to enjoy what they do and to access a range of social, educational and recreational opportunities.

- Children and young people live in safe, stable and appropriate homes of families with their brothers and sisters when this is in their best interests.

- Care plans comprehensively address the needs and experiences of children and young people and the plans are regularly reviewed.

- Children and young people have appropriate, carefully assessed and supported contact.

- Children and young people who live away from their ‘home’ authority have immediate access to education and health services that meet their needs.

- The placement of children and young people into homes and families that meet their needs is effective because there is a comprehensive range and choice of placements.

- There is decisive action to find families and the avoidance of drift and delay is a priority.

- Early planning and case management results in appropriate permanent placements.

- Children and young people are helped to develop secure primary attachments with the adults who care for them.

- Plans to make permanent arrangements are effectively and regularly reviewed by IROs.
Helping and protecting the most vulnerable children and young people

Implementing signs of safety
“I feel that the Signs of Safety approach helped me to feel that I was respected as a person and as a mother. I really liked always being asked first what my worries were in meetings, this helped me to get across to professionals that as a mother I was also worried about my own situation and children. I was also always being asked first what was going well for us and this made me feel that I was being seen as having strengths and not just seen as having issues. I like the way that myself and my family were asked, what our plan was to change things and keep my children safe.”
<table>
<thead>
<tr>
<th>What are we worried about?</th>
<th>What is working well?</th>
<th>What needs to happen?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harm <em>(Past)</em> Has suffered</td>
<td>Safety</td>
<td>To progress case and arrive at the safety goal i.e.:</td>
</tr>
<tr>
<td>Complicating Factors</td>
<td>• Proven &amp; tested to keep the child safe over time</td>
<td>• Questions needing to be asked</td>
</tr>
<tr>
<td>• What behaviors(parent or child) are you aware of that may pose a risk (welfare &amp; safety)</td>
<td>• Strengths</td>
<td>• Information needing to be found out or clarified</td>
</tr>
<tr>
<td>• What’s making this harder to deal with?</td>
<td>• Assets, resources of family</td>
<td>• Services which the child/parent/carer believe would help them to address the worries <em>(Danger Statement)</em> and help them arrive at the safety goal</td>
</tr>
<tr>
<td><strong>Danger Statement</strong> <em>(future)</em></td>
<td><strong>0 ↔ Scale ↔ 10</strong></td>
<td><strong>Safety Goal</strong></td>
</tr>
<tr>
<td>Based on what’s already happened what are you worried will happen to the child if nothing changes?</td>
<td>How safe is the child? Is this conditional safety? If so where would you scale?</td>
<td>What would you need to see to be willing to close this case? Or not to have any more worries?</td>
</tr>
</tbody>
</table>

**SAFETY PLAN**

*NOT a service plan*
Leading through Learning: Dynamic Assessment/Action Learning Cycle

- Gather Information
- Analyse Information
- Judgment
- Take Action
- Track Results
- Reflection
Gather and sort more information

Gather MORE Information

Gather and sort more information

Gather and sort information into 3 columns

Stuck

Assessment

Action Learning

Cycle

Reflection

Analyse Information

Track Results

Judgement

Take Action
Partnership

“Failure to achieve this level of co-operation helps to explain why some children remain safe when others do not. The quality of the relationship between parents and professionals was found to be the main reason: a recurrence of abuse was less common in those families where some agreement had been reached between professionals and family members about the legitimacy of the enquiry and the solutions adopted.”

DoH “Child Protection: Messages from Research” (1995) pg 45
This light globe seems faulty
This light globe
Still seems faulty…

...but now we’ve installed
a whole new lighting system!
Safety Planning – Case example - genogram

PGM

Dad 1

Mum 34

MGM

Steve or Dad 1 or Dad 2

Dad 2

Ben 16 (with dad)

Jake 4

Courtney 3
Safety Planning – Case Outline

- June 2015, 3 yr old has bruise on bridge of her nose that she says was caused by daddy (Steve) pushing his fist against her nose – led to both children being accommodated
- Mum has been arrested approx 25 x over 10 years (possession of drugs / criminal damage) and 3 times in front of the children. The worst of these was when mum barricaded herself in, yelled and screamed and assaulted the police officer
- When police went to the house in May 2014 they found amphetamines on a shelf where the children could have got hold of them
- SW says a number of adult men regularly visit the house and believes it is to use drugs there
- School have reported in the past that mum has arrived at school smelling of alcohol
- The SW’s experience is that mum often lies to her – e.g. says she doesn’t use drugs or drink, men don’t visit
- Sometimes not enough money for food for the children – often relied on food parcels
- Mum tells the SW that the children are fine and her lifestyle doesn’t impact on them
- Children in foster care for last 7 weeks and have settled well
- Children are great – bright, healthy, confident, happy, polite, love their mum
- Mum says she wants her children back home and they say they want to return
- Mum provides good home for them
- Mum used to smoke heroin (aged 13 -25) but then changed to amphetamines. She says she has been clean since May 2015
Danger Statements

• The SW is worried that if the children return home and Mum continues to use drugs or drink a lot like she has in the past, there will be times when she won’t be in a fit state to look after the children so they won’t get the care, cuddles, food, warmth, routines, supervision and play they need. We are also worried that the children could get hold of drugs themselves and if they were to swallow these they could become really ill or even die.

• The SW is worried that if Mum continues to get into trouble with the police, she could get locked up and if that happens and she is the main carer, the children would have to leave again and go live elsewhere. We are also worried that if the children see Mum getting into trouble, they will be frightened and upset but over time may start to think this is normal and may become children who get into trouble with the police themselves.

• The SW is worried that if the children return home, Mum will continue to let people into the house who are using drugs and who she herself sometimes feels nervous of (like she described about Jamie) and they could frighten J and C or hurt them.

• The SW is worried that if the children return to live with Mum, Steve will be allowed to see the children without a safe adult around and he might frighten hit and injure J or C like we think he did in the past when C told her teacher and the doctors that her daddy had frightened her and pushed his fist against her nose causing a bruise.
Safety Goals

• The SW want J and C to be with Mum because they can see that the children love her very much and they really want to be back together as a family. In order for that to happen we need to see that Mum and a network of safe adults can work with us to create and follow a plan to show everyone that Mum won’t use drugs or drink alcohol or allow anyone else in the house to use drugs or drink alcohol when the children are present. We also need to see that no street drugs are in the house where the children could get hold of them.

• The plan has to show everyone that Mum will try hard to stay out of trouble with the police, but if the police do ever need to come to the house when the children are present, Mum will immediately contact someone from the safety network to come round to the house to look after J and C and she will keep herself calm so the children aren’t alarmed or frightened.

• The plan has to show everyone that only people who safety network agree are safe can visit the house when the children are present and people approved by the safety network can look after J and C.

• The plan has to show everyone that whenever Steve spends time with the children, there is at least one person from the safety network present.
Signs of Safety in Cornwall

Implementation of Signs of Safety in our work with children and their families is at the heart of our mission to improve our practice and outcomes for children in Cornwall.

The Signs of Safety is an innovative strengths-based, safety-organised approach to child protection casework. The model of its approach was created in Western Australia by Andrew Turnell and Steve Edwards, who worked with over 150 front-line statutory practitioners and based it on what those practitioners know works well with difficult cases. The Signs of Safety approach has attracted international attention and is being used in jurisdictions in North America, Europe and Australasia.

Statement from Jack Cordery Head of Service (Children's Early Help, Psychology and Social Care Services)