The Munro Review of Child Protection

Interim Report:
The Child's Journey

Professor Eileen Munro

'*It's all about relationships. We are talking about dealing with people with problems, with painful stuff. You have to know someone, trust them. They must be reliable and be there for you if you are going to be able to talk about the things you don't want to. The things that scare you.*' Parent

Family Perspectives on safeguarding and relationships with children's service
The Children's Commissioner for England, June 2010

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Preface

This is the second report of the review of child protection in England commissioned in June 2010 by the Secretary of State for Education, the Right Honourable Michael Gove MP. Its theme is the child's journey. Too often in recent history, the child protection system has, in the pursuit of imposed managerial targets and regulations, forgotten that its raison d'être is the welfare and protection of the child. This phase of the review looked at how the system could be reformed to keep a focus on the child's journey – the journey from needing help to receiving it. This covers a number of areas, including work with children and families who have not yet met the threshold for child protection.

The review is working closely with a number of local authorities including Cumbria, Gateshead, Hackney, Knowsley and Westminster. These five authorities have asked to trial flexible assessment timescales, so that social workers can exercise their professional judgment more effectively to improve outcomes for vulnerable children. I am very grateful to these authorities for trialling this new way of working and, subject to their agreement to the conditions of the trial with Ministers, I look forward to considering their early findings in time for the final report.

In this phase of work I have continued to be supported by an expert reference group and key leaders in the sector, and have benefited from field visits to a number of local authorities. I have also convened a multi-agency working group consisting, so far, of representatives from social work, health and police professional strategic bodies in order to consider the future of inter-agency rules and guidance. In addition I have benefited from the excellent work undertaken by Graham Allen, Frank Field Clare Tickell and David Norgrove in their respective government reviews.

As I said in my first report in October, I am mindful of the fact that this review is taking place at a time of financial constraint, and it is within this context that my recommendations will be made. However, this review of child protection has been fortunate in being the first not to have been initiated in response to a particular tragedy and my final report in April will not seek a series of superficial quick fixes – in a system as complex as the child protection system, there are no quick fixes to be had. There are, however, barriers to good practice which can be removed and incentives to better practice which can be put in place. I hope that the result will be a recalibration of the whole system around the immediate needs of the individual children and families that it seeks to serve.

Professor Eileen Munro
London School of Economics and Political Science   **February 2011**

Executive summary

1. The Munro Review of child protection is part of a national drive to improve the quality of child protection services. The aim of this report is to set out for discussion the characteristics of an effective child protection system, and the reforms that might help to create such a system. This report is called *The Child's Journey*, referring to the child's journey from needing to receiving effective protection from abuse and neglect.

2. The review's first report provided an analysis of the unintended consequences of previous reforms that had arisen in the child protection system. It concluded that professionals are, in particular, constrained from keeping a focus on the child by the demands and rigidity created by inspection and regulation. Many of the areas identified for reform at this stage of the review relate, therefore, to these parts of the system.

3. To encourage change, the review has been working in partnership with five authorities who have requested greater flexibility when assessing the needs of children and young people, with the aim of delivering improved outcomes and more focused interventions. The Secretary of State for Education is considering using his powers to enable them to model the responsible innovation this review wants to encourage. These local authorities will be granted temporary suspension from certain requirements in statutory guidance for a six month period, subject to their agreement with Ministers to the conditions of the trial.

4. The review endorses the crucial role that inspection can play in improving services for children, and will be working with Ofsted to develop an inspection process that drives child-centred practice, focuses on the effectiveness of help provided and assesses the quality of learning across local organisations, rather than compliance with process. The consensus view in feedback to the review has been that announced inspection carries a considerable amount of bureaucratic burden. The review is recommending that announced inspections should end as part of forthcoming revisions to the inspection framework. Instead, unannounced inspections should be given a broader remit across the contribution of all children's services to the protection of children.

5. Serious Case Reviews (SCRs) have been criticised for failing to identify or explain the factors that have contributed to poor practice. The review is therefore considering adopting the systems approach used in the health sector, which explores these factors and therefore offers the potential for deeper lessons and improved learning. The review has also received evidence that the system of external evaluation of SCRs has distorted the priorities in conducting these reviews, adding to bureaucracy, and inhibiting learning. Alongside the Government's policy that SCR overview reports are published, the review is recommending that Ofsted evaluations of SCRs should end in due course. Instead, the quality of learning more generally should be given greater coverage within the overall inspection process.

6. *Working Together to Safeguard Children* is the core guidance for multi-agency working. The document is now 55 times longer than it was in 1974[1]. One of the reasons for this growth has been the inclusion of professional advice alongside statutory guidance. The review is working with a group of representatives from the relevant professions to consider how statutory guidance could be separated out from professional advice, with the professions taking responsibility for the latter. In the next report the review will make recommendations on how this would allow for statutory guidance to become a shorter manual in which the core principles and rules are clearer to all professionals.

7. Senior leaders from local agencies work together, through the Local Safeguarding Children Board (LSCB), to provide local leadership and clarity about working together to help keep children and young people safe. LSCBs are uniquely placed to take a holistic approach to child protection. The review is minded to strengthen the role of LSCBs in monitoring the impact of practice, training and learning on the child's journey, as well as identifying and addressing emerging problems in the system.

8. With the extent of current public service reform, the role of leadership and lines of accountability in child protection services need to be clear. The review agrees with Lord Laming's conclusion on the need for a strong local spine of accountable leaders, with responsibility located in the local authority, as reflected in the current statutory framework. In particular the review considers it important that local authorities ensure that the role of the Director of Children's Services continues as the key point of professional accountability for child protection services within the local authority and that this is not diluted or weakened.

9. Local authorities and their partners need performance data to know how the system is functioning. The Government has announced that the National Indicator Set of performance measures will be replaced with a single comprehensive list of data required centrally. The review is considering a minimum data set for child protection made up of a 'twin core' of nationally collected data and recommended standardised local data. Such data can help inform the development and evaluation of policy by central Government and drive improvement and learning at a local level. It is important that data allows the child's journey through the system to be mapped and that such data informs discussions about local practice, rather than being used as absolute indicators of 'good' or 'bad' performance.

10. Early identification and provision of help is in the child's best interests and multi-agency services which deliver support for families are vital in promoting children's well-being. The review endorses efforts to improve family support services in the community such as Sure Start Children's Centres and the health visitor service, and emphasis given to this issue by Frank Field (reported Dec 2010), Graham Allen (reported Jan 2011) and Clare Tickell (Spring 2011) in their respective reviews.

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[1]Parton, N (2010) *The Increasing Complexity of 'Working Together to Safeguard Children'*

11. All who come into contact with families have a part to play in identifying those children whose needs are not being adequately met. Some of these needs can be helped by universal and early intervention services, while others may need referral to more specialist services, including children's social care. Evidence submitted to the review shows strong support for the current policy where, with the family's consent, an assessment is made, using a format common to all local agencies, that can be shared as appropriate with other professionals. It is important to minimise dependency and empower families, giving them ownership of their personal assessment.

12. Maltreatment is not always being safely identified and responded to appropriately because social work expertise may not always be readily available to other professionals. This contributes to a high level of referrals to children's social care that are subsequently assessed as inappropriate. In its final phase, the review will consider solutions developed in some local areas, where multi-agency teams, that include social workers, are located in the community alongside universal services. These teams enable children and young people who are in need of protection from maltreatment to be more accurately identified.

13. The review is considering whether, when a child is referred to children's social care, any existing assessment is continued by social workers, rather than the current system which starts a new bureaucratic process of initial and core assessments. Current practice is dominated by prescribed timescales, but there should be a stronger awareness of balancing the timeliness with the quality of assessment, so that the specific needs of any child can be well assessed. Timeliness matters but so does quality, and local arrangements should monitor both. The review is working with the Family Justice Review to explore how local authorities can contribute to reducing unnecessary delays in the child's journey through the courts and care proceedings.

14. Managers in social work play a crucial part in creating the work conditions that facilitate good practice. The current management style puts too much emphasis on the bureaucratic aspects of the work. Radical reform is needed to give due weight to the importance of the cognitive and emotional requirements of the work, the need for continuing professional development, and for access to research in order to help workers perform at a high level. The scale of rules and procedures may help achieve a minimum standard of practice, but inhibits the development of professional expertise and alienates the workforce, thus contributing to the serious problems of recruitment and retention. The review is considering how user-centred design of assessment and decision making tools can provide better aids to professional reasoning. The review is working in particular with practitioners on how the design of Integrated Children's System (ICS) software can be made more user-friendly and efficient.

15. Good social work practice requires forming a relationship with the child and family and using professional reasoning to judge how best to work with parents. The nature of this close engagement means that supervision, which provides the space

for critical reflection, is essential for reducing the risk of errors in professionals' reasoning. There is a growing body of relevant research to support professionals' reasoning. It is important that social workers make good use of this to make more accurate assessments and to differentiate those aspects of poor parenting that tend to be correlated with adverse outcomes for the child from the less damaging ones. Social workers need to make best use of evidence on how to help families change. This should include both evidence about the nature of effective working relationships, and of methods to use within these relationships to promote change.

16. The Social Work Reform Board (SWRB) has developed a capabilities framework which outlines the generic skills and knowledge needed by a social worker at different stages in their career. The review is building on this and drafting the specialist capabilities needed in child and family social work. The SWRB has recommended that the career structure should be altered to give social workers a long-term professional career without becoming a manager. The review is considering how this could be developed in child and family social work, to enable the development of expertise that should be available to support the frontline practitioner.

17. Many professionals, in the past, have reflected on the *'climate of fear, blame and mistrust that seems to be endemic within the child protection system'*[2]. There is considerable evidence that the child protection system and social workers in particular are still portrayed very negatively in the media. This undermines public confidence in the profession and puts children at greater risk. Such reporting also has unintended consequences for the way the system functions, for example, by altering referral patterns, creating spikes in demand, and increasing thresholds. The review, working with the College of Social Work, newly established on the recommendation of the Social Work Task Force, is considering how to help the public gain a better understanding of the complexity, uncertainty and emotional challenge inherent in child protection. This includes improving the response of the social work profession to public debates about their work, especially in a crisis, so that there is a clearer account of professional practice.

18. A good child protection system should be concerned with the child's journey through the system from needing to receiving help, keeping a clear focus on children's best interests throughout. This includes developing the expertise and the organisational environment that helps professionals working with children, young people and families to provide more effective help. The review is considering whether, in light of wider reform of public services, there is a need for a panel composed of the relevant professions within the child protection system, to advise Government and the professions on how the different parts of the child protection system are interacting and whether problems are emerging.

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[2] *Ayre, P. (2001), 'Child Protection and the Media: lessons from the last three decades', BJSW 31(6), 887-901*

19. This review is taking place at a time of major reform in all of the relevant public services, where serious financial constraints are being applied and with major workforce issues particularly in the field of social work. It remains essential that the protection of children is a priority within these reforms. It is in this context that the review will be seeking the help of each profession within the sector to develop the reforms proposed in this report and work with a range of groups to develop its thinking before producing a final report and recommendations to Government in April.

Chapter One: Introduction

1.1   The *Munro Review of Child Protection, Part One: A Systems Analysis*[3] set out the current problems in the child protection system and offered an analysis of why these problems had arisen. It concluded that an imbalance has developed between the demands of the management and inspection processes and professionals' need for a work environment - and the right capabilities - to help them exercise professional judgment, provide effective help, and keep a clear focus on the best interests of the child. The aim of this interim report is to set the characteristics of an effective child protection system and to outline the reforms that might help the current system get closer to the ideal, seeking feedback on this before making detailed recommendations to Government in the final report at the end of April.

1.2   Providing effective help to children who are at risk of abuse or neglect has both immediate and long term benefits. Child maltreatment has been associated with the following long term impacts:
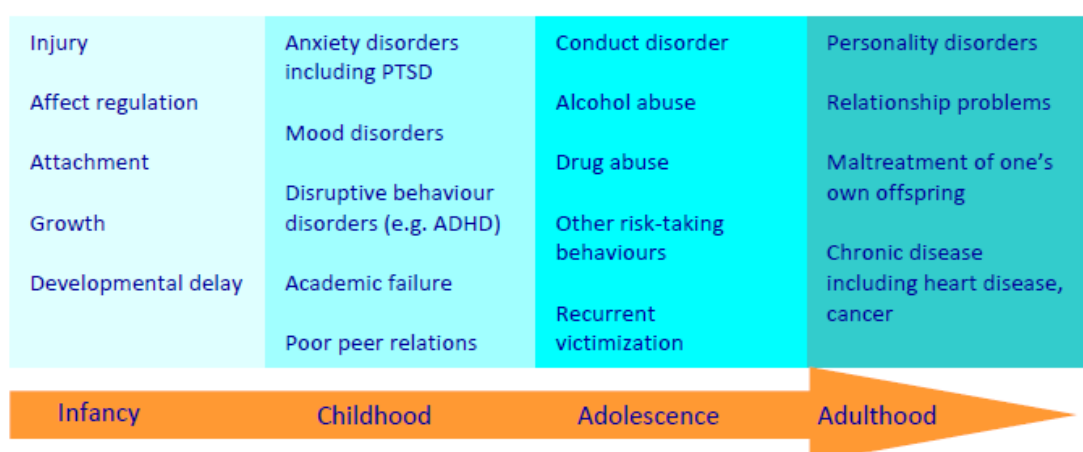
Infancy	Childhood	Adolescence	Adulthood
Injury	Anxiety disorders including PTSD	Conduct disorder	Personality disorders
Affect regulation	Mood disorders	Alcohol abuse	Relationship problems
Attachment	Disruptive behaviour disorders (e.g. ADHD)	Drug abuse	Maltreatment of one's own offspring
Growth	Academic failure	Other risk-taking behaviours	Chronic disease including heart disease, cancer
Developmental delay	Poor peer relations	Recurrent victimization	

Figure 1.1 - PreVail, *Research Brief: Interventions to Prevent Child Maltreatment* (March 2010)[4]

1.3   The United Nations Convention on the Rights of the Child (UNCRC) provides a child-centred framework that spells out the basic human rights that children everywhere have: the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life. The four core principles of the Convention are non-discrimination; devotion to the best interests of the child; the right to life, survival and development; and respect for the views of the child[5]. The vision of children implicit in the UNCRC and in the Children Act 1989 is that children are neither the property of their parents nor helpless objects of charity. They are individuals, members of a

[3] http://www.education.gov.uk/munroreview/downloads/TheMunroReviewofChildProtection-Part%20one.pdf
[4] http://prevail.fims.uwo.ca/docs/CM%20Research%20Brief%20Mar10.pdf
[5] http://www2.ohchr.org/english/law/crc.htm

family and a community, with rights and responsibilities appropriate to their stage of development.

1.4   The child protection system could be taken to refer specifically to the reactive service of identifying incidences of maltreatment and preventing their recurrence. However, as the UNCRC makes clear, the child's right to protection from maltreatment places a duty on the State not just to react to incidents of maltreatment but to provide support to families to reduce the incidence. Article 19 of the UNCRC:

> *'1. States Parties shall take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.*
>
> *'2. Such protective measures should, as appropriate, include effective procedures for the establishment of social programmes to provide necessary support for the child and for those who have the care of the child, as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up of instances of child maltreatment described heretofore, and, as appropriate, for judicial involvement.'*

1.5   ***Child-centred:*** This report is entitled '*The Child's Journey*', meaning the child's journey from needing to receiving effective help for problems arising from family and social circumstances. Evidence presented to the review shows that the system does not currently stay child-centred. While many professionals make strenuous efforts to keep a focus on the child – and many children praise the help they have received – there are aspects of the current system that push practitioners into prioritising other aspects of their work. As set out in this review's first report[6]:

> *'It may seem self-evident that children and young people are the focus of child protection services but many of the criticisms of current practice suggest otherwise. In a system that has become over-bureaucratised and focused on meeting targets which reduce the capacity of social workers to spend time with children and young people and develop meaningful relationships with them, there is a risk that they will be deprived of the care and respect that they deserve. The children and young people who have contributed so far to the review confirm that they do not feel as though they are centrally important and held in mind by their social worker:*
>
>> *'I was never asked about how I felt or what I wanted to happen. Asking me 10 minutes before the meeting is not the same'*
>>   *Young person speaking to the review'*

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[6] Munro I, c. 1.31

1.6   Anchoring the review in the concept of the child's journey and the UNCRC helps to keep a clear focus on whether the review's reforms are likely to have a beneficial impact on the safety and well-being of children. It provides a structure when thinking about the design of an effective child protection system. What do children need from a child protection system? What do they need frontline practitioners to be able to do? How should practitioners be managed in order to provide this? How should services be inspected to check that this is being achieved? Any suggested reform should have a clear link to the impact on the well-being and safety of children.

1.7   There is also an important group of children who are the subject of a child protection inquiry and where maltreatment is not found. For these families, the experience ranges from unpleasant to highly traumatic, sometimes leaving them with a fear of asking for help in the future. In the first report, it was noted that the more any system tries to avoid missing a case of maltreatment then the more non-abusive families will be drawn into the net of child protection inquiries. It is important to remember that the search for accuracy comes with a human cost that is borne by a child and parents and so the system needs to pay attention to the impact of their service involvement on children who, it is later concluded, are not at risk of significant harm.

1.8   ***Early help:***   The sequence of the chapters in this report follows the child's journey. From a child's point of view, the ideal is where family, friends, community, and universal services provide all that is required, and this is the experience for most children in England.   The second best is that any emerging problems are identified quickly and addressed.   Chapter two discusses the importance of primary and secondary levels of preventive services, services that support families so that problems do not arise or are dealt with speedily while still at a low level. Supporting families is a multi-agency, multi-professional responsibility. All have a part to play in identifying children whose needs are not being adequately met, sometimes because of parental abuse or neglect.

1.9   There are three other reviews, commissioned to consider aspects of early provision of help for children, which are relevant here. Their recommendations will be taken into account in this review:

- the Independent Review on Poverty and Life Chances led by Frank Field MP reported in December 2010[7] recommending actions required by government and other institutions to reduce poverty and enhance life chances for the most disadvantaged. The final report set out a new approach to meeting the Government's target for abolishing child poverty, in particular for the inclusion of non-financial elements;

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[7] Field, F. (2010), *Foundation Years: preventing poor children becoming poor adults* (available online at http://povertyreview.independent.gov.uk/)

- the independent commission into early intervention led by Graham Allen MP presented their first report in January 2011. The report identified 19 programmes that have a proven effectiveness in helping children and young people to fulfill their potential and help break intergenerational transfers of disadvantage and underachievement[8]; and

- a review of the Early Years Foundation Stage (EYFS) is being undertaken by Dame Clare Tickell who is carrying out a review of the EYFS so that it is less bureaucratic and more focused on young children's learning and development[9].

For this review, a key concern is the problem of identifying those children, receiving early intervention services, who are suffering, or are likely to suffer, significant harm and need a different level of response.

1.10   **Child and family social work*:*** Chapter three begins by considering what expertise children need social workers to have. It builds on the work of the Social Work Task Force and the Social Work Reform Board to outline the skills, knowledge and values needed.

1.11   When looking at ways to reduce bureaucratic demands on social workers consideration needs to be given to why these demands were introduced and whether those reasons still hold true. There seem to have been two main driving forces behind the proliferation of prescription and documentation: improving social work practice and increasing transparency and accountability.   Both issues continue to matter, so any reforms need to try to achieve the same goals but by different means. The former issue is covered in chapters three and four while the latter topic of transparency and accountability is dealt with in chapters four and five when discussing managerial oversight and inspection.

1.12   **Managing frontline social work*:*** The first report concluded that the management of children's social care had evolved too far into a top-down, compliance-driven organisation. This stifled creativity and distorted priorities, with more attention given to the completion of bureaucratic tasks to specified timescales as the measure of success, than the appraisal of the quality of help received by children and their families.   Chapter four considers how children's social care organisations need to move towards being adaptive, learning organisations that keep a clear focus on creating the work environment that helps frontline social workers have the skills, time and resources to visit families, engage with them, develop a good understanding of their problems and provide effective help.

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[8] Allen, G. (2011), *Early Intervention: the next steps* (available online at http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf)
[9] Launch notice available online at http://www.education.gov.uk/inthenews/inthenews/a0061485/review-of-early-years-foundation-stage

1.13 **Accountabilities***:* Chapter five's multi-agency, multi-professional focus starts by discussing the role of Local Safeguarding Children Boards (LSCBs) in monitoring how well local services are safeguarding children. It also re-emphasises the importance of local leaders in the regular enquiry of the impact of their help locally on children and young people and begins to consider how inspection can drive a learning culture. LSCBs are required to conduct a Serious Case Review when a child dies or is seriously injured and abuse or neglect is thought to be a contributory factor. The chapter explores whether the systems approach used in the health sector offers a better model for learning.

1.14 **Assessment and timescales***:* In the spirit of fostering a learning and adaptive culture within local child protection systems, the review has engaged with a number of local authorities, in order to understand the challenges they face. The review team has been working in partnership with five authorities who have requested greater flexibility when assessing the needs of children and young people, with the aim of delivering improved outcomes and more focused interventions. These local authorities will be granted temporary suspension from certain requirements in statutory guidance for a six month period, subject to their agreement with Ministers to the conditions of the trial. The trials will begin shortly and run until the end of July. The early results will inform thinking for the final report of the review (see chapter four for details).

1.15 The hypothesis is that, whilst timescales and fixed stages of assessment provide some control of the child protection system (for example by preventing drift and controlling demand), they can do so at the expense of thoughtful social work practice. It is possible that a different approach to local management and leadership could mitigate these negative tendencies. It should be possible to provide thoughtful assessment and timely decision making without the need for false assessment distinctions and timescales which seek to over-standardise the many varied and complex needs of vulnerable children.

1.16 The issue of timescales is one element of a broader theme that permeates the review: the problem of finding a balance between prescriptive rules and professional judgment based on expertise. Targets and performance indicators are criticised as implicitly creating a rule, i.e. meeting that indicator is automatically an indication of 'good' practice, regardless of whether it is in the best interests of the child. In reality, because of the diversity of children's needs and circumstances, the data needs to be interrogated to see what practice has produced this result and whether it was beneficial for the child or not. In a similar way, the expansion of procedures and prescriptive guidance is faulted for over-standardising practice and undervaluing the skills required to apply principles in diverse circumstances.

1.17 **Rules and judgment***:* Whilst some rules and prescription will always be necessary - not least to enable people from different agencies to coordinate their work - they have come to be seen as a way of making quick improvements in a poor service, without needing lengthy training to explain to the multi-agency workforce why they matter. In the long term, improvement in the quality of the service provided to

children, young people and families (the quality of the journey) rests on having a well trained, well supported workforce that understands the underlying principles of child protection and has the space to assess how best to apply them.

The principles of child protection

1.18   In its final phase, the review will consider how best to frame these principles which underpin a strong child protection system. The following list is an initial draft for consideration:

- the family is the best place for bringing up children and young people, but the child protection system faces difficult judgments in balancing the right of a child to be with their birth family with their right for protection from abuse and neglect;
- the child protection system is a multi-professional, multi-agency operation requiring all who work with children, young people and families to consider the effectiveness of their work;
- the child protection system should be child-centred, recognising children and young people as individuals with rights, including their right to participation in major decisions about them, in line with their evolving capacities;
- the child protection system understands its dual mandate to support families and help them provide adequate care and to intervene authoritatively when children and young people need protection;
- the general public and all who work with children, young people, families and carers have a responsibility for protecting children and young people;
- helping families involves working *with* them and therefore the quality of the relationship between the family and professionals directly impacts on the effectiveness of help given;
- children's needs and circumstances are varied and so the child protection system requires sufficient flexibility, with space for professional judgment to meet that variety of need;
- the complexity of the world means that uncertainty and risk are features of child protection work and that risk management cannot eliminate harm, only reduce its occurrence;
- a learning and adaptive system is characterised by regular questioning of how the system (locally and nationally) is functioning and whether children are receiving effective help; and
- good professional practice is driven by knowledge of the latest theory and research.

It is vital too, that any principles that seek to support child protection are mindful of the inherent risk and uncertainty in protecting children and young people from harm. In this area, the review has been particularly impressed by the 'risk principles' developed by the Association of Chief Police Officers (ACPO), and is considering ways in which they could be incorporated into child protection work (see Annex A).

Next steps

1.19   The final phase of the review will propose how the current system can be adjusted so that, over time, it better reflects the needs of children and young people. As the review develops detailed recommendations to Government in each of these areas it will work very closely with stakeholders and child protection professionals in order to think clearly about the implications of implementation, before making recommendations to Ministers by the end of April.

1.20   This is an opportunity not to set the 'right' system in stone, but to build an adaptive, learning system which can evolve as needs and conditions change. It is only by seeking well-balanced flexibility that the system can hope to retain its focus on helping children and families, rather than simply coming to serve its own bureaucratic ends.

Chapter Two: Getting help early

'No child's future should be predetermined by the decisions or mistakes of his or her parents, and I firmly believe every child should have the chance to succeed, regardless of their background. Intervening earlier with troubled families can not only prevent children and their parents falling into a cycle of deprivation, anti-social behaviour and poverty but can save thousands if not millions of pounds in the longer term'[10].

2.1   **The earlier, the better***:* From a child or young person's point of view, the earlier help is received the better. Research on children's development also emphasises the importance of the early years on their long-term outcomes. This chapter, therefore, discusses the current policies of prevention and early intervention, but has a specific focus on identifying those children who are suffering, or are likely to suffer, significant harm as a result of maltreatment. It begins by describing the levels of prevention that can be offered to children and families before discussing the scale of the problem, a discussion that reveals how much unmet need for protection there is. The merits of primary and secondary preventive services are also covered, as is the problem of how to identify the children within those services who are suffering or are likely to suffer significant harm. Evidence submitted to the review suggests that one constructive way of dealing with this problem is creating multi-agency teams in the community that have an experienced social worker among other professionals so that more informed appraisals of signs of concern can be made.

2.2   **Engaging families:** There is a tension in providing support to parents. For most, the right approach is to offer services with families making a voluntary choice to receive them. There are families whose level of parenting raises some concern and the relevant services make more strenuous efforts to make them aware of the help available and to gain their co-operation. There are also families whose parenting raises serious concern, and it may be necessary to take a more coercive approach. It is the problem of deciding when to escalate the level of professional involvement that is one of the main concerns of this review: identifying those children, receiving early intervention services, who are suffering, or are likely to suffer, significant harm and need a different level of response is the dilemma professionals face. A complicating factor is that parents who voluntarily engage with support services tend to make more progress while a more coercive approach can deteriorate into an adversarial relationship which blocks progress. Therefore, moving up the scale of intrusiveness carries both gains and losses and so creates a complex decision.

2.3   **Helping***:* The review uses the term 'help' rather than the more commonly used term 'intervention' in describing professional services because 'help' carries a stronger

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[10] Minster of State, Sarah Teather MP, on launching the Graham Allen review on Early Intervention, http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf

connotation of working *with* families and supporting their aims and efforts to change. In the first report, it was stressed that success in human services is the result of the joint efforts of the professional and the service user: '*all public services require the 'customer' to be an active agent in the 'production' of the desired outcomes*'[11]. It is important, however, to stress that using the term 'help', does not take away from the fact that child protection work requires authoritative and, at times, coercive action to protect children and young people.

2.4   **Current policy***:* Evidence submitted to the review shows that there is strong support for the current policy of building up early support services which focus investment on tackling emerging problems. There is also a considerable body of evidence that intervening early can save money by avoiding more costly interventions (see, for example, the work of Graham Allen, mentioned below). Many such approaches already exist, such as health visiting services (for which there is a planned expansion programme) and Sure Start Children's Centres which are currently being reformed with an increased focus on early intervention support for the families in greatest need and greater involvement of voluntary and community organisations with a track record of supporting families.

2.5   Supervised volunteers have a role to play as an aid to the early support workforce for children, young people, their families and carers, offering flexible help. For example, through a network of over 16,000 trained parent-volunteers, Home Start supports parents who are struggling to cope. Trained volunteers try to help build the resilience and emotional strength of families. Almost 25% of families they help referred themselves to the service[12]. In addition, there is a long tradition of children and their families drawing on support from a range of sources outside of the state, from core frontline services provided by some of England's largest charities to groups of local volunteers assisting social care to enhance the service it provides.

2.6   The significance of prevention and early provision of help is reinforced by the fact that we know far more about how to prevent the primary occurrence of maltreatment than how to respond effectively once maltreatment has occurred[13]. As the Allen Review argues, this strengthens the case for having selective primary prevention programmes offered to families in high risk groups[14].

2.7   It is also important not to see all families as problematic. The majority of families use support from within the family, friends, communities and universal services in raising children. The basics of a 'big society' are already in place.

2.8   In using research evidence about correlations between childhood factors and later outcomes, it is important not to assume a simple determinism at the individual level.

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[11] Chapman, J. (2004) System Failure; why Governments Must Learn to Think Differently, Demos
[12] www.home-start.org.uk
[13] Macmillan, H. et al (2009), 'Interventions to prevent child maltreatment and associated impairment', The Lancet, Volume 373, pp 250-266
[14] Allen, G. (2011), Early Intervention: the next steps, chapter 3 (available online at http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf)

Research can identify groups within which there will be a higher than average number of individuals who have problems later but some in the group will not. Studies of siblings who have suffered maltreatment reveal how varied their life course may be[15]. This body of research is important not only because it underscores the need to avoid fatalism, assuming that a specific child is going to be problematic, but also because it draws attention to the importance of resilience factors that help children counter adverse experiences.

What level of help is needed?

2.9   When a need for help is identified, children need professionals to make a good assessment that leads to the right level of response to their needs. It is easy to offer a definition of which families or problems can be helped through a range of preventive services but, in practice, there are many difficulties in assigning families to appropriate services that meet their needs.

2.10   The standard categories of prevention are:

- universal primary prevention - addressing the entire population and aiming to reduce the later incidence of problems, e.g. the universal services of health, education,
- selective primary prevention - focusing on groups which research has indicated are at higher than average risk of developing problems. Many of the interventions recommended in Graham Allen's review fall into this category, e.g. offering additional support services to single, teenage mothers;
- secondary prevention - aiming to respond quickly when low level problems arise in order to prevent them getting worse. This area of multi-agency work has been the subject of policy development since the 'refocusing' debate in 1995[16] and 'Every Child Matters' in 2003;
- tertiary help / prevention - involving a response when the problem has become serious, e.g. child protection, hospital care, criminal justice;
- quarternary help / prevention - providing therapy to victims so that they do not suffer long term harm, e.g. therapy for victims of sexual abuse or therapeutic help for looked after children.

2.11   This review is remitted to reform the child protection system which falls into the tertiary and quaternary levels: the service offered to families when there are significant problems in the care of children and young people and they are thought to be suffering, or are likely to suffer, significant harm. When we consider this from the perspective of the journey of the child - from needing to receiving help - we are inevitably interested in the early stages of child maltreatment and the services provided at both primary and secondary levels of prevention to reduce the number of children who suffer serious maltreatment.

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[15] Bifulco, A. (2008), 'Risk and resilience in young Londoners' in *Treating traumatised children: Risk, resilience and recovery*, ed. Brom, D., Pat-Horenczyk, R., & Ford, J.
[16] *Child Protection. Messages from Research* (1995) HMSO ISBN 0-110321781-1

2.12   However, the link between the levels of services is not clear cut. Assessing children and families and assigning them to the right level of the right type of service is a difficult task. There are particular challenges involved in assessing whether children are suffering, or are likely to suffer, significant harm. Statutory guidance tells those working with families to refer such children to social care, but making this decision is not straightforward. Maltreatment rarely presents with a clear, unequivocal picture. In general, it is the totality of information, the overall pattern of the child's story, that raises suspicions of possible abuse or neglect.

2.13   Secondary preventive services seek to identify families with first signs of problems, but they may fit several categories and it is not easy for workers to know which is which. The presenting signs may be first signs that are low level and are appropriately dealt with by early intervention services. They may, however, be first signs that suggest serious maltreatment - the first sign may be a fractured skull in a baby.

2.14   However, the most problematic group are those where the first signs look low level but they are really the tip of an iceberg and the child is actually being seriously harmed. So, to give a real example, a support worker may visit a home and be told that one child is visiting his grandmother. She can see that his brother and sister are well cared for. Being told that a child is visiting a grandparent does not, on its own, ring alarm bells.   If that child continues to be out of sight on future visits as well, then there comes a point when the support worker should become suspicious, though this requires judgment. There is no simple rule. In one form of maltreatment, parents scapegoat a particular child and take good care of the others. In this case, the absent child was, in fact, locked in a bedroom starving.

2.15   This last possibility, that the presenting problem though low level in itself, may be the surface evidence of a deeper problem receives more attention when there has been a major child death story in the media. Workers often then make more referrals to children's social care in case, on further investigation, the child is found to be suffering significant harm. After the death of Peter Connelly and the associated publicity in which professionals were castigated for failing to see he was being maltreated, there was an average 11% rise in referrals in the year that followed and this has sustained since with figures for 2009-10 showing a 10.4% increase on the previous year[17]. For some local authorities, the rise has been higher than the average.

2.16   Putting more families into the social care category is problematic in two main ways. One of the problems is a high level of referrals that, on closer examination, are not deemed to need a service. This means that children and families go through a stressful process for no benefit and social care services are overwhelmed in searching through the referrals for those cases where children are suffering, or are likely to suffer, significant harm. Their ability to provide effective help to the most serious cases is reduced because so much resource is devoted to dealing with the

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17 http://www.education.gov.uk/rsgateway/DB/SFR/s000873/index.shtml; year ending 31 March 2010: http://www.education.gov.uk/rsgateway/DB/STR/d000970/index.shtml.

influx and prioritising cases. While some of these families need that closer examination to make an informed judgment about a child's safety and welfare, it is clear from the big variations in referral rates around the country that there is considerable scope for helping people working in primary and secondary level services to make fewer, more appropriate referrals. If this can be achieved, then families will experience fewer unproductive referrals to children's social care and the caseloads in children's social care will become more manageable, and so help to create the conditions in which help can be provided and a more effective service to children and families can be constructed.

The scale of the problem

2.17   For 2009-10, Department for Education figures report that[18]:

- 603,700 referrals were made to children's social care services, an increase of 56,700 (10%) from the 2008-09 figures and an 11% increase from 2006-07;
- 395,300 initial assessments were completed within the year (65.5% of the total referrals in the year), an increase of 46,300 (13%) from the 2008-09 figures and a 30% increase from 2006-07;
- 137,600 core assessments were completed within the year (22.8% of the total referred), an increase of 17,000 (14%) from the 2008-09 figures and 47% if taken over the three year period, 2007-10;
- 39,100 children were subject to a child protection plan at 31 March 2010, an increase of 5,000 (15%) from the 2008-09 figures. The most common reason for a child to be placed on a child protection plan was neglect (43.5%);
- the Children in Need Census reported that 377,600 children in England started an episode of need[19] in 2009-10 and 694,000 were in need at some point in the year ;
- on 31 March 2010 there were 375,900 children in need in England which equates to 341.3 children in need per 10,000 children under 18 years; and
- the most common reason for a child to be assessed as in need, for 39.4% of all cases, was abuse or neglect.

2.18   The figures above indicate that in the year 2009-10 about 3.14 % of the population of children and young people, were regarded as children in need, but only 0.32% were the subject of child protection plans (i.e. substantiated cases of abuse).

2.19   With this level of unmet need, the contribution of universal services and services targeted on high-risk groups is even more important, since they may reach children whose maltreatment has not yet been brought to the attention of children's social care, or whose situation does not meet the threshold for statutory intervention. By

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18 DfE: Children In Need in England, including their characteristics and further information on children who were the subject of a child protection plan (2009-10 Children in Need census, Final) (available online at http://www.education.gov.uk/rsgateway/DB/STR/d000970/index.shtml); for figures from earlier years see links at http://www.education.gov.uk/cgi-bin/rsgateway/search.pl?keyw=021&q2=Search.

[19]Children Act 1989, S17 a child in need is defined as a child requiring additional support from a local authority, if he or she is unlikely to achieve or maintain, or have the opportunity of achieving or maintaining a reasonable standard of health and development without support, if his or her development is likely to be significantly impaired, without support and/or if he or she is disabled.

reaching these families early, primary and secondary level services can reduce the number of children who might otherwise later suffer significant harm.

2.20   There are national statistics available about the prevalence of actual or potentially harmful circumstances in which children are living and local areas have the task (and statutory duty in the case of the Joint Strategic Needs Assessment) of building up a profile of their own local need, that helps professionals understand the potential variety of responses that may be required in their area and to commission appropriate and relevant services. Domestic violence is a significant issue linked to child protection, and its prevalence may be varied in different localities. Services need to be developed to reflect this:

- there are 120,000 victims in any year who are at high risk of being killed or seriously injured as a result of domestic abuse[20];
- 69% of high risk victims have children[21];
- in 75% to 90% of incidents of domestic violence, children are in the same or the next room[22];
- children who live with domestic violence are at increased risk of behavioural problems and emotional trauma, and mental health difficulties in adult life[23];
- the link between child physical abuse and domestic violence is high, with estimates ranging between 30% to 66% depending upon the study[24]. The Royal College of Psychiatrists states: 'About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families'[25];
- there are an estimated 50,000 to 200,000 young people in the UK caring for a parent with mental health problems[26];

20 CAADA (2010), Saving Lives, Saving Money (available online at
http://www.caada.org.uk/Research/Saving_lives_saving_money_FINAL_REFERENCED_VERSION.pdf)
21 Howarth, E., Stimpson, L., Barran, D., & Robinson, A. (2009), Safety in Numbers: A Multisite
Evaluation of Independent Domestic Violence Advisor Services
22 Hughes, H. (1992) 'Impact of spouse abuse on children of battered women', Violence Update, 1
August, pp 9–11.; Abrahams, C. (1994), Hidden victims: Children and domestic violence, NCH Action
for children)
23 Kolbo, J.R., Blakeley, E.H., & Engelman, D. (1996), 'Children who witness domestic violence: A
review of the empirical literature', Journal of Interpersonal Violence, vol.11, no.2; Morley, R., &
Mullender, A. (1994) 'Domestic violence and children: what we know from research' in Mullender, A.,
& Morley, R. Children living with domestic violence: putting men's abuse of women on the childcare
agenda; Hester, M., Pearson, C., & Harwin, N. (2000; new ed. 2007) Making an impact: Children and
domestic violence: A reader
24 Hester, M., Pearson, C., & Harwin, N. (2000; new ed. 2007) Making an impact: Children and
domestic violence: A reader; Edleson, J. (1999), The overlap between child maltreatment and woman
abuse, National Electronic Network on Violence against women (available online at:
http://www.vawnet.org/DomesticViolence/Research/VAWnetDocs/AR_overlap.php); Humphreys, C.,
and Thiara, R. (2002), Routes to Safety: Protection issues facing abused women and children and the
role of outreach services, Women's Aid Federation of England; Morley, R., & Mullender, A. (1994)
'Domestic violence and children: what we know from research' in Mullender, A., & Morley, R.
Children living with domestic violence: putting men's abuse of women on the childcare agenda;
Radford, L., & Hester, M. (2006), Mothering through domestic violence
25 http://www.rcpsych.ac.uk/mentalhealthinfo/mentalhealthandgrowingup/domesticviolence.aspx
26 MyCare, The Challenges Facing Young Carers of Parents with a Severe Mental Illness, The Mental

- more than 2.6 million children in the UK live with hazardous drinkers, 705,000 live with a dependent drinker and more than 8 million people are affected by a family members' alcohol use[27]. A 2010 NSPCC ChildLine survey revealed more than 4,000 children, some as young as five years old, had contacted the service during the previous year worried about their parent's excessive drinking. Many of these callers also reported instances of abuse and neglect[28] ; and
- 210,000 adults are in treatment for drug dependency each year, over a third of whom at any one time are parents[29].

Early help: understanding need

2.21   Problems may arise at any time in children's lives and so services need to be responsive to emerging need at all ages. The early years, however, are a period when constructive help can have the most impact:

> 'An explosion of research in the neurobiological, behavioural, and social sciences has led to major advances in understanding the conditions that influence whether children get off to a promising or a worrisome start in life. These scientific gains have generated a much deeper appreciation of: (1) the importance of early life experiences, as well as the inseparable and highly interactive influences of genetics and environment on the development of the brain and the unfolding of human behaviour; (2) the central role of early relationships as a source of either support and adaptation or risk and dysfunction; (3) the powerful capabilities, complex emotions, and essential social skills that develop during the earliest months and years of life; and (4) the capacity to increase the odds of favourable developmental outcomes through planned interventions. Early pathways, though far from indelible, establish either a sturdy or fragile stage on which subsequent development is constructed'[30].

2.22   Government policy in recent years has been designed in recognition that the services children and families receive have too often been limited, because of the failure of professionals to understand one another's roles or to work together effectively. Policies have emphasised the benefits to children and young people of professionals working together with families to try to understand their needs early on, identify the support and services needed, and work together to meet them. Evidence submitted to the review shows strong support for shared thinking and assessment among

Health Foundation (available online at http://www.mentalhealth.org.uk/publications/?entryid=38571&entryid5=83759&cord=DESC&char=M)

27 Manning, V. et. al. (2009) 'New estimates on the number of children living with substance-misusing parents: Results from UK national household surveys', Journal of Public Health, 9 (1), pp 377-389
28 NSPCC media release. Latest case notes on parental substance misuse released 16/8/10
29 National Treatment Agency figures: http://www.nta.nhs.uk/about-benefits.aspx
30 National Research Council (2000) From Neurons to Neighbourhoods: The Science of Early Childhood Development, Washington D.C.

professionals, where, with the family's consent, a fuller understanding of the family's needs is established, using a format common to all local agencies that can be shared among them as the family permits. Crucially such an assessment should seek the views and feedback of the children involved so that their voice can inform the assessment and the nature of the service provided.

2.23   However, evidence provided to this review also shows the mixed experiences and absence of consensus about how well professionals are understanding one another's roles and working together. This emphasises the importance of thoughtfully designed local agreements between professionals about how best to communicate with each other about their work with a family, and supporting those conversations with a locally agreed format for recording the needs of a family and the action and help that will be provided.

Early help: recent policy and practice developments

2.24   Undertaking an early assessment is the start of the helping process, enabling the development of the relationship between the professional and the child and family, but it will not itself be sufficient to meet the needs of families. The Coalition Government has set in train structural reforms to services such as education, policing, welfare and health. Taken together these changes have the potential to change dramatically the way services interact and support children, young people and families, but they have a continuing crucial role in preventing or responding to abuse and neglect. Universal services play an important role in the provision of information to parents and children. Children have cited the importance of access to good information about abuse and about services so they can understand whether they are being harmed. They have also stressed the importance of 'telling' in a safe environment; usually universal services are seen by children as a safe haven.

2.25   Roles such as named and designated health professional or school lead for safeguarding, for example, have an important part to play in the child protection system. Designated leads who are experienced in child protection can help colleagues think through worrying signs and decide whether or not referral to children's social care is needed. To prevent neglect and abuse, the provision and support provided through a range of universal services, such as education and health care is critical.

2.26   There are already a number of policy commitments for universal and more targeted services to make early help more effective, including support for the provision of free nursery care for pre-school children. Sure Start children's centres will be reformed with an increased focus on early intervention support for the families in greatest need and greater involvement of voluntary and community organisations with a track record of supporting families.

2.27   Similarly the number of health visitors is due to be substantially increased. Health visitors are trained nurses or midwives with specialist training in family and community health. They are skilled at spotting early issues, which may develop into

problems or risks to the family if not addressed, for example a parent struggling to cope or a child health issue which needs special attention. The national health visiting programme aims to increase overall numbers of health visitors by 4200 by April 2015 to:

- develop, support and promote the services set up by families and communities themselves as part of the 'Your Community' service;
- deliver the Healthy Child Programme - ensuring all children get the essential immunisations, health and development checks - as part of a 'Universal Service';
- provide a rapid response with expert help for problems like postnatal depression or a sleepless baby, as part of the 'Universal Plus Service'; and
- provide ongoing support as part of a range of local services, working together and with disadvantaged families to deal with more complex issues over a period of time, under the 'Universal Partnership Plus Service'[31].

This is being taken forward in partnership with Sure Start Children Centres, local authorities and the new Health and Well-being Boards that local authorities will lead.

2.28 The Public Health White Paper, '*Healthy Lives, Healthy People: Our strategy for public health in England*'[32], responds to Professor Sir Michael Marmot's *Fair Society, Healthy Lives* report[33], and aims to tackle the wider social determinants of health. This new approach will aim to build people's self-esteem, confidence and resilience right from infancy, with stronger support for early years.

2.29 Alongside this review into child protection, there are other reviews established by the Government that are very relevant here. Clare Tickell's review[34] of the Early Years Foundation Stage extends across the universal service of education and care and is considering how to identify and provide support for children who are already showing developmental delays or behavioural problems and who are in need of additional help. Frank Field's review[35] looked at how to provide a better economic environment for families, poverty being a major cause of additional difficulties in providing good care and made recommendations on reducing child poverty. Graham Allen's review[36] into early intervention has already made a strong argument for the

31 Department for Health (2011), Health Visitor Implementation Plan 2011-2015: A Call to Action
32 Available online at
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121941
33 Marmot, M. (2010), Fair Society, Healthy Lives (available online at
http://www.marmotreview.org/)
34 Launch notice available online at
http://www.education.gov.uk/inthenews/inthenews/a0061485/review-of-early-years-foundation-stage
35 Field, F. (2010), Foundation Years: preventing poor children becoming poor adults (available online at http://povertyreview.independent.gov.uk/)
36 Allen, G. (2011), Early Intervention: the next steps (available online at
http://media.education.gov.uk/assets/files/pdf/g/graham%20allens%20review%20of%20early%20intervention.pdf)

economic value in providing help in the early years and has identified a number of programmes of help that have evidence of some effectiveness in improving children's life chances.

2.30   The *Coalition Programme for Government* has made a commitment to investigate a new approach to supporting families with multiple problems. There are an estimated 120,000 families with multiple problems with 46,000 having one or more child, aged 10-15 with behaviour problems. Over a third of these families have children subject to child protection procedures[37]. These families experience a range of health issues, including poor mental health, alcohol and substance misuse. Evidence shows that these families are also at risk of experiencing violence in the household.

2.31   There are three strands to the strategy:

- **invest to test and share:** a small number of exemplar areas are testing out new approaches;
- **learn from success:** 'mentor' areas with a track-record of successfully supporting families are acting as dissemination hubs, sharing their 'know how' to help others in their areas;
- **break down barriers:** currently up to 20 local agencies can support the same family, each with their own funding rules and regulations. This has been shown to stand in the way of creating a single service dedicated to tackling all the problems affecting a single family. From 1 April 2011 local agencies in the first 16 areas (or 28 local authorities) will be able to create a Community Budget freeing up money to be spent on innovative types of family service.

2.32   The new strategy will build upon Family Interventions (FIs) that are one way of supporting vulnerable and disadvantaged families. They use a multi-agency approach with an 'intensive' and 'persistent' style of working to challenge and support families. The FI model focuses on having a key worker who links in with other agencies including health to address the needs of each family member.

2.33   The Family Nurse Partnership (FNP) programme is a preventive programme for vulnerable young first-time mothers. Specially trained nurses offer intensive and structured home visiting from early pregnancy until the children are two, using practical activities and strength based methods that change behaviour and tackle the emotional problems that prevent some mothers and fathers caring well for their child. FNP has been tested in England since 2007 and the Secretary of State for Health announced in October 2010 that he would double the number of places on FNP by 2015.   The programme is based on more than 30 years of US research which has shown significant benefits for disadvantaged young families, together with substantial cost savings.

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[37] *Patterns of Specialist Mental Health Usage in England*, ONS. Families with Multiple problem figures are estimations based on figures taken from National Centre for Social Research family intervention data—risk factors of the 46,000 families are comparative with risk factors identified by NatCen

2.34   Early evaluation in England suggests that FNP can be delivered successfully and that take up is good with promising potential impacts. Mothers are reducing smoking in pregnancy and a high proportion are initiating breastfeeding; they have significantly improved mastery, a form of self-esteem linked to positive behaviour change, at the end of the programme compared to the start; and they are very positive about their parenting capacity, reporting high levels of warm parenting, low levels of harsh discipline and levels of parenting stress similar to that in the normal population. FNP children appear to be developing in line with the population in general, which is very promising as this group usually fares much worse.

2.35   A review of interventions to prevent child maltreatment in the *Lancet* rated it as the programme with 'best evidence' described it as having undergone *'the most rigorous and extensive evaluation of child maltreatment outcomes'*[38].

Multi-agency locality teams with social work expertise

2.36   Children's problems may be noticed by the immediate or extended family who seek help or by professionals in contact with family members, for example primary health care centres, health visitor services, midwifery, ante-natal services and GP practices, schools, early years services such as nurseries and children's centres, the police, adult mental health services, substance misuse services, and housing services. There are, therefore, a large number of professionals and the public who may see signs for concern that a child is being abused or neglected. Deciding how serious these signs are is not always easy.

2.37   As mentioned earlier, abuse and neglect rarely present in an unequivocal way, but people see evidence that is ambiguous; it could indicate maltreatment or have a more benign explanation. Many in universal services will have had some training in recognising maltreatment and those in education and health have access to more experienced colleagues who are the designated leads for child protection and who can help them judge whether their evidence warrants further action or not. However, the evidence given to this review suggests that the decision to refer on to children's social care is experienced as problematic by many. The variation in referral rates around the country and the fluctuations in referral rates in response to high profile child deaths both suggest that complexity, uncertainty, and anxiety play a significant part in making the decision to refer.

> *'Deciding what level of support/safeguarding response is required remains a vexing problem in child welfare, and decisions are often taken in challenging circumstances and with limited information'*[39].

2.38   The review has been impressed by the solutions developed in some local areas where multi-agency teams that include social workers are based in the community

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[38] MacMillan, H.L., Wathen, C.N., Barlow, J., Fergusson, D.Leventhal, J.M. and Taussig, N. (2009), 'Interventions to prevent child maltreatment and associated impairment', *Lancet* 373: 250-266
[39] Broadhurst, K., White, S., Fish, S., Munro, E., Fletcher, K., & Lincoln, H. (2010), *Ten pitfalls and how to avoid them: what research tells us*, p.3

with universal services. This allows those in the universal services, who become concerned about a child's safety or welfare, to readily discuss this with an experienced team who can check what else is known about the child and family and provide evaluation and assistance. This team enables a deeper professional consideration of the presenting context and is resulting in better decisions about how to allocate early help and/or more intense social care support. This approach allows professionals and practitioners to have access to social work expertise, helping them to make better use of their closer knowledge and engagements with the child and family. More specifically, the professional anxiety that exists in trying to understand the severity of their concerns about a child is lessened. This seems to come from the provision of social work expertise to talk through concern before a formal assessment or referral is made. More sense is made of the presenting concern and information, and a consensus reached about best next steps.

2.39   The evidence further shows that the number of inappropriate referrals to children's social care is reduced. The teams are reported to be helping to direct those families in need of a different type of help to an appropriate alternative.

2.40   These local innovations have been of different forms. Some, for example, have been social work led and some headed by the police. The review will explore how local areas can be supported in developing their own arrangements for teams to meet the local needs of the community. Because such teams provide benefit to many agencies, it is perhaps appropriate that their funding should also be shared amongst these agencies.

Conclusion

2.41   There is a strong case for providing primary and secondary preventive services to prevent maltreatment or its further escalation. For children, providing help early reduces the amount of distress or harm they may suffer and we know more about preventing maltreatment than stopping its recurrence. Offering help early can also be done in a respectful way that does not undermine the responsibility of the parents to bring up their children. However, the problem of identifying those children receiving early intervention services on a consensual basis in partnership with parents, but who are suffering, or likely to suffer, significant harm is not easy. The review has been impressed by those local innovations that have tackled this problem by creating multi-agency teams where concerns can be examined and more accurate judgments made about what level and type of help is needed.

2.42   Common to these successes has been the creation of channels through which practitioners from different agencies can discuss their concerns, either in a meeting room or simply over the telephone. The value of these informal but strategic conversations is that they enable professionals to exchange ideas without needing to enter formal proceedings. It is these informal relationships between different types of expert which the review holds to be crucial to improving early help. When done properly, this should help to reduce the number of unnecessary referrals to children's social care, freeing time and resources in busy departments. But it should

also give universal services and family support workers better opportunities to talk through concerns, even when they are not immediate child protection issues, and so offer a better chance of these children receiving appropriate attention more quickly. In its next phase the review will consider how this mutually beneficial relationship between services can be fostered and encouraged.

Chapter Three: Child and family social work

Introduction

3.1   A central part of this review's remit is to make recommendations on improving social work practice. This chapter considers the expertise social workers need to be able to exercise and the next chapter focuses on how the social care organisation can help (or hinder) them in acquiring and using that expertise.

3.2   When children and young people come into contact with children's social care, their fundamental need is for understanding of the problems they and their families have, and for the provision of help to resolve them in order to improve their safety and well-being. How can social workers be helped to provide the understanding and help that children and young people need? How can they help parents change so that they provide safe and good quality care? The Social Work Task Force and the Social Work Reform Board have summarised their ambitions for reform[40]:

- better training – with employers, educators and the profession all taking their full share of responsibility for investing in the next generation and in enabling social workers already in practice to develop their skills continuously;
- improved working conditions – with employers signing up to new standards for the support and supervision of their frontline workforce that make good practice possible;
- stronger leadership and independence – with the profession taking more control over its own standards, how it is understood and valued by the public, and the contribution it makes to changes in policy and practice;
- a reliable supply of confident, high quality, adaptable professionals into the workforce, where they can build long-term careers on the front line;
- greater understanding among the general public, service users, other professionals and the media of the role and purpose of social work, the demands of the job and the contribution social workers make; and
- more use of research and continuing professional development to inform frontline practice.

3.3   This review endorses their analysis of the problems and their recommendations for improving the quality of social work practice. However, it also seeks to build on these foundations to specify the specialist skills and knowledge needed in child and family social work. There is now a substantial body of research evidence that can help social workers make better assessments of children's needs, and offer more effective help to families to create safer and more nurturing parenting. Skilled social

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[40] Social Work Task Force (2009), *Building a Safe and Confident Future*, p 6

workers can make a significant difference to the quality of children's lives. Farmer[41] illustrates this point well, reporting that the highest success rate for reunifying children with their birth families was 64% while the lowest was 10%, with the key determinant being the skill and investment of the social work team.

3.4   However, as the first report of this review concluded, we need to focus not only on what expertise we want an individual social worker to have, but also on what work environment helps them develop and use their expertise.

> 'In design, we either hobble or support people's natural ability to express forms of expertise'[42].

3.5   It is important to see the quality of any one social worker's performance as not just being due to their expertise but arising from the interaction between what they bring to the job and the aspects of the work environment that make it easier or harder for them to exercise that expertise. A dysfunctional workplace makes it difficult for even the most skilled and motivated social workers to achieve the level of effectiveness that they would like. This applies not only to the major obstacles to good practice such as heavy caseloads or lack of supervision, but to the more subtle influences of the design of assessment tools, or organisational messages about priorities. The lessons learned in other safety critical areas of work such as health and aviation clearly show that studying the interplay between workers and the work environment is the most productive way of improving standards and reducing errors[43].

3.6   This chapter begins by looking at how people exercise expertise, how they use their different reasoning capacities and emotions because this has implications for how they are supported to reach a high level of performance. This account brings out how engaging with, and understanding a child and their family, involves far more than logical reason. When social workers are talking to a child and family in their home, they are drawing on several sources of information and making swift decisions and changes as the interview progresses.   Their conscious mind is paying attention to the purpose of their visit; at an intuitive level they are forming a picture of the child and family and sensing the dynamics in the room, noting evidence of anger, confusion, or anxiety. This feeds into their conscious awareness and helps shape the way the interview progresses. Their own emotional reaction is one source of information; the despair, for example, that some parents feel evokes an empathic response in others. It will be argued that previous reforms have concentrated too much on the explicit, logical aspects of reasoning and this has contributed to a skewed management framework that undervalues intuitive reasoning and emotions and thus fails to give appropriate support to those aspects.

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[41] Farmer, E. et al (2008), Reunification of Looked-After Children with their Parents: Patterns, Interventions and Outcomes (available online at www.education.gov.uk/research)
[42] Woods, D. (2002), 'Steering the reverberations of technology change on fields of practice: Laws that govern cognitive work' in *Proceedings of the 24th Annual Meeting of the Cognitive Science Society, Atlanta, GA*, ed. Gray, W.D., & Schumm, C.D.. (see http://csel.eng.ohio-state.edu//productions/laws/laws_talk/media/0_Steering.pdf)
[43] Woods, et al (1994); Department of Health (2000)

3.7   This account of human reasoning then informs the subsequent section on forming relationships with children and adults, relationships that, in the child protection context, frequently involve intense emotions and the need to address sensitive and challenging issues.

Reasoning and emotions

3.8   Social workers are trying to understand and help other human beings. This means that skills in forming relationships are fundamental to obtaining the information that helps them understand what problems a family has, engaging the child and family and working *with* them to promote change. This may seem obvious but, when we look at the efforts in recent years to improve social work performance, it appears to have been overlooked or undervalued. It should always be of paramount importance for social workers to seek and be informed by the views and opinions of children. What does the child think needs to change to address their problem? How should the social worker go about making the change happen?

3.9   In the extensive reforms that have shaped today's work environment, the professional account of social work practice in which relationships play a central role appears to have been gradually stifled and replaced by a managerialist account that is fundamentally different. The managerialist approach has been called a 'rational-technical approach', where the emphasis has been on the conscious, cognitive elements of the task of working with children and families, on collecting information, and making plans. The focus of reforms has been on providing detailed assessment forms, telling the social worker what data about families to collect and, how quickly to collect it. Less attention has been given to helping frontline staff acquire the skills to analyse the information collected. The next stage in managing a case is planning how to respond and this, as evidence to this review has shown, has increasingly meant referring on to other services rather than providing direct social work help. In some cases, formulaic responses have been developed, for example specifying when a certain number of reports of domestic violence have been received trigger a visit.

3.10   The rational-technical approach has fed into a view that a good enough picture of practice can be gained from procedural manuals and from the written record where the results of the cognitive work are displayed. The claim that practice is 'transparent' has usually meant there is a written record of some aspects of practice, although social workers report little of the thinking and action gets recorded. It has fostered a view that the more important part of social work is carried out on a computer. Good records are important: they are the future reference point for the child and provide an account of what actions have been taken and why by the local authority. But if we take the perspective of children and their parents, the most important activity work takes place when social workers meet children and families, try to communicate with them, work with them, and help them to change.

3.11   The explicit, cognitive aspects of the work are important but provide an incomplete account. Knowing *what* data to collect is useful, but it is equally useful to know *how*

to collect it; how to get through the front door and create a relationship where the parent is willing to tell the social worker anything about the child and family; how to ask challenging questions about very sensitive matters; and having the expertise to sense that the child or parent is being evasive. Above all, it is important to be able to work directly with children and young people to understand their experiences, worries, hopes and dreams.

3.12   Focusing on the centrality of relationship skills draws attention to the roles of intuitive understanding and emotional responses. Conscious logical thinking has quite rightly been highly valued as a human attribute, but the traditional view that it is inherently superior to intuition and emotion has been overturned by developments in neuropsychology. Hammond[44] argues convincingly for the need to see logical and intuitive thinking on a cognitive continuum where we use a different balance between them depending on what task we are carrying out. Solving a maths problem is at the analytic extreme while calming a frightened child uses intuitive understanding. The importance of our intuitive reasoning capacity is also illustrated by the difference in size between our conscious and unconscious capacities:

> *'It is estimated that our sense organs collect between 200,000 and I million bits of information for every bit of information that enters our awareness. Conscious perception represents only the smallest fraction of what we absorb from our worldly encounters. It is the tip of an iceberg'[45].*

3.13   Research in neuropsychology shows that our intuitive and emotional responses occur automatically and outside conscious awareness; we cannot choose to be only logical, thinking machines[46]. When a social worker visits a home and the father behaves in a threatening manner, his or her body reacts automatically, generating stress hormones in response to the perceived threat. Similarly, when an experienced social worker meets a family, he or she can quickly pick up an intuitive awareness of the state of the dynamics in the family, the warmth of the relationship between members, or the level of fear felt by a child. Appreciating the importance of both logical and intuitive understanding and the contribution of emotions offers guidance on the different training needs in using them to best effect.

3.14   Intuition is sometimes presented as a mysterious or mystical process, but its physical location and the features of the process are understood. It is only mysterious in the sense that it is generally an unconscious process that occurs automatically in response to perceptions, integrating a wide range of data to produce a judgment in a relatively effortless way. It is very rapid and relatively independent of language, oriented towards identifying patterns. It need not remain unconscious but can be articulated and this ability can be improved with practice. Supervision of casework typically involves helping practitioners draw out their reasoning so that it can be reviewed.

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[44] Hammond, K.R. (1966), 'Probabilistic functionalism: Egon Brunswik's integration of the history, theory, and method of psychology' in *The psychology of Egon Brunswik*, ed. Hammond, K.R.
[45] Thiele L. (2006), The Heart of Judgment: Practical Wisdom, Neuroscience, and Narrative, p 121
[46] Hammond, K. (2007), *Beyond Rationality*

3.15   Gut feelings are in fact neither impeccable nor stupid; they take advantage of the evolved capacities of the brain and are based on rules of thumb that enable us to act fast and with astounding accuracy[47]. They are not impeccable, as research shows, because intuitive judgments are vulnerable to predictable types of error and critical challenge by others is needed to help social workers catch such biases and correct them[48].

3.16   Klein[49] and his colleagues have done invaluable work in studying how experienced workers perform in real-life situations. Their studies of, among others, firefighters, police officers, and pilots have helped them build a picture of how people make decisions and act that has direct relevance to understanding expertise in social work. Intuitive expertise is built up through pattern recognition and this has implications for how social workers should be trained, managed, and provided with a career path that values and promotes the continual development of expertise.

3.17   The emotional dimension of working with children and families plays a significant part in how social workers reason and act. If it is not explicitly discussed and addressed then its impact can be harmful[50]. It can lead to distortions in social workers' reasoning because of the unconscious influence it has on where attention is focused and how information is interpreted. For example, a social worker can feel such compassion for the neediness of a mother that he or she fails to see her child's suffering. Social workers should always consider matters from the perspective of the child and ask themselves, '*What are the child's needs?*'. The second harmful repercussion is on its impact on the workers themselves. Being exposed to the powerful and often negative emotions found in child protection work comes at a personal cost. If the work environment does not help support workers and debrief them after particularly traumatic experiences, then it increases the risk of burnout which, in the human services, has been defined in terms of three dimensions: emotional exhaustion, depersonalisation (or cynicism), and reduced personal accomplishment[51].

3.18   The need for challenge by others is reinforced by the fact that intuitive reasoning 'generates feelings of certitude'[52] and this characteristic makes it very attractive for the individual who is operating in a world of uncertainty. The downside of this is that the practitioner who has a 'gut feeling' about a case has a sense of confidence in that judgment that can make the person resistant to change or challenge.

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[47] Gigerenzer, G. (2002), *Reckoning with Risk*, p 228

[48] Gilovich, T., Griffin D., & Kahneman, D. (eds.) (2008), *Heuristics and Biases: The Psychology of Intuitive Judgment*

[49] Klein, G. (2000), Sources of Power: How People Make Decision; Klein, G. (2009), Streetlights and Shadows; Searching for the Keys to Adaptive Decision Making

[50] Howe, D 2008 The Emotionally Intelligent Worker, Basingstoke, Palgrave Macmillan

[51] Maslach, C., Schaufeli, W., & Leiter, M. (2001), 'Job burnout', *Annual Review of Psychology,* 52, pp 397–422

[52] Payne, J., &Bettman, J. (2007), 'Walking with the Scarecrow: The Informaton Processing Approach to Decision Research' in *Blackwell Handbook of Judgment and Decision Making*, ed. Koehler, D., & Harvey, N.

Supervision that includes a critical appraisal of the assessment and planning for a child and family, therefore, should be seen as central to good practice in reducing error.

> *'Child protection professionals are constantly making judgments that impinge on the rights of parents to be with and relate to their children and the parallel right of children to their parents. The stakes are high and child protection decision-making needs to be as explicit as possible and be available for review and scrutiny'[53].*

3.19 This somewhat abstract account of social work reasoning will be augmented in the final report by a detailed account of the skills, knowledge and values needed in child and family social work, building on the capabilities framework of the Social Work Reform Board (overleaf)[54].

Relationship-based practice with children

3.20 The participation of children and young people in decisions that affect their lives is not new and is central to Government policy. Both the Children Acts of 1989 and 2004 require a local authority to ascertain the '*wishes and feelings*' of children when determining what services to provide, or what action to take, including when it is looking after children. This legislation provides the legal framework for children's rights. The UK Government's ratification of the United Nations Convention on the Rights of the Child in 1991 recognised children's rights to expression and to receiving information. This was reinforced by Article 10 of the Human Rights Act 1998. It is vital that these legislative priorities translate to practice at the front line.

3.21 The reason for speaking to children and young people is that they are a key source of information to understand the problems they and their families have, and the impact this is having on them in the specific culture and values of their family. It is therefore puzzling that the evidence shows that children are not being adequately included in child protection work. A persistent criticism in reports of inquiries and reviews into child deaths is that people did not speak to the children enough. An overview of research findings shows both that children are often overlooked, and how much they appreciate it when they are kept informed, consulted, and can form a relationship with the worker.

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[53] Turnell, A. (forthcoming), Building Safety in Child Protection Practice: Working with a strengths and solution focus in an environment of risk
[54] Social Work Reform Board (2010), Building a Safe and Confident Future: one year on, p. 10f

Social Work Reform Board Capabilities Framework

PROFESSIONALISM - Identify and behave as a professional social worker, committed to professional development
Social workers are members of an internationally recognised profession, a title protected in UK law. Social workers demonstrate professional commitment by taking responsibility for their conduct, practice and learning, with support through supervision. As representatives of the social work profession they safeguard its reputation and are accountable to the professional regulator.

VALUES & ETHICS - Apply social work ethical principles and values to guide professional practice
Social workers have an obligation to conduct themselves ethically and to engage in ethical decision-making, including through partnership with people who use their services. Social workers are knowledgeable about the value base of their profession, its ethical standards and relevant law.

DIVERSITY - Recognise diversity and apply anti-discriminatory and anti-oppressive principles in practice
Social workers understand that diversity characterises and shapes human experience and is critical to the formation of identity. Diversity is multi-dimensional and includes race, disability, class, economic status, age, sexuality, gender and transgender, faith and belief. Social workers appreciate that, as a consequence of difference, a person's life experience may include oppression, marginalisation and alienation as well as privilege, power and acclaim, and are able to challenge appropriately.

RIGHTS, JUSTICE, & ECONOMIC WELLBEING - Advance human rights and promote social justice and economic wellbeing
Social workers recognise the fundamental principles of human rights and equality and that these are protected in national and international law, conventions and policies. They ensure these principles underpin their practice. Social workers understand the importance of using and contributing to case law and applying these rights in their own practice. They understand the effects of oppression, discrimination and poverty.

KNOWLEDGE - Apply knowledge of social sciences, law and social work practice theory
Social workers understand psychological, social, cultural, spiritual and physical influences on people; human development throughout the life span and the legal framework for practice. They apply this knowledge in their work with individuals, families and communities. They know and use theories and methods of social work practice.

CRITICAL REFLECTION AND ANALYSIS - Apply critical reflection and analysis to inform and provide a rationale for professional decision-making

Social workers are knowledgeable about and apply the principles of critical thinking and reasoned discernment. They identify, distinguish, evaluate and integrate multiple sources of knowledge and evidence. These include practice evidence, their own practice experience, service user and carer experience together with research-based, organisational, policy and legal knowledge. They use critical thinking augmented by creativity and curiosity.

INTERVENTION AND SKILLS - Use judgment and authority to intervene with individuals, families and communities to promote independence, provide support and prevent harm, neglect and abuse

Social workers engage with individuals, families, groups and communities, working alongside people to assess and intervene. They enable effective relationships, and are effective communicators, using appropriate skills. Using their professional judgement, they employ a range of interventions: promoting independence, providing support and protection, taking preventative action and ensuring safety whilst balancing rights and risks. They understand and take account of differentials in power, and are able to use authority appropriately. They evaluate their own practice and the outcomes for those they work with.

CONTEXTS AND ORGANISATIONS - Engage with, inform, and adapt to changing contexts that shape practice. Operate effectively within own organisational frameworks and contribute to the development of services and organisations. Operate effectively within multi-agency and inter-professional settings

Social workers are informed about and pro-actively responsive to the challenges and opportunities that come with changing social contexts and constructs. They fulfil this responsibility in accordance with their professional values and ethics, both as individual professionals and as members of the organisation in which they work. They collaborate, inform and are informed by their work with others, inter-professionally and with communities.

PROFESSIONAL LEADERSHIP - Take responsibility for the professional learning and development of others through supervision, mentoring, assessing, research, teaching, leadership and management

The social work profession evolves through the contribution of its members in activities such as practice research; supervision; assessment of practice; teaching and management. An individual's contribution will gain influence when undertaken as part of a learning, practice focused organisation. Learning may be facilitated with a wide range of people including social work colleagues, service users and carers, volunteers, foster carers and other professionals.

3.22   A focused review of recent evidence[55] summarises the key characteristics that children and young people look for in a social worker. These are:

- willingness to listen and show empathy, reliability, taking action, respecting confidences, and viewing the child or young person as a whole person and not overly identifying a child with a particular problem[56]; and
- ability to communicate with children of varying abilities and address the emotional needs of children at key points in their lives.

3.23   Messages from children on their experience of the child protection system were submitted to the review by the Office of the Children's Commissioner. Children voiced the importance of being heard separately from their parents and being listened to. They expressed how confusing they had found the process which, in their eyes, was far from transparent. They also made a plea for better information, honesty, and emotional support throughout the process. Elements of frontline practice that children and young people particularly valued were access to consistent help from the same social worker, to respectful treatment and to services which do not get withdrawn as soon as the crisis is passed. They also spoke very highly of the support provided by third sector advocacy services, which they describe as critical to help them talk about abuse.

3.24   Research by the Children's Rights Director for England gives valuable insights into the views and experiences of 50 children and young people who had recently come into care[57]. The overwhelming majority of children thought that, in retrospect, coming into care was the right thing for them and their lives were generally better than before. They said: '*Being in care has given me a life'*, and '*I have had a better life than I ever would have got at home with my family'*. However, on the day children came into care they felt scared, sad and upset. The main thing that would have made the first day in care easier was a better understanding of what was happening to them and not being separated from their siblings.

3.25   The overwhelming majority of children said they did not get a choice of where they were going to live and were not able to visit their first placement before moving in. '*Meeting the carers before would have helped'*. More than half the children had not known they were coming into care until it actually happened, '*Someone could have explained things so I could understand what was happening*' A quarter of the children expected to leave care when things got sorted out at home. One of the key messages from the children to the Government was, '*Being in care can be OK, even a good experience if you have the right placement and a good social worker. I think the care system's main priority should be making sure both those things are OK'*[58].

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[55] http://www.cwdcouncil.org.uk/assets/0001/0597/Children_s_views_and_experiences_of_contact_with_social_workers_report_July_2010.pdf

[56] Hill, 1999; Morgan, 2006; Curtis, 2006

[57] http://www.ofsted.gov.uk/Ofsted-home/Publications-and-research/Browse-all-by/Care/Children-s-rights/Before-care

[58] Ibid

3.26   Analyses of social work assessments have also been found to contain limited accounts of the child's experience. Thomas and Holland's qualitative study of 26 core assessments found that they tended to convey only narrowly defined and negative aspects of the children's identities, with many descriptions standardised and replicated between reports[59].

3.27   Other studies have suggested that social workers have tended to draw on a fairly narrow interpretation of theory when representing children's needs, and provided rather brief and formulaic descriptions of children in which children's own interpretations of their situation have rarely been reported[60]. Even where practitioners have had specialist training in child participation, the involvement of children has only been partially successful[61].

3.28   The case for involving children and young people seems compelling, so one needs to look for the obstacles that are hindering social workers doing what seems so necessary. One question is whether social workers feel adequately trained to communicate with children. They may work with children of very varied ages, ethnicities, and communication abilities who require an equally varied range of skills in the social worker. Play and drawings may be more appropriate for some than anything resembling an interview. In child protection work, too, the children may be very distressed and frightened, needing very sensitive skills in creating a level of trust where the child is willing to speak. The emotional impact of this work can also be very painful, making workers aware of how terrible some children's lives are.

3.29   Besides many lacking the necessary skills, another obstacle is lacking the necessary time. Social workers' priorities are in large part not a personal choice but set by the organisation in which they work. Evidence submitted to this review and to Lord Laming's progress report[62], shows the extent to which frontline workers prioritise the bureaucratic aspects of their work, and complying with performance indicators, so that finding time to spend with children and young people and create good communication comes low on the list and hence is frequently omitted. Children's experiences of bureaucracy are that their social workers are liable to change, that appointments are cancelled and that workers are under stress. How can the organisation best support the workforce to prioritise the continuity of relationships with children and families?

3.30   Training in communicating with children and young people can solve part of the problem. There are also a variety of tools that can be used to help children

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[59] Thomas J. & Holland, S. (2010), 'Representing children's identities in core assessments', *British Journal of Social Work*, 40 (8), 2617-2633

[60] Kähkönen, P. (1999), 'The assessment of parenting in child welfare practice', *Children and Youth Services Review*, 21(7), pp 581-603; Holland, S. (2001), 'Representing children in child protection assessments', *Childhood*, 8(3), pp 322-39

[61] Vis, S.A., & Thomas, N. (2009), 'Beyond talking—children's participation in Norwegian care and protection cases', *European Journal of Social Work*, 12(2):55-168

[62] http://education.gov.uk/publications/standard/publicationDetail/Page1/HC%20330

communicate their views. The 'Three Houses' model[63], for example, provides a way for a social worker and child to have a conversation about what is going on, what worries the child, and what the child would like to happen, with the child adding drawings and comments to the house of good things, the house of worries, and the house of wishes. This produces a graphic record that conveys very powerfully what the child's life is like and what he or she would like to happen.

3.31   Some responsibility for improving practice with children and young people also lies with managers who need to create the space and priority to allow it to happen. However, even with these changes, this is one of the areas where the review questions the currently prevalent model of a frontline social worker predominantly working alone with the child and family. Is it reasonable to expect every social worker to have the range of communication skills to meet the diverse range of needs of children and young people? While many organisations will accept that specialist skills are needed in, for instance, talking with a deaf child, the review questions whether the range of skills needed warrants a greater level of specialism, as well as better access to the skills of other professionals.

3.32   The review also questions how reasonable it is for a single worker to prioritise time with a child when conducting an enquiry into an allegation of abuse or neglect or subsequently working with the family when the other aspects of the work are also so important. The model developed in Hackney of having a separate children's worker who not only communicates with the child, but represents the child's views and needs in case discussions offers an interesting alternative.

Evidence-based practice

3.33   Historically social workers have debated whether their profession is an art or a science: whether it can build up a knowledge base from empirical research or whether it is essentially a humanist occupation where the primary medium for helping service users is through the empathic and intuitive relationship that is formed. This sharp dichotomy is now rarely supported in its extreme forms and certainly the view of this review is that skills in forming relationships, using intuitive reasoning and emotions, and using knowledge of theories and empirical research, are equally important components in effective social work.

3.34   Evidence-based practice is sometimes used in a narrow sense to refer to using methods of helping services users that have research evidence of some degree of effectiveness. Here it is used in the broader sense of drawing on the best available evidence to inform practice at all stages of the work *and* of integrating that evidence with the social worker's own understanding of the family's circumstances and the family's values and preferences. It is not simply a case of taking an intervention off the shelf and applying it to a family.

> *'The field of practice is not a static, passive recipient of expert knowledge.*

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[63] Weld, N. (2009), Making sure children get 'HELD'

Because the situation itself 'talks back', resists and constrains the practitioner's every move, effective practice is not so much a matter of having the right expert knowledge as of accommodating social work knowledge and expertise to the demands of the context with great flexibility[64]

3.35   Research evidence can help improve the way social workers seek to engage and motivate families, how they assess the significance of the information they have in terms of what it tells them about children's safety and well-being, and it can guide them in thinking about what type of help is most likely to have success.

3.36   Knowing a specific method of helping families to change is useful but, whatever the method, the worker needs to be able to engage and form a trusting relationship with the child and family members.

'A recent overview of the evidence about effective interventions for complex families where three were concerns about (or evidence of) a child suffering significant harm, showed the importance of providing 'a dependable professional relationship' for parents and children, in particular with those families who conceal or minimise their difficulties'[65]

3.37   A study of social work by Knei-Paz[66] showed the importance of relationship-based working and found it was the quality of the therapeutic bond established between social worker and client that was the basis for what was conceived as a positive intervention.

'Helpers who are cold, closed down, and judgmental are not as likely to involve clients as collaborators as are those who are warm, supportive, and empathic.'[67]

3.38   Skills identified as contributing to relationship building and positive outcomes include:

- therapist credibility;
- empathic understanding and affirmation of the service user;
- skill in engaging the user;
- a focus on the user's concerns; and
- skill in directing the user's attention to the user's emotional experiences[68].

3.39   Dale's (2004) qualitative study[69] of 18 families provides some examples of the qualities that families do *not* find helpful: being 'uninterested, ineffective, unsupportive, unreliable and unavailable'.

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[64] Turner, F. (2005), Encyclopedia of Canadian Social Work, p 319
[65] Barlow, J. & Scott, J. (2010), Safeguarding in the 21st century: Where to Now?, p 24
[66] Referenced, ibid., p 24
67 Gambrill E. (2006) Social Work Practice: A Critical Thinker's Guide. 2nd Edition. Oxford, Oxford University Press, p. 409
68 Ibid.

3.40 Research is also a rich source of information to inform assessments. For example, the growing understanding of the neurological effects on babies of neglect, or exposure to violence, is altering our understanding of how urgently problems need to be addressed for this age group to minimise long-term damage[70].

3.41 Different types of maltreatment correlate with different levels of long-term harm and so inform judgments of how severe it is[71]. Emotional abuse, for example, comes in forms that have markedly different long-term impacts. Antipathy – cold, hostile, critical or rejecting parenting – correlates with fewer longer term adverse outcomes than psychological abuse that includes cruelty through sadistic and coercive control and domination of a child by means including humiliation, terrorisation, deprivation of a valued object, deprivation of basic needs, extreme rejection, cognitive disorientation, corruption, or exploitation.

> *'While there is no attempt to minimise the unpleasantness of antipathy from parents, at moderate levels and when it occurs without other neglect/abuse it is more likely to constitute 'child in need' experience and likely to be amenable to parenting programme intervention. At marked levels this is likely to overlap more with psychological abuse and to be more damaging. However, psychological abuse is consistently more damaging and has more characteristics that harm child development and infringe a child's human rights'[72].*

3.42 In deciding how to help children and families change, research also provides valuable evidence. A recent overview of the research[73] listed the following as examples of programmes that have been proven to be effective in addressing the needs of maltreated children and their families in evaluative studies:

Programmes for parents:
- Parents Under Pressure (PUP) and Relational Psychotherapy are effective interventions for substance misusing parents;
- the Post Shelter Advocacy Programme is an effective intervention for women who have been exposed to domestic violence;

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69 Dale, P. (2004), *'Like a Fish in a Bowl: parents' perceptions of child protection services'*, Child Abuse Review, pp 13, 137-157, at 153
70 Glaser, D. (2000), 'Child Abuse and Neglect and the Brain – a review', Journal of Child Psychology and Psychiatry, vol. 41, no. 1, pp 97- 11; Perry, B. (2006), 'Applying Principles of Neurodevelopment to Clinical Work with Maltreated and Traumatized Children. The Neorosequential Model of Therapeutics', in Webb, N. (ed.), Working with Traumatized Youth in Child Welfare (see www.childtraumaacademy.com)
71 Bifulco, A., & Moran, P. (1998), *Wednesday's Child: Research into women's experience of neglect and abuse in childhood and adult depression*
72 Ibid.
73 Davies, C., & Ward, H. (forthcoming), Safeguarding Children across Services: Messages from Research on Identifying and Responding to Child Maltreatment, pp 163 – 164

- the Enhanced Triple P – Positive Parenting Programme is effective in addressing adults' own experiences of poor parenting and the psychological consequences of abuse; and
- Cognitive Behavioural Therapy (CBT) can be effective in reducing emotionally abusive parenting, particularly when individual sessions are combined with group based sessions.

Programmes for parents and children:
- Infant-Parent Psychotherapy is effective in improving maternal and child representations where there is a known history of abuse in the family;
- Interaction Guidance may be an effective intervention in improving parent/child relationships in infants with faltering growth, but further evaluation would be valuable;
- Parent-Child Interaction Therapy is a cognitive behavioural model that has been shown to be effective in reducing physical abuse; and
- Abuse-focussed cognitive behavioural therapy can be more effective in reducing physical abuse and parent-child conflict than traditional family therapy.

Programmes for children:
- 'Therapeutic pre-school' is an effective intervention for children aged 1-24 months who have been maltreated or are at risk of maltreatment. It has a significant and lasting impact on parenting and child behaviour;
- Peer-led social skills training is an effective intervention for 3-5 year olds with a history of maltreatment who are socially withdrawn; and
- Multi-treatment Foster Care for Pre-schoolers is an effective intervention for maltreated infants who require permanent placements. Trials in the USA have produced promising results.

3.43   The overview of the Government's Safeguarding Children Research Initiative also emphasises that programmes may only address specific aspects of multiple problems faced by children and families. Therefore professionals, in considering whether to use them, will wish to utilise the available information on each programme to help them identify 'what works'. The types of programmes offered should be appropriate to the carefully assessed needs of each child and family and in particular the level of severity of identified problems and/or of maltreatment. It should also be borne in mind that the programmes do not offer instant solutions. For example, there are significant rates of recurrence of maltreatment and in some cases poor outcomes in the follow-up studies. Moreover, not all interventions have been shown to be effective in addressing the multiplicity of adversities faced by such families. Most specific interventions are of short duration which means that maltreating parents and their children will often need continuing support from social workers, health visitors or other professionals after completing the programme.

Developing expertise

3.44   There is now a considerable body of research on how expertise, in whatever field, is developed. This provides valuable guidance for social work.

3.45   Intuitive and analytic reasoning skills are developed in different ways, so child protection services need to recognise the differing requirements if they are to help practitioners move from being novices to experts in both dimensions. Analytic skills can be enhanced by formal teaching and reading. Intuitive skills are essentially derived from experience. Experience on its own, however, is not enough. It needs to be allied to reflection – time and attention given to mulling over the experience and learning from it. This is often best achieved in conversation with others, in supervision, for example, or in discussions with colleagues. Michael Oakeshott draws attention to the limitations of a 'crowded' life where people are continually occupied and engaged but have no time to stand back and think[74]. A working life given over to distracted involvement does not allow for the integration of experience.

3.46   Klein[75] identified four key ways in which experts learn:

   - engaging in deliberate practice, and setting specific goals and evaluation criteria;
   - compiling extensive experience banks;
   - obtaining feedback that is accurate, diagnostic, and reasonably timely; and
   - enriching their experience by reviewing prior experiences to derive new insights and lessons from mistakes.

3.47   In the final report, more specific recommendations will be made about how best to develop expertise in social work, recognising that this takes time (ten years according to some). In this respect, the profession has been hampered in establishing expertise knowledge and skill base by the Seebohm reforms in 1971. The central aim of these reforms was the excellent one of creating a unified profession and a unified service. Besides having a strong presence in voluntary organisations, social work had developed in a number of different specialisms within the public sector: probation, Poor Law welfare officers, psychiatric social work in hospitals and child guidance centres, mental health officers in local authorities, almoning (medical social work), and child care officers (created by the Child Care Act 1948).

3.48   It became clear that these disparate roles had many aspects of expertise in common, as well as specialist elements. Moreover, the provision of so many different services meant that there were duplications and gaps in the provision of services. The creation of the Social Services Departments in 1971 aimed to produce a more efficient way of providing help so that families would have, preferably, only one

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[74] Oakeshott, M. (2001), *The Voice of Liberal Learning*, p 33
[75] Klein, G. (2000), *Sources of Power: How People Make Decisions*

social worker meeting all their needs. The generic aspirations of that time have now been mainly replaced by a recognition of the need for specialisms.

3.49   As a result of this reform, many social workers spend only a short time in frontline practice, and those who do stay there receive only limited recognition of their growing expertise. This problem has been noted and rectified in the related professions of nursing and teaching.
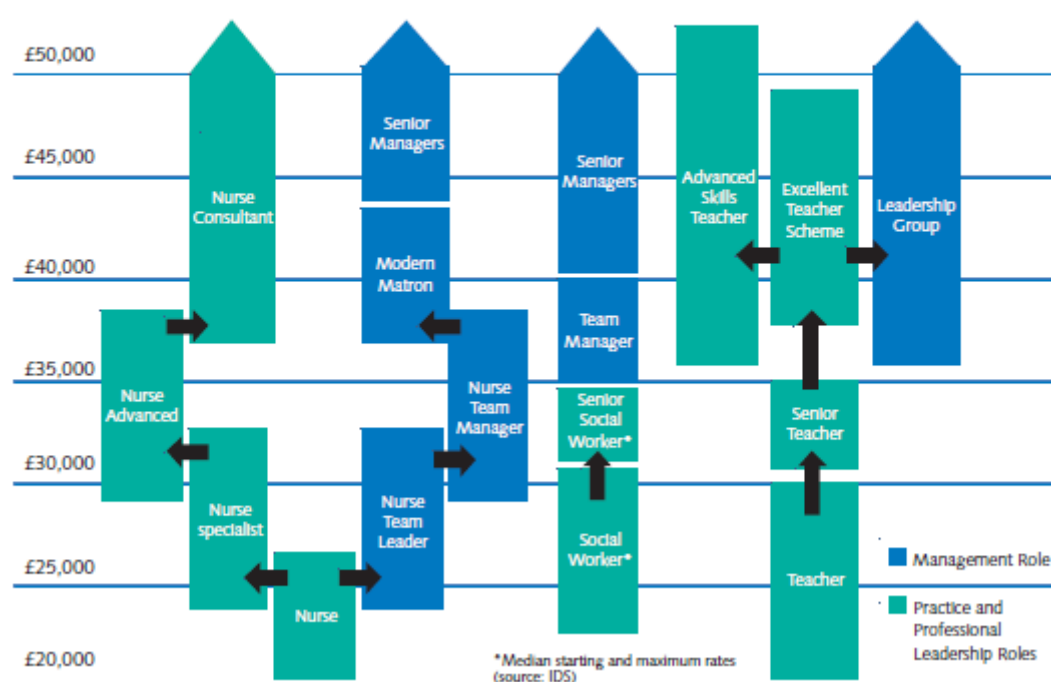

Figure 3.1 Social Work Task Force (2009), *Building a Safe, Confident Future*, p 40

3.50   The Social Work Reform Board has stressed the need for an alternative to the managerial route to promotion and this review will be looking at the diverse ways in which experienced social workers can develop a career that takes them to very senior levels in the organisation without losing their prime focus on developing professional expertise. There is such a potential range of knowledge and skills that would improve the service to children and families that it seems to the review that it is unrealistic to expect all frontline staff to have the ability to acquire all of it. It may be desirable for social workers to be able to use specific helping methods but such expertise cannot be acquired just from reading a manual or attending a training course. Ongoing supervision or co-working with a more skilled colleague will embed the expertise more thoroughly.

3.51   A major problem in many local authorities is recruiting and retaining staff. Evidence from studies of why social workers leave indicate that the problem would be reduced if staff were well supported in handling the emotional and cognitive aspects

of the work more effectively, given the chance to develop expertise, and opportunity to work with children and families to help them instead of becoming mainly case managers who assess and refer on.

3.52   Perhaps the traditional view of the frontline worker carrying a caseload with a modest amount of supervision needs to be modified. An alternative might be to see the frontline worker as akin to a junior doctor who has access to consultation and ongoing training from more experienced colleagues and can contact a specialist when dealing with novel problems.

3.53   Developing a national network of senior professional grades might also provide valuable support to a Chief Social Worker, the creation of such a post being something this review has been asked to consider, and is considered in chapter four.

Conclusion

3.54   Children need social workers to have a wide range of knowledge, skills and values. In looking in more depth in what is required, the review has been struck by the scale of relevant skills and knowledge required/necessary and questions how much an individual can achieve. Research provides a wealth of evidence to inform every aspect of the work, with considerable material on specialist topics that workers will not often encounter. In applying this knowledge, skills are needed - in engaging and motivating children and family members - and these take time and critical reflection in supervision to develop.

3.55   Under these circumstances, the review questions whether it is realistic to expect each frontline worker to cover such a wide range of skills and knowledge and whether the current career structure reflects or values the time it takes to develop expertise. In the next phase of the review, consideration will be given to reforming the career structure of social work, endorsing but building on the recommendations of the Social Work Reform Board.

Chapter Four: Managing frontline social work

Introduction

4.1   One way of summarising the problems identified in this review's first report is that children's social care departments are paying so much attention to complying with guidance and regulations from Government, and to meeting the criteria that they consider will produce a good rating from Ofsted, that they are paying insufficient attention to the children who need their help. The aim in this chapter is to address the question: what would managers be doing if they were focused on meeting the needs of children? Chapter five then considers what implications this has for the regulation of children's social care and the other parts of the multi-agency system and the inspection process used for judging their performance.

4.2   The systems approach draws attention to the way that the performance in any part of the system is influenced by outside factors. While this chapter discusses how managers can best support frontline staff, it is necessary to acknowledge that their actions are also shaped, in both positive and negative ways, by factors outside their direct control, for example, the influences of the regulatory and inspection processes are strong. Funding is an obvious constraint on what it is possible for them to do, and the immediate future looks daunting in this respect as budgets are cut all round, not only in local government, but also in the other agencies involved in child protection whose withdrawal from some services may increase demand on children's social care. This chapter in part outlines what would be ideal, but also looks at what strategies can improve work conditions in constrained economic circumstances.

4.3   The chapter begins by considering how managers support frontline staff to achieve relationship based work with families, with a high level of critical reflection to test their thinking, drawing on relevant theory and research, and how they can create a work environment that encourages the development of expertise.

4.4   The overall culture of a system is highly influential on performance. As the first report noted, many are working in cultures that they experience as blaming, and this makes them defensive in their practice, fearing criticism if they apply good practice principles in ways that deviate from what they perceive to be the rules. This has been reported to the review by managers as well as frontline social workers. This defensiveness then contributes to practice that fails to take account of the varied needs of children. Possible strategies for combating this are discussed.

4.5   Besides supporting frontline staff, managers have a duty to monitor the functioning of the organisation, to check that responsibilities are being met and money is being spent well, and to identify emerging problems and seek solutions. The need for

performance data and feedback is therefore a matter for consideration and is discussed in detail in chapter five, because it is equally relevant to the way in which a multi-agency child protection system monitors itself.

4.6   Finally, this chapter covers some developments within the social work profession that will influence future design: the piloting of social work practices that takes social work outside local government's direct management; the new College of Social Work formed on the recommendation of the Social Work Task Force; and the possible creation of a Chief Social Worker.

Managing time

4.7   Evidence submitted to the review shows how the size of caseloads is a significant problem for many and, clearly the time available for a case has a major impact on how well the work can be done. Controlling the input that goes to social work teams is one strategy for creating a reasonable workload and chapter two discussed ways that the referral rate to children's social care was being reduced in some places. However, there is still in most places a high rate of referral that, combined with financial constraints and problems in retaining experienced staff, creates work conditions that make it hard for the most experienced and motivated worker to achieve the quality they want when working with a family.

4.8   Helping social workers have sufficient time for good quality work is not just a matter of dealing with sizes of caseloads but also of looking at the tasks they do and considering whether they can be streamlined at all through reducing duplication or delegation. Some local authorities are reviewing the ICS recording system and re-designing it to minimise duplication of data entry. The current practice of having several different forms to complete on each case is something the review is examining to see whether there are efficiency gains without loss of quality in designing forms that are multi-functional.   Examples have been given to the review of local authorities delegating some of the social work tasks, for instance, by giving administrators a bigger role in keeping records and having staff to work with the children, allowing the social worker to focus on the adults. Helping workers prioritise the demands on their time is another strategy for helping in time management, and this plays a crucial part in whether the work is childcentred or process-driven.

4.9   The review recognises the critical role that first-line managers have in creating the cultural and practice changes it will advocate. They have the key role in supporting individual social workers in their practice, allocation of work, facilitating social workers in developing their analytical skills, identifying learning needs and creating reflective thinking. Managers will need to be provided with support and training that provides them with the supervision skills that enable reflective practice, skills that enable, encourage and question the evidence base on which their social workers are practising.

Supervision

4.10   Professional supervision is a core mechanism for helping social workers critically reflect on the understanding they are forming of the family, of considering their emotional response and whether this is adversely affecting their reasoning, and for making decisions about how best to help.   As discussed in the preceding chapter, the availability and quality of supervision contributes to the quality of reasoning that social workers can achieve.   Without time and encouragement to stop and review their work, social workers will operate at a primarily intuitive level with the associated risks of bias in their reasoning[76].

4.11   The Social Work Task Force stressed the importance of supervision[77]:

> *'**Professional support:** supervision is an integral element of social work practice not an add-on. Through it social workers review their day-to-day practice and decision making, plan their learning and development as professionals, and work through the considerable emotional and personal demands the job often places on them.'*

The two major functions of supervision are the management oversight of caseloads and the professional casework supervision of practice. Both are important and serve different purposes within the overall function of the organisation. The evidence the review has received indicates that managerial oversight often predominates and that too little attention is given to professional supervision. Warnings of this imbalance have been sounded for many years. In 1992, Howe commented that:

> *'….British social services departments are experiencing a heightening of the tension between notions of professional expertise, linked to ambitions of prevention and post-investigative treatment, and the managerial concerns of a hierarchical bureaucracy attempting to respond to a heavy bombardment rate, fearful of child abuse scandals on their doorstep. There is growing concern that the tensions are being resolved inappropriately by tighter managerial control over practitioners, with more emphasis on procedures for child protection but with less support for enhancing professional tasks. Tasks such as working with difficult-to-engage parents and trying to improve parent/child relationships are being moved from the centre to the margins'[78].*

4.12   The review is considering whether the two roles of managerial oversight and professional supervision need to be separated so that both are done properly. A

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[76] Koehler D. & Harvey N. (eds) 2007 Blackwell Handbook of Judgment and Decision Making, Oxford, Blackwell Publishing

[77] Social Work Task Force (2009), *Building a Safe and Confident Future*, p 29 (available online at http://www.education.gov.uk/publications/eOrderingDownload/01114-2009DOM-EN.pdf)

[78] Howe, D. (1992), 'Child abuse and the bureaucratisation of social work', *The Sociological Review*, 40, pp 491-508; this was corroborated in a 1996 study of supervisions based on reported data: Rushton, A., & Nathan, J. (1996), 'The supervision of child protection work', *British Journal of Social Work*, 26, pp 357–74

division of career pathways at this point would also contribute to the establishment of a professional career pathway, as recommended by the Social Work Reform Board, and endorsed in the preceding chapter of this report.

Professional development

4.13   Professional development encompasses far more than receiving good supervision. The nature of expertise implicit in the capabilities model of the Social Work Reform Board envisages professional development as an ongoing aspect of professional life, which this review strongly endorses. The organisation can facilitate continual professional development by:

- encouraging ongoing learning not just through formal courses but by helping social workers maximise their learning from their casework through providing the key ingredients: experience, feedback on outcomes, and time to think and draw out the lessons;
- providing access to relevant research and summarising key messages; and
- supporting specialist training in intervention methods and subsequent clinical supervision in using these methods.

4.14   There has been a framework for post-qualification programmes for qualified social workers in place since 1998, with a new framework being agreed in January 2005. However, it is still not playing a big enough role in professional development. Social workers must renew their registration with the General Social Care Council every three years and to do so must confirm they have completed 90 hours of post-registration training and learning, which includes a range of activities, including attendance at courses and conferences. Across all respondents to a Children's Workforce Development Council (CWDC) study, only one third had completed any further post qualification training during their careers, these mostly being in children's services and in mental health work. There is also the expectation that all newly-qualified social workers should achieve a specialist-level post-qualifying award in their first two years of practice and the proportion was higher for those who had qualified more recently.

4.15   Another crucial aspect of professional development is an organisational culture that not only provides access to research but values it and makes it feasible for workers to use it well. It is unrealistic to expect every social worker to have the time to search for research articles and the skill to appraise the research methods used in order to form a view of the reliability or validity of the findings. Some mechanism for providing summaries that have critically reviewed research is needed, whether local or national (or indeed international since there are a number of websites providing this service).

4.16   If research evidence is to enhance professional judgment it will require local authorities to encourage a learning culture. If social workers simply use evidence to shore up their initial assumptions, rather than to understand the range and complexity of relevant factors, such a resource may exacerbate poor practice. In

short, access to the evidence base must be supported by organisational and professional research literacy.

4.17   Similarly, a key element of professional development needs to include training in those methods of intervention that have evidence of some effectiveness. Professor Stephen Scott's submission to the review recommended that:

> *'social work departments need to train their own staff, and commission outside agencies, to deliver parenting interventions that work. This is the central core of effective social work – not a peripheral add-on or minor issue'.*

Currently, few social workers have detailed training in any evidenced method and this seriously limits their ability to help children stay safely with their birth family. But providing such training is a long-term strategy. It is not enough to send someone on a two to three day course. Developing the skill to use the method in real situations requires on-going supervision. This is another area where the development of senior professional grades would be useful. These senior social workers could provide the ongoing training in a method needed to keep it faithful enough to the model to have some chance of sharing its success.

Tools

4.18   One way for managers to seek to improve practice is to provide tools, equipment, and resources for the staff to make it easier for them to carry out their tasks. In child and family social work, a major development in the last 30 years has been the provision of information processing tools to help social workers make assessments and decisions. The relative autonomy of the professional in the 1970s is now radically altered by the degree of managerial and statutory guidance, oversight and provision of tools to improve practice, e.g. the set of assessment forms in ICS and the detailed procedures set out in *Working Together to Safeguard Children*. Any such aids need to be seen not as passive objects but as active contributors to the overall quality of performance. There has, to date, been insufficient attention paid to whether these tools are having the intended beneficial effects on improving assessment and decision-making, or creating adverse factors that make it harder for social workers to work to a high standard.

4.19   The impact of technology on human performance is complex. As Woods et al[79] point out, the conventional view is that new information technology and automation creates better ways of doing the *same* tasks. However, it is more accurate to say that any new technology is a *change* from one way of doing things to another. It alters the tasks that humans are expected to perform and it can, in subtle and unexpected ways, influence and distort the way they can carry out their part of the process.

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[79] Woods, D., Johannesen, L., Cook, L., & Sarter, N. (1994), *Behind Human Error: Cognitive Systems, Computers and Hindsight,* p 163

4.20 Norman argues that the traditional approach of designers has been machine-centred, concentrating on automating the parts of the process they know how to work on and leaving it to the human operator to cope with the resulting changes. In contrast, a human-centred approach starts by considering their needs. Designers should begin by asking first, what are humans good at?, and second, what are machines good at?, before deciding how to help humans improve their performance. He concludes:

> *'we need information processing systems that complement our thinking, reasoning, and memory skills as comfortably as the calculator enhances our arithmetic skills. The best of these technologies provide us with rich information and leave control of the process, and what to do with the results, in our hands'*[80].

4.21 The review has been given some interesting examples of tools that have been designed through detailed discussion with those who are going to use them. The London Borough of Tower Hamlets undertook a major review in 2010 of its use of the ICS system to make it more streamlined and less onerous on frontline staff and designed a new assessment form (Annex B). With a fundamental re-shaping of the initial and core assessment exemplars and its positive impact on child-focussed practice, the following key question has been considered - is there an alternative framework for assessment of children and their families and what would this look like?

4.22 Embarking on this work, Tower Hamlets held a series of workshops and development sessions with frontline social work practitioners, operational and senior managers, to review and critically evaluate current practice and to consider how the continuum of intervention through assessment could be both streamlined and improved to focus on the child. The following themes in the workshops emerged:

- prescription led to a description of the child and family circumstances as opposed to an understanding of the family and the child(ren) and how the family was functioning;
- that the descriptions captured often contained snippets of history not in a chronological format;
- the child's story was often deconstructed or absent across the different domains and not a central feature;
- pressures and a focus on timescales meant social workers were not often taking the time to plan and think through the family issues subsequently impacting on outcomes for the child; and
- the process tended to be engaged as an end to itself rather than a way of practising child focussed social work.

The form developed by Tower Hamlets is the emerging thinking regarding how a different approach to assessment and understanding families could be considered.

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[80] Norman, D. (1993), 'Toward human-centred design', *Technology Design*, p 52

The design has been informed with the following principles in mind:

- articulates, describes and understands the child's story;
- a practice framework that is flexible with timeframes to be determined at the outset (with a clear time frame for Section 47 child protection investigations);
- enhances the social workers understanding of the family and fundamentally supports social work analytical thinking, judgment and decision making;
- a process that supports an exploration of the interplay between historical factors and the present situation to inform future planning and involvement;
- facilitates direct work with families through enhanced partnership practice;
- genograms, eco maps and a purposeful chronological understanding are key requisites;
- on receipt of the completed document, the family can understand the concerns that the social worker has raised with them;
- promotes a family based assessment and intervention methodology within an ecological context;
- promotes and prioritises inter-agency involvement in the work undertaken; and
- reinforced in the organisation through practice, supervision, quality assurance and research.

4.23   In this section on tools, two areas of practice where tools have become dominant in what many see as a problematic way merit close attention: the ICS case management software and the detailed procedures intended to improve the quality of practice.

The Integrated Children's System (ICS)

4.24   Computers have a lot to offer, but their use so far has been problematic. ICS exemplifies an innovation that has had a major, unforeseen impact on the way that frontline work is performed. Although there are variations in the design used at a local level, there are some common problems in its implementation. The way that organisations have, until recently, dealt with emerging problems with the system has been a good illustration of a failure to learn. There was a tendency to blame any emerging problems on the social workers using ICS, instead of accepting that the quality of performance arose from an interaction. The detailed studies of Bell et al, White et al and Shaw et al showed conclusively how influential and how damaging the design of the software was[81].

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[81] Bell, M., Shaw, I., Sinclair, I., Sloper, P. & Rafferty, J. (2007), The Integrated Children's System: An evaluation of the practice, process and consequences of the ICS in councils with social services responsibilities; White, S., Hall, C., & Peckover, S. (2009), 'The descriptive tyranny of the Common Assessment Framework: technologies of categorisation and professional practice in child welfare', British Journal of Social Work, 39(7), pp 1197–1217; Shaw, I., Bell, M., Sinclair, I., Sloper, P., Mitchell, W., Dyson, P., Clayden, J. & Rafferty, J. (2009), 'An exemplary scheme? An evaluation of the Integrated Children's System', British Journal of Social Work, 39, 4, 613-626

4.25   To return to basic principles, recording is a necessary task and has three functions:

- individual casework - records the activity undertaken and the information gathered by workers on an individual basis to assess, inform, understand, reflect and plan for individual children and families. The record should be the record for the child in the future that should illustrate what decisions were made and why. It should also clearly tell the child's story. Therefore, records should provide an accurate reflection of the child's experiences, history and observations. It also provides the evidence should the worker or agency be held to account for their work;
- performance management and data collection - local authorities should collect information required for national reporting purposes, but it is important that data collection and data entry should not be over-burdensome for social workers. Local authorities should consider whether the time and cost to enter data over and above the minimum requirements is a good and effective use of social work time and skills and whether the data collected is required, useful and enables the authority to understand and manage their performance; and
- workforce and service planning: - senior managers and commissioners need accessible information for effective workforce and service planning to allow their services to adapt to changing demands.

4.26   Local authorities have been given permission to modify ICS - as Baroness Morgan, then Minister for Children, wrote to Directors of Children's Services in June 2009:

> *'… it is the responsibility of local authorities to determine how ICT systems can be used to support the delivery of social care services. The key test of those systems should be that they support effective practice and improved outcomes for children, young people and their families'*[82].

4.27   Because there is substantial evidence that the ICS does not support professional judgment and often inhibits efficient working, there is a strong case for many local authorities to use these powers. The degree of standardisation imposed in the current system may be supportive to novices but is not likely to enhance professional learning and skill and indeed may erode its development[83].

4.28   The ICS remains a very poor tool for mapping the child's journey. The research carried out by Professor White's team at Lancaster University and the preceding evaluation of the ICS by the Universities of York and Southampton[84] show that the

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[82]
http://webarchive.nationalarchives.gov.uk/20100202100434/http://www.dcsf.gov.uk/everychildmatters/_download/?id=6169
[83] Gilligan, P. (forthcoming) Decision making tools and the development of expertise in child protection practitioners: are we "just breeding workers who are good at ticking boxes"? *Child and Family Social Work*
[84] Shaw, I., Bell, M., Sinclair, I., Sloper, P., Mitchell, W., Dyson, P., Clayden, J.and Rafferty, J. (2009) 'An exemplary scheme? An evaluation of the integrated children's system', *British Journal of Social Work* Advance Access published April 8, 2009, 10.1093/bjsw/bcp

current documentation makes it difficult to 'see the child'. This has been confirmed in evidence submitted to the review. For example, there is nowhere in the current system for the child to tell their own story, or for the family's social history to be effectively summarised. Instead, there is an over-concentration on repetitive data entry and there are multiple processes and transfer points in the workflow which require the child's story to be continually retold. This encourages cutting and pasting and the process of recording to be considered a chore, rather than an integral part of the work.

4.29   Feedback to the review shows considerable enthusiasm for rediscovering family-based recording, whilst preserving the child's unique record within the family. Some suppliers are working on this, but it is a challenge when they have designed the system to a rigid specification which precludes family records. There is a consensus that genograms and chronologies are crucial, but as yet there has been limited success in providing these within the current packages. It is important to note that even optimally-designed ICT cannot replace human effort in the crafting of meaningful chronologies. It can only search for incidents and present them in a list. It cannot interpret these. This attention to human factors is essential in any subsequent systems. In the future, ICT design should make full use of mixed media. Digital stories and photographs, for example, could be embedded in the child's record providing additional and meaningful information to the child and significantly improving upon what is available with paper documents. This requires a professionally-led design project, involving young people.

4.30   ICS does provide a degree of order in the case record and, if stripped down, could operate as a document repository, pending the design of a more suitable system for children's social care. Understandably, many authorities are anxious about losing the document management functions provided by ICS. Whilst paper files have some limited self-organising features, the same is not always true of electronic documents which can easily be misfiled and where version control is vital. Some of these features can be locally improvised in some sites. It is unlikely that any one-size-fits-all model of adaptation will be possible because of the different team configurations, service structures and interoperability issues in localities. There is also the serious matter of post-implementation support for authorities with no in-house ICT expertise, if software adaptations are undertaken outside of the supplier contracts.

4.31   Many of the problems currently experienced with the ICS are related to the rigidity of the performance management regime operationalised within it. This regime is a potent source of 'latent conditions for error'[85] i.e. it creates the systemic conditions which make errors more, rather than less, likely to occur; for example, rushed or incomplete assessment driven by the need to meet time-scales. It is thus making practice less safe. Accordingly, the matter of technology cannot be separated from

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[85] Broadhurst, K., Wastell, D., White, S., Hall, C., Peckover, S., Thompson, K., Pithouse, A., & Davey D. (2009) 'Performing 'Initial Assessment': Identifying the Latent Conditions for Error at the Front-Door of Local Authority Children's Services', *British Journal of Social Work* (available online at http://www.publicservices.ac.uk/wp-content/uploads/broadhurst-et-al_2009-performing-initital-assessment_.pdf)

the practice model, nor from the inspectorial and performance management systems.

4.32   This situation continues to slow the potential progress in reforming ICS. It is, however, difficult for authorities to change their practice model because of the perceived and actual impact of the current inspectorial regime. For example, a number of authorities have expressed interest in moving to a more holistic form of assessment, rather than using separate forms for particular activities. However, they feel unable to do so, because of a perception that Ofsted are still inspecting against the practice model embedded within ICS. Where authorities are using a different theoretical model, they are entering data twice. If social workers are to make better use of research and emerging theory, they need the flexibility to change the recording framework too.

4.33   Computers and computer software have considerable, as yet unrealised, potential to support decision-making. There are many examples of 'expert systems' being used to support complex professional tasks, e.g. in the airline industry and medicine, and there is also a substantial body of research on the design of safe systems and organisations. Current work in health informatics underlines the importance of a 'socio-technical' approach to systems design[86].

4.34   The next phase of the review will examine the ways in which the inspection framework can better examine how the system is serving children (see below, chapter five). Currently many authorities are tied into contracts for systems they have purchased and developed. Freeing themselves from them is likely to take a varied amount of time dependent on whether:

   • they rely upon them for their data and performance requirements;
   • their contracts have them tied in to certain arrangements or cost agreements (changes to the system are likely to have implications on data collection and businesses processes; it might be significantly more complex than just changing a form);
   • they have developed and changed them already to make them 'fit' their authority needs and further changes or tweaks are likely to involve significant cost, time and development; or
   • any change to systems is likely to incur further training costs in time and money.

4.35   Ideally, local authorities would audit their own ICS systems to see:

   • how easily the child's story can be extracted from the system;
   • how efficient their frontline workers feel their systems to be (how time consuming their individual systems are);
   • how easily it provides the information they need to inform decision making

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[86] See: Fish, S., Munro, E. & Bairstow, S. (2008), *Learning Together to Safeguard Children: Developing a Multi-Agency Systems Approach for Case Reviews*, Report 9, London, SCIE; Munro, E. (2005) 'A systems approach to investigating child abuse deaths', *British Journal of Social Work*, 25, pp 531–46

and clear next steps; and

- how effectively the existing system records what help has been provided to the child and family and what impact this has had on the child's safety and well-being.

Procedures

4.36   Procedures are the second major example of tools for social workers where the influence on practice has been problematic. The main criticism is that they have become too extensive and are so dominating practice that space to exercise professional expertise is being severely reduced. Procedures have a number of strengths but they also have weaknesses and a clearer understanding of both helps in considering how to revise and, in places, remove them.

4.37   The most obvious strength of procedures is that they are a way of formulating best practice in carrying out a task so that the wisdom of experienced staff is readily disseminated throughout the organisation and variation in the quality and type of service received is reduced. Procedures are also good as training tools, helping novices get started in learning a task.   They can enable newcomers to get on with the work quickly, giving them simple rules to follow without going through the longer process of understanding *why* those rules are sensible.   For experienced workers, they are valuable as a checklist to use to when reviewing their work, and particularly helpful if they tend to be interrupted and have to leave the task for a while.

4.38   Procedures play a crucial role when people have to work together on a task, enabling them to predict what each other will do, setting out basic rules about roles and tasks. This is even more important when it is not an established team but a group who come together on a particular occasion, as is often the case in child protection work when carrying out an enquiry into an allegation of child abuse.   The extent of the guidance in *Working Together to Safeguard Children (2010)* is questioned in chapter six but the need for some guidance in this aspect of the work is incontrovertible.

4.39   Procedures, however, have a number of weaknesses. The strength mentioned above that newcomers can quickly learn to follow procedures even when they do not understand them is also a weakness. It can lead to people just following procedures and not trying to become better:

> *'Procedures can lull people into a passive mindset of just following the steps, and not really thinking about what they are doing. When we become passive, we don't try to improve our skills. Why bother, if all we are doing is following the procedures? So the checklists and procedural guides can reduce our motivation to become highly skilled at a job'[87].*

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[87] Klein, G. (2009), Streetlights and Shadows: Searching for the Keys to Adaptive Decision Making, p 22

4.40   Another weakness is that procedures are always incomplete:

> *'There is always a distance between a written rule and a task. It can only be closed by human interpretation and application'*[88].

4.41   This was illustrated in the preceding chapter when discussing how much more social workers needed to be able to do than following guidance on collecting information for an assessment. Most of the procedures in child protection involve dealing with other people and require the use of relationship and communication skills. When the organisation does not pay sufficient attention to the latter skills, then procedures may be followed in a way that is technically correct but is so incompetent that the desired result is not achieved. Evidence submitted to the review shows that some social workers feel that the skill and effort they use in engaging complex families is undervalued by their manager whose prime interest is in checking that they have completed forms.

4.42   The final two weaknesses are interwoven: procedures can deal well with typical scenarios but not with unusual ones, and an organisational culture where procedural compliance is dominant can stifle the development of expertise. In child and family social work, the needs and circumstances of children are so varied that procedures cannot fully encompass that variety. Efforts to make procedures cover more variety quickly lead to the proliferation of procedural manuals that, because of their size, become harder to use in daily practice. The inquiry into the death of Victoria Climbié found that there were 13 documents containing policies, procedures and guidance to staff in relation to child services[89]. Dealing with the variety of need is better achieved by social workers understanding the underlying principles of good practice and developing the expertise to apply them, taking account of the specifics of a child's case. The work of Dreyfus and Dreyfus on how people develop expertise shows how they build up intuitive understanding and tacit knowledge[90]. They may use procedures to get started as novices but need to move beyond this to achieve mastery. Social workers in a culture where procedural compliance is expected, and deviation is met with blame, are discouraged from building up that expertise.

4.43   Experienced social workers who understand the underlying principles of good practice can face a situation where they know that compliance with procedures would entail violating those principles, while violating the procedures would, in their expert opinion, be in the best interests of the child. From evidence submitted to the review, it is clear that this scenario is not rare. For some, the combination of anxiety about violating procedures in a blame culture and their moral discomfort at not acting in the child's best interests has been a factor in driving them away from child protection work.

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[88] Dekker, S. (2005), Ten Questions about Human Error, p 136
[89] The Lord Laming (2003), The Victoria Climbié Inquiry: Report, 1.60
[90] Dreyfus, H.L., & Dreyfus, S.E. (1986), Mind over Machine: the Power of Human Intuition and Expertise in the Era of the Computer

4.44   The introduction of fixed timescales provides a good example of how a well-intentioned reform can go too far and become dysfunctional. Timescales were introduced because of the evidence that the cases of too many children were drifting with no clear assessment, plan, or help being offered. The basic principle that timeliness matters is sound but turning this into fixed rules of ten days for one stage of case management and 35 days for another creates difficulties for social workers trying to provide an individualised response to families. Ten days may, on average, be a reasonable timeframe for completing an initial assessment but that average will not be best for everyone. One child may need assessment within an hour because the referring information indicates such a high level of danger while another may be best helped by allowing longer to make sense of an unusual or complicated set of circumstances. Besides over-standardising practice, having timescales on their own leads to the undervaluing of other key practice principles, especially the principle of making an accurate assessment.

4.45   The review is considering whether, when a child is referred to children's social care, the existing assessment should be continued by social workers rather than the current system which starts a new bureaucratic process of initial and core assessments. Current practice is dominated by prescribed timescales but the review is concerned that there should be a stronger awareness of balancing the timeliness with the quality of assessment so that the specific needs of any child can be well assessed. Timeliness matters, but so does quality so local arrangements should monitor for both instead of having statutory timescales.

4.46   What bedevils the prescriptive approach is the conflict between the very wide variety of situations that are encountered - and, hence, the variety of responses that are required if the child's life is to be improved - and the wish to standardise the processes that are used. This is why the aim of improving the system is rapidly confronted with a central conundrum: how to organise it so that it can display 'requisite variety' - the ability to tailor each response to the need of children and young people - whilst ensuring that reasonable standards are being upheld across the board.

4.47   As discussed above, there is a clear need to improve the capabilities of social workers so that they are better able to exercise professional judgment. Since the Children Act 1989 there has been a well-documented expansion of rules and guidance. In part this has been due to an increased awareness of specific issues but it also seems that rules and guidance have been issued because of a lack of confidence in workforce competence. This is potentially damaging for two reasons. First, too great a reliance on rules creates the illusion of certainty in a sector where uncertainty prevails. Secondly, it leads to an overdependence on process which diminishes professional judgment and creates a mindset which seeks pre-formulated solutions to complex and uncertain situations. In the next phase of the review, more attention will be given to clarifying when rules and principles are most appropriate.

4.48   One difficulty in moving to more judgment-based practice is that it removes a (false) sense of security from individuals dealing with uncertain situations in a highly

punitive culture. In such circumstances, the defence 'I was following the rules' is very tempting. Developing more scope for professional judgment to improve the service received by children requires reducing the blame culture and developing a more realistic understanding of what it means to make judgments in uncertain circumstances.   The police have recently adopted a set of ten risk principles (Annex A) and the review will consider whether they should be given wider endorsement by the child protection system since they convey a clear account of good practice in making decisions in uncertain circumstances.

4.49   As mentioned earlier, the Government has already started to relax some of the rules and bureaucratic reporting requirements relating to the performance framework and ICT. In relation to performance, the Government has already revoked the designations of Local Area Agreement (LAA) targets meaning that local areas no longer have to report on their performance to central Government and are free to drop or amend them if they so wish. It has also been announced that the National Indicator Set of performance measures will be replaced with a single comprehensive list of data required by central Government, giving local areas far more freedom over the management of their own performance. This provides local authorities with the flexibility to move away from previously prescribed specifications in order to adapt their systems to suit local needs.

4.50   Many of the rules for child and family social work, however, are contained in the local procedural manuals developed to implement the statutory guidance of *Working Together to Safeguard Children.* As will be discussed in chapter five, the review is working with a multi-professional group to consider how to revise this guidance and, where appropriate, replace rules with principles of good practice.

4.51   In addition, consultations with social workers has made the review aware that many of the rules and regulations with which frontline practitioners are frustrated are actually the result of local rather than national prescription. As discussed below, the final report will examine how and why local procedures have sometimes had unforeseen, negative implications for practice and how a more adaptable system, capable of learning from its practitioners, can be encouraged.

Journey authorities

4.52   The review is working with a number of authorities that are demonstrating the type of systemic learning and adaptation that the review wishes to encourage. They have identified problems in the existing way of working and, drawing on theory and research, have formulated ways of improving practice. The details of each authority are given below.

Reclaiming Social Work in Hackney

Reclaiming Social Work is a programme developed in the London Borough of Hackney, to improve services for children and families recognising social work as a challenging profession requiring complex skills, deep professional knowledge and a strong understanding of its evidence base. Central to the changes has been the creation of Social Work Units in which social workers function as part of small multi-skilled team headed by a consultant social worker, who has some managerial responsibilities and overall responsibility for cases. The teams also include a qualified social worker, a child practitioner, a clinician (one per two units) and an administrator. An independent evaluation found the approach to:

- support reflective learning and skill development through its shared approach to case management;
- foster a sense of openness and support;
- re-establish the primary focus of social work on the family; and
- allow social workers to spend more time with families by passing on administrative tasks to the administrator.

Results have shown that there are now lower rates of children becoming the subject of a Child Protection Plan for a second or subsequent time and fewer looked-after children. The initiative has also shown an overall cost saving of children's social care of 4.97% due to:

- a reduction of the number of children coming in to care;
- a 55% fall in staff days lost to sickness;
- placement stability; and
- very low numbers of children in residential care.

Bath and North East Somerset 'lean review'

Bath and North East Somerset (BANES) have been working on a review of their social care processes, including safeguarding, to obtain an 'end to end view of the system'. The review team have assembled a team of frontline practitioners who consider and analyse the interactions they have with the child and family, the nature of the individual demand and what action was taken in response and the impact of these on the experience of the child. Findings have included the following and will inform a re-design of services aimed at improving outcomes for children:

- inconsistencies in the handling of some cases and the consequent failure to always draw out the right information about needs;
- the need to ensure that universal services have access to consistent risk management expertise in order to avoid professional anxiety, leading to inappropriate referrals to social care;
- a reluctance of professionals to 'de-escalate' once a case is in the social care system; and
- duplication between services and burdensome recording, which does not always capture the necessary information about the child; and

The Knowsley Approach

Since 2007, Knowsley have been on an improvement journey that adopted a systems approach to redesigning the statutory safeguarding services. They have developed a robust partnership approach to thresholds for referrals and intervention both at an operational and strategic level, including the co-location of the children's social care duty arrangements and the Common Assessment Framework team. These developments were underpinned by needs analysis and research undertaken by Lancaster University and a comprehensive independent review of child protection practice.

In 2010, Ofsted judged safeguarding in Knowsley to be good with outstanding capacity for improvement. Taking the feedback from this inspection and the learning from serious case reviews, Knowsley decided to take its reforms a stage further, with a specific focus on frontline practice. The approach that is now being taken in Knowsley is to undertake a 'commission' into child protection, looking at how social care, the police, health services, education and early years settings interact systemically and how this interaction impacts on those children in need of protection. Further, it will examine the nature and effectiveness of feedback loops in the system, the role of the 'authentic voice' and that of emergence linked to the impact of unintended consequences.

The Family Recovery Project and remodelling social work in Westminster

The **Family Recovery Project (FRP)** is a co-located multi-agency team incorporating Adult and Children's Services supported by an intelligence function. It uses the 'Think Family' approach, working with families who have a history of non-engagement with services or where, even with multi-agency support, positive change has been limited or not sustained. FRP work to improve the experience of both the families, and the communities in which they live, working in a targeted and phased way, including a contract with consequences (Family Care Plan). Year one research has indicated that for every £1 spent on FRP, £2.10 in costs is avoided by the public purse (Westminster City Council figures).

The **Remodelling Social Work pilot** is an example of early intervention and innovative frontline practice. It aims to improve outcomes through enabling social workers to undertake a greater amount of direct work with children and undertake earlier and more effective identification of need and joint assessment with key partners, by co-locating social workers within universal settings.

Managing referrals in Tower Hamlets

The **Integrated Pathways and Support Team (IPST)** in Tower Hamlets manages 'the front door' for children's social care. Its main function is to triage contacts and referrals, utilising expert knowledge to signpost to other services where the case is not accepted. It is social work led and managed with multi-disciplinary partners being part of the team. IPST provides general advice on child protection issues, including to other professionals, such as teachers, and has played a major role in managing anxiety over referrals. Against a backdrop of a 2,393 annual increase in contacts between 2008-09 and 2009-10 there has been a reduction in the percentage that progress to referral from 32.5% to 15.9% with interim figures for this year showing the rise in contacts continuing but the referral rate remaining steady. IPST has developed a much improved and more dynamic working relationship with other agencies, such as the police Public Protection Desk with regular staff face to face contact and improved and more purposeful sharing of information. This has led to a more consistent and commensurate approach to contacts and therefore reduces the proportion of cases made subject to referrals.

Signs of Safety in Gateshead

Gateshead has been developing **Signs of Safety** over a number of years, following the creation of referral and assessment teams who have a key role in assessing risk and need.   Gateshead has gradually increased the number of staff working to the model and the number of processes where it is applied, to the point where it is now used across the full range of its interventions. This includes:

- assessment;
- direct work with children and families;
- as a tool for reports and planning;
- to underpin/facilitate case discussions; and
- case conferences and multi-agency meetings.

Gateshead has found that it has brought about a real sense of professionals working alongside children and families and actively involving them in tackling and finding solutions to their problems. It has helped them to embrace a range of tools that ensure the child's voice is central to assessments.

Redesigning systems in Cumbria

Cumbria is aiming to deliver children's services in a radically different way through its **Better for Children Project**. A review team, using a systems thinking approach, has analysed current systems and processes and their effectiveness in meeting the needs of children, young people and families. The team has developed new measures, which include whether the assessment of need and interventions delivered as a result were right first time and if the timescales for delivery were within the shortest possible time. The findings included:

- only 30% of cases were deemed to be 'right first time';
- there were multiple assessments with 63% of cases being re-referrals;
- system requirements limit face to face contact with service users ;
- ICS drives rather than supports practice; and
- 66% of work undertaken was waste activity prescribed by the system.

Cumbria is now working with partners in redesigning the system to refocus on the needs of service users, doing only the value work, recording what is necessary and ensuring continuity of case ownership. The aim is to develop a new model which is scalable county-wide.

4.53   To start to encourage change the review has been working with the Government on how to give local systems greater flexibility to keep their focus on helping children. Cumbria, Westminster, Knowsley, Gateshead and Hackney want to make locally driven changes to the assessment processes that seek to give greater autonomy to frontline social workers. Specifically, the changes proposed would focus on allowing more flexible timescales so that social workers can exercise their professional judgment more effectively to improve outcomes for vulnerable children. Subject to their agreement to the conditions of the trial with Ministers, the testing by these authorities of a more flexible assessment process would last for six months. Evidence from this trial would inform any recommendations that may be made in the final report. The trial will last beyond the period of this review and the evidence available at the end of six months would be considered by the Government when responding to the final report.

The local authorities have proposed the temporary suspension of the following requirements of the statutory guidance *Working Together to Safeguard Children:*

Cumbria: - the 10 working day timescale for initial assessment; the 35 working day timescale in which to complete a core assessment; the requirement to hold Initial and Review Child Protection Conferences in their current timescales and the 10 working day timescale for the first meeting of the core group;

Knowsley: - the requirement to carry out a child protection conference within 15 working days of the strategy discussion;

Gateshead: - the requirement to carry out a separate and distinct initial assessment (within 10 working days) and then a core assessment (within a further 35 working days);

Hackney - the distinction between initial and core assessments; the timescales for completion of assessments; and the statutory timescales for core groups held when a child is subject to a child protection plan;

Westminster: the requirement to carry out an initial assessment within 10 working days; the requirement to convene an Initial Child Protection Conference within 15 working days of the relevant strategy meeting.

The media and the public

4.54   As well as being influenced by the overt and covert cultural messages they receive from within their organisation, social workers are also influenced by the messages they receive from outside their organisation. Many professionals, in the past, have reflected on the '*climate of fear, blame and mistrust that seems to be endemic within the child protection system*'[91]. The report of the Social Work Task Force highlighted social workers' concerns about the way in which the profession is reported on in the media and the impact of this on recruitment, morale and public perception[92]. This can be said to contribute to 'disproportionate responses to risk'[93], which help to undermine public confidence in the profession and puts children at greater risk. The last report showed how reporting can have unintended consequences on the way the system functions, for example, by altering referral patterns, creating spikes in demand and increasing thresholds[94]. Thus the rationale for improving public confidence in the child protection system is not just about getting a message across, but about getting the right message across strategically to enhance the way the system functions.

4.55   The review, working with the College of Social Work, is addressing two issues:

How to help the public gain a better understanding of the complexity, uncertainty and emotional challenge inherent in child protection:

- a clear narrative that describes the complicated nature of social work, building on the work of the Social Work Task Force, is in development for use by child protection professionals, those representing them in the media and those reporting on their work. This should recognise issues such as:

  - the emotional and moral dilemmas that are inherent to making difficult decisions about children and families;
  - the size and variety of social workers' caseloads and frank acknowledgement of problems in the system;
  - the range of tough decisions that child protection professionals have to make;
  - the fear that some have expressed about discussing social work openly;
  - the need to face issues around confidentiality, and other legal issues, squarely rather than hiding behind them, learning to share similar stories to increase understanding without breaching confidentiality /

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[91] Ayre, P. (2001), 'Child Protection and the Media: lessons from the last three decades', *BJSW* 31(6), 887-901

[92] Social Work Task Force (2009), *Building a Safe and Confident Future*, p 7

[93] Kitzinger, J. (2004), Framing Abuse: Media Influence and Public Understanding of Sexual Violence Against Children

[94] See Munro I, c 2.10, p 27; Mansell, J. (2006), 'The Underlying Instability in Statutory Child Protection: Understanding the System Dynamics Driving Risk Assurance Levels', *Social Policy Journal of New Zealand*, no. 28

client relationships;
o the wide range of perceptions the public and journalists currently have about social work; and
o the importance of widening the debate on child protection so that it covers positive, as well as negative, aspects of this work.

Improving the response of the social work profession to public debates about their work, especially in a crisis, so that there is a clearer account of professional practice:

- Child protection professionals and those representing them in the media must develop better ways of joining in with public debates about their role and responsibilities. The review will work with the College of Social Work to:

  o consider how child protection professionals can join this debate to make the biggest impact;
  o help make clear the importance of leaders speaking out constructively and how communicating well on issues of public interest should be a key part of any corporate ethos; and
  o emphasise the importance of collective support and responsibility among organisations, and across them.

4.56 In thinking about these issues, the review has been struck by the thoughtful responses of the Prime Minister and Home Secretary when commenting on the events on 2 June 2010 when 12 people were shot dead and 11 injured in West Cumbria:

> *'Of course we should look at this issue but we should not leap to knee-jerk conclusions on what should be done on the regulatory front'*
>
> (Prime Minister)

> *'But it would be wrong to react before we know the full facts. Today we must remember the innocent people who were taken from us as they went about their lives, then, we must allow the police time to complete their investigations.'*
>
> (Home Secretary)

4.57 Given the uncertainty inherent in child protection work, social workers are entitled to expect similarly calm and thoughtful responses from politicians, the media and public when a tragedy occurs in the child protection system, recognising the need for time for professional judgments and actions to be thoughtfully reviewed, lessons learned and any professional malpractice identified.

Monitoring performance

'In designing recommendations, the review will be considering how the system can become better at monitoring how it is performing, learning about emerging difficulties, and responding creatively and adapting to tackle them. The aim is a legacy where the system is better equipped to continuously learn and improve'[95].

4.58 The first report began with some examples of how the interactions of previous reforms of child protection have led to imbalances and distortions of current practice priorities. The reforms were designed by well-informed and well-intentioned people; the negative consequences were both unintended and unforeseen. Where we might justifiably criticise is that alerts about the unexpected consequences were not given sufficient heed, e.g. feedback on the perverse incentives of process-focussed performance measures. Imbalances were therefore not amended and instead left to increase. So how can we get better at noticing when things are getting out of balance? How can we create a child protection system that is able to notice when imbalances are developing and to correct them more quickly as an integral part of organisational learning? As noted in the quotation above, that is the legacy that this review aims to achieve.

4.59 These questions hinge on the issue of how a system 'learns' in order to be able to adapt and ultimately improve. Some key ideas from systems theory were introduced in the first report, which are helpful in this regard. One is that of a system requiring 'feedback', or data about what is actually going on at the frontline, where goals, structures, reforms, policies, procedures etc. come together in direct work with children, young people and families. Linked to the notion of 'feedback' was the concept of 'loops' of learning, whereby corrective action is taken on the basis of the feedback. 'Single-loop learning' focuses on compliance with prescribed behaviour; it is like a thermostat that learns when it is too hot or too cold and turns the heat on or off. 'Double-loop learning' goes further to reflect on the appropriateness of the original prescription, focusing not only on whether we are doing things right but whether we are doing the right thing. The initial report raised the question of whether, to date, we have done too little learning of the double loop kind.

4.60 The importance of having good feedback loops, in order to detect and respond to emerging imbalances and problems in the system, underpins this review's interest in making recommendations that support the development of the children's social care into a 'learning organisation'. Thinking in terms of developing into a learning organisation will have significant implications for how the review thinks about useful changes to management and inspection processes of multi-agency work on the one hand, and how to improve opportunities of multi-agency learning from practice, including serious cases, on the other. These are drawn out in other chapters of this report with chapter five focussing explicitly on the shared responsibility for managing performance.

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[95] Munro I, p 10

Organisational Innovation: Social Work Practices

4.61   It has been argued that difficulties in creating an effective social work service are in part due to their being within local government where there are competing political interests and a work culture that does not readily encompass creative, innovative professional practice. Social work practices, where a group of social workers work in autonomous organisations and contract with a local authority to provide a social work service to looked after children, have been proposed as a way of countering the managerial dominance in local authority children's social care and allowing professionalism to flourish[96]. The aims clearly are very much in line with the remit of this review. A number of Social Work Practice Pilots are currently in operation and more are being developed. These are being independently evaluated and findings will be published in 2012. Interim findings will be available to the review before the final report. Besides forming a view on their role in relation to looked after children, the review will also consider whether and how some of the positive features of their practice that are emerging from the pilots could be transferable to other areas of child and family social work. Early indicators would suggest that elements of practice, which if transferable, may make a significant difference to the quality of service received by children and families include:

- stability of staff group, lower staff turnover, reduced vacancies;
- increased motivation of staff, lower sickness levels;
- ownership by the staff group of 'the team' caseload, knowing each other's cases thereby being available to assist children, families and other professionals if a query arises when the primary worker is not available;
- staff able to spend more time with children, young people and their families; and
- reduced bureaucracy based on the reduced hierarchical processes for approvals and decisions.

Chief Social Worker

4.62   The review has been asked to consider whether there is a role for a Chief Social Worker. At present there is no permanent, professional representative of social work in Government. One model the review is considering is that of a Chief Social Worker like that employed in New Zealand where the position has successfully raised the profile and public understanding of the profession. Such a role, however, needs to be seen in the context of the revised career structure that the review is considering in which there would be a number of very senior social workers whose identity was clearly as professionals not managers. Such a network of experienced professionals could provide good support to a Chief Social Worker.

4.63   In the final phase, the review will be considering whether such a role is the most appropriate way of sharing the profession's experiences with Government and the

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[96] le Grand, J. (2007), Consistent Care Matters: Exploring the Potential of Social Work Practices, London, DfES

public, what the relationship of the role would be to other professional and public bodies, where such a role should sit, how and by whom it should be appointed, and what its precise remit might be.

College of Social Work

4.64 In stark comparison to the Royal Colleges of health professionals, and the Association of Chief Police Officers, until recently social work has had no single professionally led strategic body. The result of this has been that, since the 1970s, the responsibility for issuing professional practice guidance has fallen on Government. Inevitably, on occasion, this has meant that professional practice has been subjected to political knee-jerk responses to crises. Consequently, the review welcomes the establishment of the College of Social Work following the recommendations of the Social Work Task Force which explained how *'social work lacks a single locus of responsibility for promoting the profession, improving public understanding, spreading best practice and driving up its standards'*[97].

4.65 The College is charged with acting as the voice of the profession in furthering the reforms set out by the Task Force, e.g. in creating a nationally recognised career structure and establishing new standards for employers. This review envisages that the College will play an equally significant role in furthering the reforms set out in the final report. The following excerpts from the College's aims show the links with the review's concerns[98]:

> *'The College's strategic aims for the first three years to establish and develop the College of Social Work are:*
>
> - *'to be a powerful voice for the social work profession, in discussions with the public, policy makers and the media;*
> - *to provide strong leadership for the profession;*
> - *to work closely with people who use social work services and carers, ensuring that their views are incorporated into the overall development of The College; and*
> - *to be an international centre of excellence for the social work profession'.*
>
> (The College of Social Work, 2011, Strategic Vision)
>
> *'Providing guidance and support to the profession and allied professions The College will:*
>
> - *'provide national guidance, clarifying what good practice means in situations at all levels of the social work profession;*
> - *provide up to date information and guidance on issues affecting the profession;*

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[97] Social Work Task Force (2009), *Building a Safe and Confident Future*, 4.1
[98] National College of Social Work (2010), *Strategic Vision* (available online at http://www.collegeofsocialwork.org/files/Strategic_Vision_of_The_College.pdf)

- *collect and disseminate knowledge, evidence and exemplars of 'what works';*
- *enable social workers to access up to date knowledge and information to inform and support their practice; and*
- *provide advice, guidance and support to social workers, enabling them to work to the highest standards.'*

(The College of Social Work, 2011, Strategic Vision)

Conclusion

4.66   The support that managers give frontline social work staff is crucial in helping them practice at a high level. However, they face a complex situation. There are too many in the current workforce who are inexperienced and whose basic training did not cover significant areas of knowledge and skills needed in child and family social work. For example, child development is not covered thoroughly in all courses. Managers therefore need to provide considerable guidance and oversight to counter such deficiencies in their frontline staff. A problem identified by the review is that such support can be offered in a way that discourages the development of expertise and the need is to design support that can adapt to the growing expertise of the worker.

4.67   Rules, for instance, are a quick solution to minimise the chances of a social worker making an obvious mistake but rules, in a compliance culture, can lead to workers just doing as they are told and not learning *why* the rule is generally appropriate. This deeper understanding is needed to enable workers to respond to the varied circumstances of children and make judgments that a deviation from the rule is in the best interests of a specific child or young person.

4.68   The conundrum facing managers is that the quick way of achieving a *minimum* standard of practice is through rule- and process-driven practice, but this creates obstacles to the development of higher levels of practice. A simple example of how it inhibits learning is that it is a factor in driving staff away and retaining staff is a necessary step to helping them achieve expertise. Many are discouraged from staying by the quick remedies, the increased paperwork, and the lack of opportunity to exercise professional judgment. Evidence from studies of why social workers leave indicate that the problem would be reduced if staff were given the work conditions that help them learn and develop, if they were more effectively supported in handling the emotional, moral and cognitive aspects of the work, were given the opportunity to develop expertise, and were given the chance to work with families to help them instead of becoming mainly case managers who assess and refer on[99].

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[99] Healy, K., Meagher, G., & Cullin, J. (2009), 'Retaining Novices to Become Expert Child Protection Practitioners: Creating career pathways in direct practice', *British Journal of Social Work*, 39, 299–317; Healy, K. & Oltedal, S. (2010), 'An Institutional Comparison of Child Protection Systems in Australia and Norway Focused on Workforce Retention',. *Journal of Social Policy* 39: 255–274

4.69   Social work with children and families can be a very rewarding area of practice and historically it has had good recruitment and retention[100]. The review is considering how altering the career structure and providing more help in developing expertise in exercising professional judgment and offering effective help could counter the current problems in keeping enough social workers in practice to raise the standard of professional practice.

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[100] Audit Commission (1994) Seen but not Heard: Co-ordinating Community Child Health and Social Services for Children in Need

Chapter Five: Shared learning and accountability

Introduction

5.1   Chapters three and four focused on the parts of the review remit that relate to supporting social workers in providing effective help to children and families. This chapter builds on chapter two by giving further consideration to multi-agency arrangements, reflecting the many services and professions that play a part in effective safeguarding arrangements and in the protection of children from harm. The chapter looks specifically at the influence of leadership in local systems and at accountability in the context of major public service reform, problems in managing multi-agency performance and inspection, multi-professional rules and guidance, and the scope for sector based approaches to improving performance. It explores the need to strengthen Local Safeguarding Children Boards' (LSCBs) role in multi-agency training and learning, with particular attention to Serious Case Reviews (SCRs). This chapter concludes by giving attention to the Family Justice Review work to improve the timeliness of the court process for those children whose journeys involve family court proceedings.

Complex organisations

5.2   The review's first report highlighted that we are dealing with complex behaviour that requires a systems approach to understanding the interaction of its constituent parts and the inevitable appearance of unintended consequences that need to be searched for and responded to promptly. Table 5.1 from the first report, reproduced overleaf, summarised the approach that has been dominant and, in the right hand column, the approach towards which the review advocates that the system moves.

5.3   Senior leaders from the local agencies are charged with working together though the LSCB to provide local leadership for how agencies work together and to oversee the effectiveness of the child protection system in helping children and young people. LSCBs are well placed to take the holistic approach to child protection described in the right hand column in the table above. LSCBs can monitor quality and learn from their collective performance in relation to the child's journey and identify emerging problems in the system.

5.4   For LSCBs to be effective, they require evidence of the child's journey through the local system, including research, data and feedback from children and families that the LSCB can use to drive improvement, hold agencies to account and encourage learning and adaptive practice across agencies. The major changes to the local landscape over the coming years, all set within the tighter fiscal climate, will make the role of LSCBs even more vital. There is a pressing need to monitor the whole system so that the often unintended repercussions of change in one service on others are quickly identified.

	Atomistic Approach To Child Protection	**Holistic Approach To Child Protection**
Nature	▪ Narrow: tending to concentrate on individual parts or elements	▪ Broad: elements seen as standing in relation to each other
Perspective	▪ Isolated 'problems'	▪ Whole system
Cause & Effect	▪ Looking only at immediate and/or proximal effects ▪ Short chains of causality	▪ Separated in space and time: ▪ Long chains of causality, ripple effects, unintended consequences, feedback effects
Style of Recommendations	▪ Regulation and compliance ▪ Technocratic	▪ Strengthening professionalism ▪ Socio-technical
Results (observed and sought)	▪ Narrow range of responses to children's and young people's needs ▪ Defensive management of risk ▪ Command and control management; frameworks and procedures; squeezing out professional discretion ▪ Compliance culture ▪ Focus on standardised processes, frameworks and procedures	▪ Requisite variety in responses to meeting children's and young people's needs ▪ Acceptance of irreducible risk ▪ Supportive and enabling management ▪ Learning culture ▪ Focus on children, their needs, appropriate pathways beneficial outcomes .

Table 5.1: **Atomistic and holistic approaches to child protection**

Signposting

5.5   The review has now been remitted to consider the potential value of having a national means of providing a quick and reliable way of identifying whether a child or young person is, or has been, the subject of a child protection plan or whether they are, or have been, looked after. In the next phase, the review will work with professionals and multi-agency teams to consider whether such a service would make a significant contribution to children's safety, be fit for purpose and proportionate.

Leadership

5.6   Children's services leaders currently face a number of challenges, including continuing public sector reform, a harsh financial environment, higher expectations for the delivery of services and, in many parts of the country, difficulties in recruiting and retaining social care staff that may seem intractable. The National College of Leadership for Schools and Children's Services, will shortly be publishing a report, '*Leading for Outcomes*'[101], that helpfully cites Keith

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[101] *Leading for Outcomes*, commissioned by National College of Leadership for Schools and Children's Services, written by Deloitte, Navigate and Oxford University, forthcoming February 2011

Grint's[102] concept of 'wicked problems' as a means of describing the particular complexities for leaders of children's services at this time. Such problems are said to be complex and often without solution. They are made more complex through multiple stakeholders and multiple perceptions of the same problem. It follows that such complexity requires leaders with particular strengths and a children's services system which has clear and well understood leadership accountabilities.

5.7   The forthcoming *'Leading for Outcomes'* report describes the attributes of Directors of Children's Services leading complex systems that house 'wicked problems'. Such attributes align well with the characteristics of a learning and adaptive organisation:

- **openness to possibilities** – understanding the different options for resource deployment and using the resources available to them in a considered way;
- the ability to **collaborate** – working together with one's team, partners, and political and corporate leaders to work on outcomes and deliver results;
- **demonstrating a belief in their team** and people – fostering a sense of team and practices of team working to work enable working through others;
- **personal resilience and tenacity** – demonstrating the ability to see things through and work through challenges;
- the ability to **create and sustain commitment across a system** – aligning people to work towards a common goal;
- displaying a **focus on results and outcomes** – not only inputs, outputs or the process, and ensuring that the improvement of outcomes is the overarching priority;
- ability to **simplify** – removing unnecessary complexity from systems, and also in creating a simple, clear narrative or strategy; and
- willingness and ability to **learn continuously** – trying new tools and techniques and adapting them as necessary, learning from the experience of leadership and resource deployment.

5.8   Evidence to this review, drawn from the local areas we have visited, the discussions we have been part of and much of the research evidence that has been made available, confirms strongly that the role of the local leadership team is critical in establishing and sustaining the adaptive behaviours needed to manage the provision of good child protection services.

Accountability

5.9   Both of Lord Laming's reports, *The Victoria Climbié Inquiry* [103] and *The Protection of Children in England, a progress report*, emphasised the fundamental importance of good leadership and clear accountabilities in services that protect children from harm.

> *'Effective leadership sets the direction of an organisation, its culture and value system and ultimately drives the quality and effectiveness of the services provided. It is essential that there is sustained commitment to child protection and promoting the welfare of children at every level of government and in every one of the local services'*[104].

[102] '*Problems, Problems, Problems: the social construction of leadership'*, Keith Grint, H. Kerusuo et al. (Eds), Learning and Collective Creativity: Activity-theoretical and Socio-cultural Studies. Cambridge: CUP, 2005.
[103] The Victoria Climbié Inquiry, 2003, http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008654
[104] The Protection of Children in England, The Lord Laming, 2009,

5.10   Lord Laming confirmed the important roles of local authority Council Leaders, Chief Executives, Lead Members for Children's Services and Directors of Children's Services in exercising leadership of child protection. This review affirms the need for a strong local spine of accountable leaders with responsibility located in the local authority as reflected in the current statutory framework. In particular the review considers it important that local authorities ensure that the role of the Director of Children's Services continues as the key point of professional accountability for child protection services within the local authority and that this is not diluted or weakened.

5.11   However, where more clarity is needed around accountability is in response to the extent of public service reform at the present time, particularly in national and local health structures, but also in the police, local government and education. It will therefore be important to take the opportunity through the final phase of this review to be even clearer about where accountability lies and the respective roles and responsibilities of locally elected members; scrutiny committees; Chief Executives; Directors of Children's Services; Directors of Adult Services; LSCB chairs; new Directors of Public Health; new Health and Well-Being Boards; new GP consortia; and new directly elected Police and Crime Commissioners.

Managing performance

5.12   The messages frontline workers receive about what is important have a strong influence on the way they practise and on how caseloads are prioritised. The evidence of failure to spend sufficient time with families, and especially sufficient time with children, reflects the priorities that are being disseminated in the organisation. One group of frontline workers explained how senior managers made all the right kind of comments about quality work, time for critical reflection, and for professional supervision. But they said these things in a quiet voice; they spoke loudly about the need to meet performance indicators and followed this up with emails to check that they were being met. Greater weight should be given to how children feel about the service that they are receiving: Are their views being listened to? Are social workers explaining to them what is happening and why? Do they feel safer as a result of the services that they are receiving?

5.13   The system of process-based targets and performance indicators has skewed local priorities so that the focus is on specific aspects of process rather than practice quality and learning. As highlighted by Tilbury[105], the goal has been to work to the performance measure, e.g. to complete an initial assessment in a set number of working days – which can have a positive impact on a narrow part of social work practice – rather than to work in a manner tailored to addressing the specific needs and requirements of each case and the children or young people involved. This view is supported by evidence submitted to the review in the first phase and the 2009 research conducted by Broadhurst et al[106]. Performance measures can have unintended effects when implemented by anxious managers, as described by Sanger in the Public Administration Review (2008)[107]:

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http://publications.education.gov.uk/eOrderingDownload/HC-330.pdf

[105] Tilbury (2006) http://www98.griffith.edu.au/dspace/bitstream/10072/11223/1/tilbury_accountabilityviaPM.pdf

[106] Broadhurst et at (2009) http://www.publicservices.ac.uk/wp-content/uploads/broadhurst-et-al_2009-performing-initital-assessment_.pdf

[107] Sanger, M.B. (2008). 'From Measurement to Management: Breaking through the Barriers to State and Local Performance', Public Administration Review, 68, special issue, S70-S85.

> *'Even mature and well-designed systems implemented in progressive and culturally hospitable environments can be ignored, if not subverted, by anxious bureaucrats'.*

5.14   Nevertheless, as Ofsted recently highlighted, it is important that local authorities have good data and management systems which enable managers to make intelligent use of data to help to facilitate ongoing learning and drive continuously improving practice. The availability of standardised data featured in the *Government's Coalition Agreement*[108] and the *ChildONEurope Guidelines on Data Collection and Monitoring Systems on Child Abuse*[109] emphasises the importance that the UN Convention on the Rights of the Child places on good data collection systems. The ChildONEurope guidelines also make clear the importance of data needing '*to be coordinated throughout the jurisdiction ensuring nationally applicable indicators*'.

5.15   It is crucial that data, in keeping with the theme of this report, enables the effective mapping of the child's journey through the system. Such data can help to inform the development and evaluation of policy by central Government as well as drive improvement and encourage learning and adaptive practice at the local level. The Coalition Government's new 'single comprehensive list' of data, will list in one place all the data that central Government collects from local authorities, increasing transparency while also aiming to reduce data burdens.

5.16   In line with the development of the single comprehensive list, and the review of the Children in Need census (with which the review team is closely engaged), this review is working towards a reduced and refocussed set of data that would capture the minimum information needed to run effective children's social care services. This would be made up of two essential components:

- a core of data collected by central Government – which, importantly should also fill existing gaps in national data, for example in relation to the social care workforce; and
- recommended discretionary data, which would be published by local areas in a standardised form to enable benchmarking, comparability and public accountability.

5.17   A key aspect of this standardised local data should be regular feedback from children, young people, families, staff and partners. As the Association of Directors of Children's Services (ADCS) stated in their response[110] to the 2009 national consultation on revised indicators for child protection, performance measures:

> *'Do not provide measures of quality or outcome that can be relied on without other information which gets much closer to the experience of those receiving services'.*

Such data is a key source of information on how effectively services are working and helps to inform management oversight.

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[108] http://www.cabinetoffice.gov.uk/media/409088/pfg_coalition.pdf
[109] http://www.childoneurope.org/issues/publications/childabuse_guidelines.pdf
[110] Association of Directors of Children's Services response to the 2009 national consultation on revised indicators for child protection (available online at www.adcs.org.uk/download/position-statements/november-09/ADCSposition-on-inspection.pdf)

5.18 This 'twin-core' of data (i.e. single comprehensive list plus recommended standardised local data) should seek to:

- create a better balance between the use of data for the purposes of external accountability (measurement) and shared learning (feedback). Currently, the balance is towards the former at the expense of the latter;
- move away from reporting systems that encourage a linear cause-and-effect view of events towards an approach that encourages a systems-based perspective;
- give professionals freedom to operate, with performance evaluated against population outcomes and service quality; and
- provide higher level outcome and service quality information to central Government, and standardised management information for use by local authorities.

Inspection

5.19 The review's first report reflected on the way in which the inspection system has been criticised for a perceived focus on process over outcomes for children and service quality. The Coalition Government's commitment to reducing the inspection burden on local agencies creates an excellent opportunity not only to streamline the inspection process, but also to address the perceived weaknesses of the system. Any future inspection framework must drive child-centred practice, focus on the effectiveness of help provided to children and their families, the quality of the learning across local organisations and positive outcomes rather than compliance with process.

5.20 The review endorses the distinct role external inspection can play in the improvement of services for children and that inspection should continue for safeguarding and child protection services in the future, a point that ADCS made in their response to a recent Local Government Group consultation[111]. As pointed out in the recent Schools White Paper[112], inspection also remains crucial for the purposes of promoting accountability. The externality provided by inspection is perhaps the single most important element that distinguishes inspection from sector-based improvement solutions discussed later in this chapter and, given the capacity issues related to developing fully a sector-based improvement model, it is crucial that external inspection continues.

5.21 The current twin-track approach in children's services inspections consisting of a three-year rolling programme of announced inspections alongside an annual cycle of unannounced inspections, offers scope to reduce the bureaucratic burden of inspection, in line with the Coalition Government's commitments. The announced inspection programme brings with it a considerable number of bureaucratic burdens as explained by ADCS in their response, in July 2010, to Ofsted's review of these inspections[113]. In their evidence to the Education Select Committee on the role and performance of Ofsted, ADCS also stated that:

> *'An industry has grown up around the preparation for announced inspection. This is because the consequence of a poor service inspection outcome on the overall annual rating of a children's services department is serious indeed. The perceived punitive effects and the impact of judgements on services in terms of the local (and national)*

[111] http://www.adcs.org.uk/download/consultation-responses/nov-10/lgg-sector-self-reg-and-imporvement-adcs-response.pdf
[112] http://publications.education.gov.uk/eOrderingDownload/CM-7980.pdf
[113] http://www.adcs.org.uk/download/consultation-responses/july-10/ofsted-review-sg-lac-inspection-process.pdf

> *media and political response have created the climate whereby the inspected manage for inspection rather than managing for quality and continuous improvement of services for children and young people'*[114].

5.22   Simply halting the rolling programme of inspections would not be a solution in itself, although it seems apparent that a model where inspection is undertaken on an unannounced basis would eliminate a vast swathe of burden on local areas by drastically reducing the preparation element of inspections. The current unannounced inspections, though, are focussed solely on contact, referral and assessment arrangements – the local authority 'front door' – rather than the broader, more multi-agency focussed programme of announced inspections of safeguarding and looked after children services.

5.23   The review is recommending that announced inspections should end as part of forthcoming revisions to the inspection framework. Instead, unannounced inspections should be given a broader remit across the contribution of all children's services to the protection of children. This solution was advocated by the NSPCC in their submission (October 2010) to the Education Select Committee on the role and performance of Ofsted, and ADCS took the same view in their submission to the same inquiry:

> *'The principle of unannounced inspection is right and drives improvement without the excessive preparation for announced inspections. Such inspection should remain short, sharp and focussed, although the current focus of unannounced inspection of contact and referral centres (front door duty rooms) could helpfully be broadened to include other aspects of safeguarding and child protection services'*[115].

5.24   By reducing the inspection burden, such a system would also achieve greater proportionality. Even greater proportionality might be achieved by adopting a risk-based approach to the programming of inspection, but this could be operationally difficult due to the limitations of child protection data as an effective indicator of performance. It will be important, therefore, that inspection of child protection services continues to be universal, even for those local areas considered to be higher performing. Child protection is a complex area of multi-agency working with tremendous uncertainty which might mean that a service that has previously performed well might not continue to do so over an extended period of time.

5.25   In future, inspectorates should work more closely together so that inspection is better able to examine children's experiences and their journey through the system, from needing to receiving help. The outputs from such inspections should be learning that helps drive the development of local child-centred practice and improve outcomes for children. Inspectorates should, in the design of a new system of inspections, explore how best the multi-agency aspects of child protection are fully considered.

5.26   Future inspection should have a clear focus on the provision of early help and the effectiveness of multi-agency arrangements in identifying maltreatment, the quality of frontline practice and the competencies of those workers in exercising professional judgment and providing help. Inspection should examine whether the environment in which workers operate fosters the exercise of sound professional judgement, with compliance with guidance

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[114] http://www.publications.parliament.uk/pa/cm201011/cmselect/cmeduc/writev/ofsted/97.htm

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http://www.nspcc.org.uk/Inform/policyandpublicaffairs/consultations/2010/role_and_performance_of_ofsted_wdf78951.pdf and http://www.publications.parliament.uk/pa/cm201011/cmselect/cmeduc/writev/ofsted/62.htm

and processes given less emphasis. Such an inspection framework should focus more explicitly on indicating how improvements in services might best be achieved, including highlighting where good practice exists.

5.27   Inspection should also identify whether local authorities and partners are learning, adapting and improving in line with recommendations, which might suggest a system, alongside a new broader set of unannounced inspections, of targeted 'deep dive' inspections. Such 'deep dive' inspections would be tailored to suit local circumstances and particular concerns and could play an investigative role where previous inspection, data, sector-based approaches or other factors suggest reasons for concerns around an aspect of practice in a particular local area.

5.28   It will remain vital that the child protection and safeguarding responsibilities of institutions like schools, early years settings, hospitals, and services such as police and youth offending work are properly reflected in their respective inspection frameworks, including the new framework for school inspections currently being developed by Ofsted.

Sector-based approaches to improvement

5.29   Models of sector-based support and improvement, including self-evaluation and peer review, are in the process of being developed by the Department for Education and local government partners. It is important this supplements the reduction in the burden of inspection outlined above. Proposals in this area were recently the subject of a Local Government Group consultation[116], and ADCS in their 2009 position paper on inspection[117] stated that:

> '*the time is ripe for the development of a viable system-wide, sector-led alternative based on peer review, which acts as a catalyst for improvement and offers better value for money than the existing model*'.

5.30   A sector-based improvement model – and in particular a systematic process of peer reviews embedded within the culture of local authorities and partner agencies – could have an important role to play in facilitating learning throughout the system. A major strength of a peer review system is that learning will be two-way, with the reviewer learning from the reviewee and vice versa.

5.31   Given the uncertainties in child protection and the inability of data to be an effective predictor or indicator of performance issues, it is important that peer reviews and wider sector-based improvement mechanisms are normative rather than targeted on those areas that are perceived to be weak, failing or coasting. However, this clearly implies an extensive commitment from the sector in terms of resources, both financial and human. It makes sense for sector-based improvement support to be brought on stream gradually, while sufficient capacity is developed. A full system could then be built up in parallel with the development of a revised inspection framework.

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[116] http://www.lga.gov.uk/lga/aio/13733907
[117] http://www.adcs.org.uk/download/position-statements/november-09/ADCS-position-on-inspection.pdf

Multi-agency training and learning

5.32   The review has argued for the need for the child protection system to move from a compliance culture to a learning one, where all organisations locally become adaptive, learning organisations, constantly reflecting and adjusting the work environment to support professionals to use their knowledge, skills and judgment in the best interests of the child. This learning culture is needed both within and between agencies locally. The LSCB has the key role in promoting and supporting learning. Consequently, the review is considering how LSCBs' remit for multi-agency training and learning can be strengthened to maximise shared understanding of each agency's roles and areas of expertise, identify good and problematic practice issues and spot established or emerging problems and reduce gaps and duplication in services.

5.33   It is important that this includes, but is not restricted to, their SCR function. This remains a key mechanism for multi-agency learning triggered by the death or serious injury of a child when 'abuse or neglect is known or suspected to be a factor'[118]. It is vital that we learn effectively from these tragic cases (as explained further below). Yet they are not representative of the majority of professional work with families. Moreover, such tragedies are traumatic for all involved, families and professionals, and therefore their aftermath is likely to be a more difficult context within which learning can be achieved.

5.34   This is one reason why the review is treating SCRs as a subset of a broader range of multi-agency training and learning activities. A second reason is that evidence from other sectors suggests that the same methods for reviewing and learning from practice can be used on any examples of professional practice, and not just serious incidents. Consequently, the question of what methods would be beneficial to multi-agency training and learning are dealt with first, before focusing specifically on SCRs, then child death review processes, and lastly other kinds of learning.

Methods of learning from practice through case reviews

5.35   The remit of this review included a request to consider whether there were alternative ways of learning from experience used in other sectors that could be more effective. The systems approach adopted by the health sector in England and in many other countries offers a relevant and well-evidenced method.

5.36   Over a decade ago, an expert group chaired by the Chief Medical Officer, described the NHS as having 'an old fashioned' approach to organisational learning. Healthcare was seen as needing to 'catch up' with other 'high risk' or 'safety-critical' industries, such as civil aviation, in terms of how it went about reducing incidents of avoidable harm to patients from errors and mistakes.

> *'In the 1990s it was increasingly realised that most harm was not done deliberately, negligently or through serious incompetence but through normally competent clinicians working in inadequate systems'*[119].

5.37   *An organisation with a memory* the 2000 report by the Department of Health which

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[118] Working Together (2010), 8.9.

[119] House of Commons Health Committee (2009), *Patient Safet'*, Sixth Report of Session 2008-09, Vol. 1, page 11

summarises this change of direction is now judged as a seminal document and, since its publication, the NHS has become a world pioneer in the field of 'patient safety'. It has initiated the establishment of a World Health Organisation (WHO) patient safety programme[120]. This review considers that there are substantial benefits for the child protection system to gain by moving into the slip stream of these developments and building on the experience in health.

5.38   Safety management in other high-risk sectors has moved to the view that blaming individuals for errors and mistakes has been unhelpful and counterproductive, producing inadequate learning and, in some cases, creating new obstacles to improving performance. Instead, errors and mistakes are being accepted as inevitable and to be expected in a complex work environment. In place of a blame culture where people try to conceal any flaws, it is better for people to work hard to identify errors early so that they can then be managed or minimised, often through re-design. This approach draws on human factors research which aims to design and re-design processes and draft procedures that are based on realistic conceptions of human strengths and weaknesses, so that broader compatibility can be achieved between people, technology, and work environments. This innovative thinking was encapsulated in the title of a parallel health publication from the United States: *To err is human* (1999) which argued cogently that the issue of medical errors was '*not a "bad apple" problem*' and that '*mistakes can best be prevented by designing the health system at all levels to make it safer - make it harder for people to do something wrong and easier for them to do it right*'[121].

5.39   This basic theoretical approach to understanding human performance has led to the development of a number of different models for learning from practice through reviewing professional practice in context, using the 'lens' of a particular incident or case. The National Patient Safety Agency uses the term 'Root Cause Analysis' to describe the model they have developed for investigating patient safety incidents. Professor Charles Vincent and colleagues at Imperial College London, call their 'London protocol' a systems approach[122]. They are applied to a whole range of cases from 'no harm' to those ending in tragic outcomes. The Social Care Institute for Excellence (SCIE) has led work to adapt these approaches for multi-agency children's services, with their '*Learning Together'* model, and is also seeking to use the model in cases with good outcomes, or selected to reflect particular practice themes, as well as those linked to poor outcomes [123].

5.40   The review is therefore considering whether to recommend adopting the systems approach for all multi-agency case reviews, building on the health sector experience, and will make recommendations about the implications for training, conducting reviews, and for facilitating local and national learning. The SCIE model offers a working prototype but it is still at an early developmental stage compared to other sectors and we want to encourage a plurality of similar models. It is therefore important that whatever the review recommends encourages methodological development.

5.41   The review opts to call this a 'systems approach', not using the term 'Root Cause Analysis' which is common in the health sector because the latter term has been found to be misleading. It implies that there is a single root cause to any incident when typically incidents

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[120] http://www.who.int/patientsafety/en/
[121] To err is human (1999), p. 2
[122] (Taylor-Adams and Vincent, 2004)
[123] (Fish et al 2009)

arise from a chain of events and the interaction of a number of factors. It also implies that the purpose of the investigation is restricted to finding out the cause of the particular incident under investigation rather than learning about strengths and weaknesses of the system more broadly, and how it may be improved in future. Putting the word 'system' in the name draws attention to a key feature of the model - the opportunity it provides for studying the whole system, learning not just of flaws but also about what is working well.

Serious Case Reviews (SCRs)

5.42   SCRs are required by the Local Safeguarding Children Boards Regulations 2006, and the processes are set out in Chapter 8 of *Working Together to Safeguard Children (2010)*[124]. As well as providing local and national learning, they can contribute to the discharge of the state's obligations under Article 2 of the European Convention on Human Rights.

5.43   As noted in the first report, there has been considerable criticism of the current processes for undertaking SCRs. Evidence from professionals who have been involved in conducting SCRs revealed that

> *'There is an overwhelming sense that there is too much emphasis on getting the process right, rather than on improving outcomes for children, of the process being driven by fear of getting it wrong, of practitioners and managers feeling more criticised than supported by the process, and that the Ofsted evaluations do not support learning'* [125].

5.44   Key problems include:

- lack of engagement with frontline staff;
- absence of transparent methodology and common training leading to problematic variability;
- shallowness and sustainability of learning;
- problematic individual management review (IMR) and overview report structuring of the process in the statutory guidance; and
- no consistency in the presentation of findings, making national collation difficult.

5.45   From experience in other fields, the systems methodology is capable of addressing these problems. Another possible advantage relates to the new statutory requirement that SCR overview reports are published. This has caused some concern that, despite anonymisation, children may be re-identifiable. A systems report, because of its focus on understanding why professionals acted as they did, makes it possible to write up and publish the review with a primary focus on professional practice and with the detailed story of the child and family being less visible.

5.46   Consistent with the move to reduce the bureaucratic burden of inspection, the review is recommending that Ofsted's evaluations of SCRs should end in due course. Instead, the quality of learning more generally should be given greater coverage within the overall inspection process. The review is exploring how the quality of learning from SCRs can instead be strengthened and is considering:

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[124] http://www.education.gov.uk/publications/standard/publicationdetail/page1/DCSF-00305-2010

[125] Sidebotham, P. (2010), *Report of a research study on the methods of learning lessons nationally from SCRs* (available online at www.education.gov.uk/research)

- the establishment of a national training programme in the systems approach and research methods;
- the creation of a central pool of reviewers to support local areas;
- the benefits of a national arbiter for case review standards and methods;
- the creation of a standardised typology for presentation of findings; and
- whether there is a basis to revise criteria for initiating SCRs.

5.47   The review will also consider the establishment of a national body, similar to the National Patient Safety Agency, that will support national and local learning, give training to reviewers to conduct SCRs, provide quality assurance, and collate findings of such reviews to enable national learning.

Developing other kinds of reviews and learning activity

5.48   In the light of the benefits of learning from a whole range of practice experience, the review is considering how LSCBs and others could best be supported to conduct case reviews using a systems approach for simple diagnostic checks on how their child protection system is functioning, perhaps in response to 'near misses' or even as routine 'health checks'.

5.49   There also seems to be a need to generate and encourage other methods of inquiry other than a thorough case review approach. Therefore the review will also be considering how to provide LSCBs with a range of ways of studying practice and learning.

Child death review process

5.50   The child death review process, which has been statutory since April 2008, involves professionals and agencies working together to review the deaths of all children and to use this information to prevent child deaths where possible. Each LSCB is responsible for disseminating the lessons learned from its child death reviews to all relevant organisations so they can act on any recommendations to improve policy, professional practice and inter-agency working to safeguard and promote the welfare of children.

5.51   The review has been made aware of two major concerns about the child death review process. First, child death review data are currently collected by the Department for Education from LSCBs through an annual data collection, which currently covers the number of child death reviews completed by each panel and the number of these deaths which were assessed as preventable. There is evidence of good local learning from these reviews but, currently, there is no national mechanism in place for systematically analysing, collating, and disseminating that local learning. There is a general consensus from professionals in the sector that the lessons learned from all child death reviews should be better disseminated, especially between LSCBs and at a national level. The review therefore intends to consider how this might be achieved.

5.52   Secondly, there is a question about how the child death review process and SCR processes fit together and that there is scope for a reduction in duplication and bureaucracy by aligning the two processes better. This is therefore an issue that the review will be considering in more detail.

Revising *Working Together to Safeguard Children*(2010)

5.53   Working Together sets out how organisations and individuals should work together to safeguard and promote the welfare of children and young people in accordance with the Children Act 1989 and the Children Act 2004. As the statutory guidance itself says, it is important that '*all practitioners working together to safeguard children and young people understand fully their responsibilities and duties as set out in primary legislation and associated regulations and guidance*'[126]. The review acknowledges the importance of having a single set of rules that all organisations, including professional bodies, voluntary and private sector providers and government departments, follow and are clear on their respective responsibilities for protecting children from harm.

5.54   A significant part of the review's remit however, is to remove 'unnecessary bureaucracy and guidance'[127]. As was highlighted in the initial report, *Working Together to Safeguard Children* (2010), the Government's statutory guidance on child protection, is now 55 times longer than it was in 1974[128]. Submissions to the review have strongly suggested that the current guidance has become too long to be practically useful. This may be actively dangerous: research has shown that thick manuals of results can be paralysing because they prevent managers from moving quickly enough to seize opportunities[129].

5.55   One of the reasons for the growth in statutory guidance has been the inclusion of much professional advice. Whilst intended to support good practice, there is a risk that this approach has actually contributed to the deprofessionalisation of child protection, as those working in the field feel increasingly obliged to do things by the book rather than use their professional judgment to assess independently children's needs, (as discussed in chapter four, procedures can discourage the development of expertise). Consequently, in the next phase of the report the review will be considering whether Working Together should distinguish more clearly between the rules that are essential to allow different professionals to work together constructively and guidance that is best formulated as principles that professionals apply intelligently in particular cases.

5.56   Currently Working Together trades too easily in the language of certainty in an area which, as the first report established, is very far from certain[130]. The review will consider how statutory guidance can better reflect the inherent risks and uncertainties involved in child protection. In order to assess how Working Together can be simplified and improved, the review has assembled a group of representatives from relevant professional bodies. This group will advise the review on how statutory guidance might better support the practical needs of the professions working to protect children and consider what recommendations the review might make concerning Working Together's future form and content, and how these professionals can play a more permanent role in the development of professional guidance.

Family Justice Review

5.57   As LSCBs give greater attention to improving children's journeys they should examine the

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[126] Working Together to Safeguard Children (2010) P7
[127] http://www.education.gov.uk/news/news/~/media/Files/lacuna/news/munro-review/michaelgovetoeileenmunro.ashx
[128] From 7 to 390pp, Munro I, p. 11; Parton 2010.
[129] Eisenhardt & Sull, *Strategy as simple rules*, Harvard Business Review (2001).
[130] Munro I, *.

contribution that local agencies can make to improve the timeliness of the court process for children. The evidence to this review is that the process for the child and the family is fraught with delay and that children and families experience this as an activity done to them rather than one in which they are active participants.

> Case study 1:
>
> The family has been known to children's services since 1997, concerns arising mainly from domestic violence between the adults in the household, children witnessing the violence as well as allegations of violence towards the children. The case involved four children and the time elapsed from applications to the final hearing was 405 days for three of the children and 833 days for the fourth child.

> Case study 2:
>
> This case involved three children aged 7, 6 and 4 yrs. The Local Authority has had involvement with the family since 2002. There were concerns related to the children's emotional, physical, developmental and psychological well-being in the care of their parents. The elapsed time from application to final hearing was 650 days[1].

District Judge Nick Crichton stated:

> *'2 months of delay in making decisions in the best interests of a child or young person equates to 1% of childhood that cannot be restored'*[131].

If we use this equation in these two cases the quickest timescale to resolution amounts to 6.5% of those children's childhood and the slowest to 14% of their childhood. For the children involved in these cases the length of their journey through care proceedings is unacceptably long.

5.58   The Family Justice Review is looking at the whole justice system for children and families. An interim report is being prepared for publication in March 2011 which will outline the review's initial proposals for reform. Delay is, of course, a central concern to that review too. The Family Justice Review will focus on the child's experience of the court process but also address how related aspects of local authority procedures, such as permanency and adoption planning, can be improved to facilitate speedier care proceedings.

5.59   This review will concentrate on what local authorities and children's social care services can do to improve aspects of the system which are within their control. Evidence collated in

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[131] District Judge Crichton (1 July 2010) Family Drugs and Alcohol Court, Wells St, London.

consultation with a range of relevant agencies and professionals suggests the factors that would have a significant and positive impact on the timeliness of care proceedings, thereby making this journey better for children and families, are the same aspects that would add value in all work with children and families:

- social workers who are well prepared, knowledgeable about a child and family, articulate and confident in their evidence and confident in their professional judgements;
- processes in place so that children and young people have a voice throughout pre-proceedings and through care proceedings;
- constructive challenge and authorisation arrangements within the local authority so that only the 'right' cases are brought into care proceedings;
- continuity of social workers allocated to cases in proceedings;
- effective pre court work including Family Group Conferencing and full exploration of all potential family carers;
- effective parallel planning and panel processes that have timeliness for the child and the child's journey central to their purpose and function;
- pro-active and highly efficient local authority legal service departments composed of experienced child care lawyers, so that good quality advice is available to social workers;
- effective engagement in the Family Justice System so that learning between the courts and the local authority takes place and informs practice on an on-going basis; and
- appropriate scrutiny and oversight of care planning and final care plans by the local authority, including agreed levels of support and resources available to deliver them.

Achieving a system characterised by these factors will be dependent on the growing expertise of social work and more child-centred management described in chapters three and four.

Conclusion

5.60   The performance management, leadership and accountability systems in local areas have a significant impact on the delivery of child protection services. As this chapter has outlined, the local leadership team has a vital role to play in setting the tone for the way that services are delivered in their locality. However, no matter how good the leadership, problems will still arise if roles, responsibilities and accountabilities are not clearly set out and understood by all players in the system.

5.61   The role of the Director of Children's Services as the key point of professional accountability for child protection services is critically important and it is vital that it remains so. Less clear, however, are the accountabilities in national and local health structures, the police, local government and education given the Coalition Government's extensive programme of reform of public services. Seeking to achieve greater clarity in this area will be an important area of focus for the review in its final phase.

5.62   Leadership and accountabilities can be seen to a large extent to be determined by local decisions, albeit with some guidance from Government. Rules and performance management regimes are, however, devised centrally and can be considered as external factors that have an incredible impact on the way that services are delivered and prioritised locally. Statutory guidance, inspection and performance measures and data all have a big impact on local practice, whether because of actual restrictions or perceived ones. There is clear scope for

considerable reforms in these areas that will not only reduce bureaucratic burdens, but also help to drive learning and adaptive local systems that are better able to focus on practice quality and outcomes for children.

5.63   Building on the theme of creating learning and adaptive organisations it is also extremely important to learn effectively from tragic cases of serious child injury or death. In its final phase, the review will explore the issues around Serious Case Reviews and how they might be reformed.

Chapter Six: Conclusion

6.1   This interim report has used the structure of a child's journey through the system from needing to receiving help to set out a picture of what a good child protection system should look like. The first report summarised the problems in the current child protection system so this interim report has outlined reforms that could help get closer to the ideal, where the system keeps a clear focus on children's best interests throughout and develops the expertise and the organisational environment that helps professionals working with children, young people and families to provide more effective help.

6.2   The review has seen evidence of excellent practice and this illustrates how complex the system is. The first report analysed factors that created obstacles to good practice, but these do not determine poor practice in every case. Where excellent practice flourishes, it is due to courageous and intelligent efforts to counteract the factors that encourage a defensive, compliance-driven service. For example, one leader reported how vulnerable they felt because if a child died, as might happen in any locality, they would be vulnerable to extra criticism because their practice was non-standard.

6.3   The following areas of reform then are not presented as 'if you do x then y will follow' but that, remembering the complexity of the world, changing practice at these points could contribute to developing a system that was more child-centred and about learning rather than compliance driven and blaming:

- Early help: it is clearly in children's best interest that help is provided quickly. Therefore the review endorses early help and preventative services that seek to reduce the incidence of maltreatment and respond quickly to low-level abuse and neglect. The review's main concern is to help professionals working in those services decide, when they have worries about a child, whether the child might be suffering maltreatment of a degree that needs referral to a child protection service. The review has been impressed by those localities which have developed multi-agency teams including social work expertise to help professionals in universal and early support services to decide whether to refer to children's social care or whether the family would be better helped by other preventative services.

- Social work expertise: the review endorses the Social Work Reform Board's capabilities framework that details the core ingredients of skills, knowledge and values needed for good practice. The review will draft a set of the specialist capabilities needed in child protection social work. Reflecting on the sheer scale of the skills and knowledge that are needed to provide effective help for the range of children's needs, the review is led to question the traditional concept of an individual social worker carrying a caseload of many families, receiving only minimal supervision, much of which is overly concerned with management issues than professional casework analysis. The review, again building on the Social Work Reform Board's recommendations, will explore how career structures could be altered to increase the levels of expertise.

- Managing social work: this report emphasises how much the quality of any worker's performance is shaped by the organisational context. Social work managers play a crucial role in supervising frontline practice to enable and encourage a high level of

critical reflection that improves the quality of assessments, in providing resources and tools that make it easier for the frontline worker to do the job well, for example, offering guidance that allows social workers to stay aware of the variety of needs of children while reminding them of the basic principles of good practice. The review is considering how professional guidance can be separated out from statutory guidance, and this will inform the work to minimise rules where appropriate and maximise the opportunities to exercise professional judgment, allowing work to be centred on the unique child. Social workers have been given numerous tools to help their practice, but design needs to be user-centred, and the review is working with practitioners on user-centred design of software and of assessment forms.

- A learning system: the child protection system is multi-agency and multi-professional. The LSCB has a major role in maximising the effectiveness of the child protection system locally. Currently the system is weak at getting feedback on children's outcomes and so the review is considering how the effectiveness of help can be better assessed. The LSCB has a role in multi-agency learning and training. SCRs are currently the most prominent aspect of this and the review is considering whether to adopt the systems approach used in healthcare by, for example, the National Patient Safety Agency. This theoretical approach is also valuable for learning from practice on cases that do not end with a tragic outcome. Inspection processes have been considered by many to be a significant factor in driving a compliance culture. The review is working with Ofsted on a more child-centred, quality-focused inspection process. There was a consensus in the feedback to the review that announced inspections create counterproductive incentives and that they should end, with unannounced visits extended to examine the full range of children's services.

6.4   Although the reform areas have been listed individually, it is their cumulative effect that will be important. No single reform can solve even a specific problem, but each can contribute to removing the problematic aspects of the current system and getting closer to the ideal that has been outlined. Removing the level of prescription will require local leaders and practitioners to take greater responsibility for the judgments and decisions they make. The journey authorities mentioned throughout this report will be significant learning sites for some of the elements of change and reform that are needed. Noticing there are problems in local child protection systems and innovating to improve the effectiveness of help to protect children, is evidence of precisely the sort of adaptive system that children's services might aspire to become.

6.5   In the many discussions the review has had, there has been a tendency to blame the current problems on one or two key factors 'If only ICS was taken away….' 'If only Ofsted didn't …'. Altering these individually will not rectify the problems. The underlying reality is that changing family behaviour is difficult and we are dealing with uncertainty, so that prediction and prevention of child maltreatment is necessarily a fallible process. The understandable public distress when a child dies, leading to the castigation of the workers involved, is a continuing driver of defensive practice that fails to prioritise the child's best interests.

6.6   Whilst it is absolutely right that care is taken in any reform of the child protection system to reduce prescription, equal care must be taken not to attribute the safety of children to compliance with a prescriptive framework for practice. The five authorities who have applied to trial specific local flexibilities to the *Framework of the Assessment of Need for Children*, are demonstrating the responsible use of judgment and seeking solutions to the problems in

practice they have identified. The early evidence from these trials will, as mentioned earlier, be included in the final report of this review.

6.7   This review is taking place at a time of major reform in all of the relevant public services, where serious fiscal constraints are being applied and with major workforce issues particularly in the field of social work. All of these changes may make the ideal child protection system look further away, but the review considers we can begin to work on some key variables that will contribute to the help children receive.

6.8   The draft set of principles described at the beginning of the report are also an important emerging foundation of a child protection system that is less tied to prescription and trusts the value of professional judgment.

6.9   The review is considering whether, in light of the current radical reforms of services, there is a need for a panel, composed of the relevant professions within the child protection system, to advise Government and the professions on how the different parts of the child protection system are interacting and whether problems are emerging.

6.10   The review will be seeking feedback about how to develop the reforms outlined in this report and will work with a range of groups to develop its thinking.

Annex A: ACPO's Statement of Risk Principles

Principle 1:
The willingness to make decisions in conditions of uncertainty (ie risk taking) is a core professional requirement of all members of the Police Service.

Principle 2:
Maintaining or achieving the safety, security and well-being of individuals and communities is a primary consideration in risk decision making.

Principle 3:
Risk taking involves judgment and balance, with decision makers required to consider the value and likelihood of the possible benefits of a particular decision against the seriousness and likelihood of the possible harms.

Principle 4:
Harm can never be totally prevented. Risk decisions should, therefore, be judged by the quality of the decision making, not by the outcome.

Principle 5:
Taking risk decisions, and reviewing others' risk decision-making, is difficult so account should be taken of whether they involved dilemmas, emergencies, were part of a sequence of decisions or might appropriately be taken by other agencies.

Principle 6:
The standard expected and required of members of the Police Service is that their risk decisions should be consistent with those a body of officers of similar rank, specialism or experience would have taken in the same circumstances.

Principle 7:
Whether to record a decision is a risk decision in itself which should, to a large extent, be left to professional judgment. The decision whether or not to make a record, however, and the extent of that record, should be made after considering the likelihood of harm occurring and its seriousness.

Principle 8:
To reduce risk aversion and improve decision making, policing needs a culture that learns from successes as well as failures. Good risk taking should be identified, celebrated and shared.

Principle 9:
Since good risk taking depends upon quality information, the Police Service will work with partner agencies and others to share relevant information about people who pose risk or people who are vulnerable to the risk of harm.

Principle 10:
Members of the Police Service who make decisions consistent with these principles should receive the encouragement, approval and support of their organisation.

Annex B: Tower Hamlets' Draft Record For Understanding Families

This document outlines the Tower Hamlets approach to understanding children and families.
(Important Note: the boxes in this form have been shortened and the format changed for the purposes of including it as an annex to this report).

Principles and Values

Outlined below are the key principles, values and processes that will underpin the work undertaken with children and families.

Core Values that underpin this practice framework:

- Each family is unique
- In every family (and those within this) there are strengths and deficits
- Every family member needs to be respected
- Autonomy

Social Work processes

The practice framework supports ethical and value based social work practice:

- We need to operate in a manner that enables the family to remain co-operative in potentially distressing circumstances
- We need to involve the family in a practice partnership
- The Family is central to our assessment /understanding process
- A systematic approach to the work is undertaken, recognising the family as a system while being attentive to dynamics
- A solution focussed approach is supported by the practice framework
- The assessment process (developing understanding) is a change process; it is a form of direct intervention, the social worker is an agent of change
- Understanding a family situation, their history and current circumstances is complex and requires a high level of engagement / interaction between the social worker and family; social worker and their manager
- Child welfare situations are complex and require sensitive exploration with the family to understand their family situation.
- Feeling attached and belonging, through sets of relationships is a central tenet of family life. With this in mind, the social work process must give due weight to these factors through the engagement process
- The social worker needs to understand the totality of family life, through thinking and practising ecologically
- Maintaining a curiosity about family life is a key practice tenet
- Critical and engaged supervision supports the maintenance of a curious and robust practice
- The practice framework supports the newly qualified practitioner alongside the experienced social worker

Social Work values

An understanding and focus on the child and the child's experience is at the heart of our work. **The practice should tell the child's story.**

Promotes a family based assessment methodology within an ecological context; while being family led and child focussed.

More direct and participatory work with families.

Promoting and prioritising inter-agency involvement in the work undertaken through social work plans that are written with families in mind.

Framework for understanding

Family membership

Details of all subject child/children/young person(s)

ID	Name	DOB / EDD	Gender	Disability	Ethnicity	Religion

Family / household composition and significant others

Name	DOB / EDD	Gender	Relationship	PR	Ethnicity	Religion

Child/children/young person(s) / family address

Telephone no

Professionals currently involved with the family

Name	Role	Agency	Telephone number(s)	Person working with	Contributed

Reason for undertaking this piece of work / presenting issues

Initial plan and time frame

This initial plan will be subject to review by the social worker and manager. Please document the time frame.

Child Protection

Is this work being conducted as part of a S47 investigation?

Yes [ ]   No [ ]

Please indicate if this assessment is to be presented at an Initial Child Protection Conference within the next 15 days

Yes [ ]   No [ ]

Family background / history

Child's profile / story

Family tree

Personal and professional relationships (eco-map)

Family history and understanding of family relationships

Timeline / significant events

Date	Event

Professional background and involvement

Previous social work and professional involvement. Outline changes achieved and outcomes.

Sphere of understanding the child and families current situation

In this section, you need to draw on the historical understanding developed and consider / address the following areas:

.

- Address current reason for involvement in context of the history
- Exploration of perspectives - family, professionals and social worker
- Process of deepening understanding / effecting and affecting change and support required

Sphere of understanding

Child protection risks

Family resilience and protection factors

Analysis

Recommendations

(Outline Child Protection plan if appropriate)

Comments and signatures

Social worker

Name

Date

/   /

Signature

Manager

Name

Comments

Date

| /   / |

Signature

| |

Child / family

Report discussed with child/children/young person(s):

Yes [   ]   No [   ]

If no, when will this be done

| /   / |

Report discussed with parent(s) / carer(s):

Yes [   ]   No [   ]

If no, when will this be done

| /   / |

Comments

| |

Date

| /   / |

Signature(s)

| |

Distribution of Record for Understanding Families

Given to child/children/young person(s) as appropriate:

Yes [ ]   No [ ]

Date

/	/

Given to family members as appropriate:

Yes [ ]   No [ ]

Date

/	/

Social work intervention plan

	By whom	By when

(Draft) Guidance for Understanding Families

Background

The last decade has seen a significant increase in demand for child welfare services in all western nations. Responding to this demand, largely through techno-rationalist solutions, and while well intentioned, has resulted in a highly bureaucratised practice context. Responding to this, with a practice emphasis on knowledge and social work values, Tower Hamlets Children's Social Care has developed a practice framework principally aimed at re-orientating social work to a model of family participation in the assessment and intervention of child welfare concerns.

A practice framework "integrates empirical research, practice theories, ethical principles and experiential knowledge in a compact and convenient format that helps practitioners to use the knowledge and principles to inform their everyday work|" (Connolly and Healy, 2009, p32). Importantly, the framework is accessible to social workers, their managers, and the families and children we service. A practice principle of enabling social workers to draw on sets of knowledge both internal to the organisation and through research and their own practice wisdom is an important departure from the formulaic recording encouraged through ICS.

In addition to the Core values, Social Work processes and Social Work values that are set out at the top of this annex, there are a number of key principles and values that underpin this framework; outlined below.

Utilising the new framework

The new format builds on the ICS forms review undertaken and concluded in April 2010. A key aim was to reduce the bureaucracy of the assessment format and to promote social worker analytical thinking and decision making.

Utilising this new framework will be re-enforced through the organisation through practice, supervision, quality assurance and research.

Tools

Genograms (Family Tree), eco maps and a purposeful chronology are essential in our understanding of children and their families. Family tree = genogram Personal and professional relationships =eco map.

Timeframes for the work

Should it be necessary to proceed under the mandate of Section 47, line manager consultation should take place immediately. **The specific guidance and timeframes for the All London Child Protection Procedures / Working Together should be followed.**

If a child/children becomes looked after, guidance pertaining to S20 of the Children Act 1989 should be followed. In relation to CIN, timeframes for the work will be based on the professional judgment of the social worker in conjunction with their line manager based on the merits of each case.

LBTH Wellbeing Model

This provides a conceptual framework for determining the requirement for statutory or non-statutory involvement.

Supervision

The role of supervision is crucial in supporting and embedding the new framework. Supervision offers reflective time and the practice framework encourages this through a critical and theoretical engagement with the child welfare issues.

Social Work recording

- High quality focussed recording activity is the cornerstone of good social work practice. Case recording describes and facilitates an analysis of the child's experience.
- Children and family have rights to know what is recorded, why and how recording is utilised in our judgements and ethical decision making.
- Recording is a foundation of our social work practice and a integral component of our direct work and intervention with families.
- Good social work recording needs to be based on sound professional judgement and discretion around what is appropriate information to record based on the merits of the case, on a case by case basis.
- The recent Munro review highlights some deficits with current recording practices - namely that "ICS does not help enough in the creation of chronologies and the child's story".

Social Work planning

Social work plans are a key vehicle through which families and children understand what we are worried about, and what needs to be change in order for the statutory services not to be involved; i.e. that the worry has been managed / mitigated sufficiently to ensure that the child is no longer in harms way. The practice principle is that a social work plan is written for every child.

Social work plans should:

- Clearly and through family friendly language articulate what needs to change for the family – Ask: what is safe enough for the case to be closed?
- Plans must incorporate family strengths and resources as method of harm mitigation
- Encourage things the family are already doing toward a safer family life
- Include the family's ideas for safety
- Draw on their family goals of what they want to achieve
- Plans must draw on the key people who will take action if needed (extended family and friends)
- Plans must be updated in light of family progress towards what has been identified as needing to change

Practice informed research

The weaving of practice informed research with practice wisdom already held by social workers is a key tenet of the practice framework. According to Connolly and Smith (2010) child welfare senior managers need to incorporate a knowledge framework that provides a "succinct picture of the kind of practice that research suggests would deliver good outcomes for children and their families." Incorporating our internal evidence around timeliness of assessments and interventions along with the external practice informed research available to practitioners is supported by the practice framework. Three practice based journals are available to social work staff in the frontline assessment teams toward this end.

Language, Ethnicity, religion and culture

The uniqueness of family life includes their identities, beliefs and values, their abilities, ages, and ethno-cultural backgrounds. It is the analysis of how these aspects of family life inter-relate and can affect the construction of children that is of key interest to social workers. For some families, the use of implements in the discipline of children needs to be addressed, and the conventional use of s47 alongside police mobilisation is not always necessary to intervene to assist families address and make sustained changes. It is through an understanding of the dynamics of how issues of stratification and diversity interrelate that aids social work analysis around child welfare concerns.

Guidance to using the new framework

The Tower Hamlets Practice Framework (our record for understanding families) is constructed in three sections (following family membership).

- Family background/history
- Sphere of understanding the child and families current situation
- Future planning involvement

(See one page diagram)

Framework for understanding- family membership

In this section the children subject to the assessment/understanding process are included. Immediate household family members are also listed.

Other significant family members or significant people in the child or children's life will also be listed including non-domicile family members (This understanding is enhanced by the Family Tree section).

Reason for undertaking this piece of work/presenting issues

The social worker outlines clearly and succinctly the reason for CSC involvement. The social worker is expected to articulate how the referral has met a statutory threshold for CSC involvement. **We need to state what we are worried about.**

Initial plan and timeframe

In this section the social worker, in conjunction with their manager, plots the initial social work plan for undertaking this piece of work and the timeframe. This informs the practice before leaving the office. This plan will outline how the work in the three sections above will be undertaken. The social worker will (in consultation with their line manager) devises a timeframe for the work based on a judgement of the fieldwork required plus write up time.

It is acknowledged that assessments are fluid and are subject to change. At the outset a review mechanism will be built in for the social worker and manager to agree a time frame when the work will be reviewed. This will allow for the social work planning to be reviewed and adapted if appropriate (including the timeframe for the work).

Within this section, there is an expectation that one formal review of the work is undertaken between social worker and manager. This needs to be documented in this section.

The social work plan and timeframe will be explicit and shared with families. It is crucial that families are clear about the worries we hold and the timeframe of the work to be undertaken. The practice rational including relevant guiding legislation must be rendered explicit for families.

In the absence of 7/10 day and 35 day timeframes, the timeframe needs to be rendered explicit with families to ensure that the social work with the family is purposeful and doesn't drift. **Delays in the determined timeframe need to be cogently explained and recorded.**

Child Protection

If there is a mandate to proceed under Section 47, this section will need to be completed. This will determine the statutory time parameters for this component of the work (please refer to Working Together/ The All London Child Protection Procedures).

Section One

Family background/history

It is fundamental that the child/children subject to the assessment/ understanding process are paramount and kept firmly in mind by the social worker. Munro (2010) notes that children have felt marginalised in the assessment process.

Childs Profile / story

The child's profile may include background factors pertinent to their ongoing well being and development. It would be relevant to outline any health conditions that impact on the child.

With regards to the child's profile/story it is essential that the child's narrative or understanding of their situation and life is articulated in this section.

In the context of children suffering abuse, in this section the child's narrative will also be explored in relation to their experience of this.

With younger children or pre-birth situations it is essential that the social worker considers the child's story/narrative by building a picture drawing on other sources of evidence in regard of their experience based upon presenting issues in the case. **This will rely on the social worker putting themselves in the shoes of the child.**

Family Tree

The social worker in conjunction with the key family members (importantly mother and father) will undertake an exercise to draw and understand the family tree (geneogram). This will need to be as detailed as possible and go back several generations.

Family networks that span several households will need to be articulated within the wider family tree.

Personal and professional relationships (eco-map)

It is essential as part of the gaining of understanding that an eco map is completed in conjunction with the child and family. The eco map is particularly important to understand the family system and how it relates to their internal and external world. The eco map will describe and articulate the family's connectivity with the world. This will highlight areas of support and isolation. Further, relationships of stress and strain are illuminated together with areas of strength and support. This is crucial to informing the social work plan.

Family history and understanding of family relationships

With regards to family history and understanding familial relationships, this section includes the narrative of each birth parent - explored both independently and together where possible.

The social worker is expected to be curious with the family around key events/ milestones in the parents' lives and events of significance for them. This will consider how the parents met, their attitudes to having children, family life etc.

It is particularly important that the perspective and engagement with the male carer/father is pursued and undertaken.

This process should consider a historical understanding through to the present day. Family networks/systems are complex and can involve several households. In this section, an explanation will be given of the family's particular dynamics e.g. who lives where/who is significant etc.

Timeline/ significant events

In this section, the social worker will document pertinent components of the family chronology that will inform an understanding/relevant to the nature of the referral. It is important that only pertinent information is included here.

Professional background and involvement

In this section, it is expected that the social worker documents previous social care and other professional involvement with the family. The social worker will outline the outcomes in relation to this involvement.

In bringing this section together, the child's story is central, in partnership with the family narrative – this is explored and cross referenced against the professional chronology and exploration of previous CSC and professional involvement. Analysis unfolds and is ongoing.

Section Two

Sphere of understanding the child and families current situation

This is the most crucial section - the social worker explores the family's current situation in the context of their family history.

The issues for exploration/understanding in the sphere of understanding are considered in the social workers initial planning on the case.

In this section the social worker will unpack/ deconstruct the reason for the referral as part of the process of understanding. What the family understand to be the worry/s is explored.

The social worker will use this section to address the current concerns, develop a deeper understanding and look to the future in terms of support or emerging needs or risks.

Support and intervention will need to be considered and addressed at the same time as the deepening understanding is developed.

In summary, the social worker is expected to explore the following:

- **Address the current reasons for involvement in context of the history**
- **Be clear on what the family understands to be the worry held by CSC**
- **Exploration of perspectives - family, professionals and social worker**
- **Process of deepening understanding/ effecting and affecting change and support required**

Section Three

Future Planning/ involvement

Child protection risks

It is essential that in this section risks are outlined and articulated. It will be important to highlight risks that have a significant impact on the child life chances and will impair, if unaddressed the child's future life chances.

With regards to Child Protection Risk and Family Resilience factors, the following issues need to be considered:

- What are you worried about regarding this family (past harm, future danger, likelihood, severity and significance)?
- What's working well (existing / safety)?
- What is the child / adult worried about?
- What level of understanding and meaningful co-operation have you had in the assessment?
- What's your summary of risk and protection factors and potential capacity to change?
- Does your assessment evidence your concern and proposed intervention plan?

Family resilience and protective factors

It is essential that in this section key family resilience and protective factors are documented.

The resilience and protective factors will be identified through working with the family in relation to the family tree, their story, and the eco map work.

It is important to highlight here components in the family's and child's world that could strengthen their resilience and capacity to cope in the face of adverse pressure; further key to this is asking what can or might mitigate areas of concern/ worry.

Analysis

The social worker needs to marshal the work thus far, and set out how the information gathered in their work with the family comes together to inform an understanding of the family's current situation and the implications of this for the child/children/young person(s) future welfare. The use of internal and external evidence is important here.

A formulated view about risk and protective factors should be outlined including any evidence that the child is suffering or likely to suffer significant harm. An explanation of how these judgments have been reached should also be included.

This process of analysing the information available should result in a clear understanding of the child and family's situation.

In marshalling the work, there may be different perspectives to be explored, recorded and taken into account. These differences are important when developing an understanding of the child's needs within the family context and to keep the focus on the needs of the child, and any indications of disguised compliance.

In the work, both strengths and difficulties should be identified. Thus the analysis of a child and family situation is a complex activity drawing on knowledge from research and practice combined with an understanding of the child's needs within his or her family.

The social worker needs to be able to articulate their theoretical body of knowledge that informs their social work. Their manager must be clear on what body of theoretical social work is being drawn on as they will guide and supportively and critically challenge the analytic determination of risk and need.

In addressing analysis, it is crucial that the social worker has a deep understanding of the concept of analysis and how this will be shared with family members. Being able to articulate their practice is ethical and a value principle embedded in the practice framework.

Social Work Intervention Plan

Should future CSC involvement be required, a purposeful plan will be devised in partnership with the family.

Social work plans are a key vehicle through which families and children understand what we are worried about, and what needs to be change in order for the statutory services not to be involved; i.e. that the worry has been managed / mitigated sufficiently to ensure that the child is no longer in harms way. The practice principle is that a social work plan is written for every child.

Social work plans should:

- Clearly and through family friendly language articulate what needs to change for the family – Ask: what is safe enough for the case to be closed?
- Plans must incorporate family strengths and resources as method of harm mitigation
- Encourage things the family are already doing toward a safer family life
- Include the family's ideas for safety
- Draw on their family goals of what they want to achieve
- Plans must draw on the key people who will take action if needed (extended family and friends)
- Plans must be updated in light of family progress towards what has been identified as needing to change
- Be engaged with in supervision between social worker and their manager