

**The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice
1-2 December 2009**

Conference report

Contents

Welcome and introduction Barbara Firth	2
Key themes emerging from presentations	2
Keynote 1 Intimate child protection practice: Going into the depths to protect children – or has child protection lost its touch? Harry Ferguson	4
Keynote 2 Serious Case Reviews: implications for inter-agency trainers Marian Brandon	7
Keynote 3 Managing risk in child protection - introducing a model for assessment Vic Tuck	11
Interactive session: Risk assessment and implications for inter-agency training Vic Tuck	18
Interactive session: On the horizon: national, regional and local developments Enid Hendry, Ann Norburn	19
Keynote 4 Social Work Task Force – building a safe, confident future Bridget Robb	21
Keynote 5 CWDC integrated working; developing roles Peter Grady	25
Keynote 6 Evaluating the effectiveness of LSCBs: Loughborough research Emily Munro, Alan France	28
Table discussion: Implications for LSCBs of the morning keynotes	29
Workshop 1 Improving analysis in assessing the needs of children and families Emma Sawyer	30
Workshop 5 Practice tools emerging from serious case reviews Marian Brandon	33
Keynote speaker and workshop leader biographies	36

Learning from experience, the 17th national PIAT symposium on inter-agency training will be held on 7– 8 December, 2010.

Contact PIAT at: piat@nspcc.org.uk

Welcome and introduction

Barbara Firth (PIAT)

The theme of the conference centred on repositioning child protection in the light of recent policy changes that impact on inter-agency working.¹ If these policy changes are translated into strategies and programs that facilitate professional competences and confidence, it will improve outcomes for young people.

The structures of the child protection system are now by and large in place, but all structures fail without good networking and communication: fostering good relationships between professionals is absolutely crucial.

The role of inter-agency training is key in promoting such relationships, providing a vital link between LSCBs and the professionals who are directly involved in safeguarding and protecting children.

Key themes emerging from presentations

Social work needs a shift towards the 'human touch', away from its current emphasis on bureaucracy and administration. It needs to focus more on the children it seeks to safeguard and protect. The systems and structures that have been put in place can only work if professionals develop good relationships and networking.

Important lessons can be learnt from serious case reviews (SCRs) which, although not typical of child protection and safeguarding work, highlight key messages for good practice as well as the SCR process itself. But it is very important not to lose the child in this process by concentrating mainly on the needs and capacities of parents or carers.

Practitioners should carry out risk assessments that help them explore more explicitly with families what needs to change if their children are to be kept safe and healthy and not the subject of a child protection plan. Practice experience shows that they are good at information gathering, but the quality of analysis is more variable. While the Assessment Framework is useful for collating and organising information, it lacks the tools and techniques to analyse the data.

More sophisticated tools are required to enhance the process of judgement-forming. Sound risk assessments should be underpinned by 'defensible decisions' that are based on careful judgements. In making sense of children's circumstances it is necessary to identify the impact of an accumulation of risk factors, and to understand

¹ See: [On the horizon: national, regional and local developments](#)

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

how these interact with each other over time as well as with any protective factors in the child's situation: the full history of the child must be taken into account. These assessments should take place at key moments in the child's life.

The Social Work Task Force was established in February 2009 to drive and deliver a cross-Government Social Work Reform Programme to improve frontline practice and management. It set out the main obstacles in the way of social work becoming a fully confident, effective profession. One of these was that supervision, reflection and analysis – which underpin the judgements and decisions social workers need to make – have been progressively 'squeezed out'. They suggest that a shift in social work will have to be supported by a shift in working practices affecting all practitioners, and that the five main priorities are better training; improved working conditions; stronger leadership and independence; a reliable supply of confident, high quality, adaptable professionals; and greater public value and understanding of the profession. These have been translated into 15 recommendations for Government action, all of which have been accepted by the Government.

The Children's Workforce Development Council leads change in the workforce in order to improve chances for children and young people throughout England, and are as such the 'voice of employers', making sure their experiences and views directly influence CWDC's change programs.

The key aim of their work is to improve integrated working. In their work with Children's Trusts, the priorities that have emerged centre on improving 'engagement', training, and raising awareness of integrated working. This is supported through leadership and management, and the development of a shared vision and values. The CWDC will develop solutions at the local, regional and national level through development of workforce strategies that are evidence-based.

A study on the effectiveness of the new LSCBs, commissioned by the DCSF and the Department of Health, has shown that they will need strong political scrutiny to ensure their governance and accountability. It is also important that they are chaired by an independent person, who understands the local context and is part of the local networks.

Inter-agency trainers are the public face of LSCBs and are therefore ideally placed to play a crucial role in:

- promoting and fostering professional relationships
- explaining to professionals how their respective roles fit into the whole process of child protection
- closing the 'reality gap' between guidance and practice
- ensuring consistency of practice
- ensuring professionals understand the importance of the 'human touch', and putting children at the centre of child protection/safeguarding processes
- making professionals aware of the importance of investigating and challenging the facts they're presented with, and
- highlighting the importance of professionals taking the time to reflect on their cases and their practice.

Summary of Keynote presentations and discussions

Keynote 1

Intimate child protection practice: Going into the depths to protect children – or has child protection lost its touch?

Prof Harry Ferguson (University of Nottingham)

This keynote presentation centred on the nature of contact between social work professionals and the children/families they work with, asking specifically:

- What does good child protection practice look like and involve?
- What should professionals be required to actually do to ensure that children are safe?
- Are the actions typically being taken intimate enough, and the relationships with children at risk of sufficient depth to ensure protection?
- Is training preparing professionals for intimate practice?

In the earlier years of child protection – from the late 1800s to the 1960s - social workers took a very active, ‘hands-on’ approach, often touching and even cleaning children up, literally experiencing the ‘filth and smells’ of children’s lives. This was reflected in guidance relating to their profession, which covered issues of hygiene - to avoid becoming ‘infected’ as a result of direct contact with families - as well as on how to improve the comfort of the children they helped. Prof. Ferguson illustrated this with various examples: Berry (1972, p 55); Allen and Morton (1961); and Housden (1955, pp 172-3).

The Maria Colwell report in 1974 marked the first significant shift in policy emphasis towards problems in the inter-professional system and failures by agencies to communicate vital information that could have brought the abuse to light. This was given further impetus by the Department of Health’s *Child protection messages from research* (1995), which concluded that a ‘lighter touch’ was needed as well as a refocusing on family support - rather than protection of the child(ren) involved. More recent child death enquiries (Laming etc), have also focused on integrated systems, organisations and structures rather than the detail of what social workers and other professionals should actually do as individuals.

So child protection is now no longer a bounded activity delivered by a single agency or a professional (social worker), but rather depends on flows of information between organisations. The focus is on managing risk, on accountability through integrated working, information-sharing, and assessment.

As a result, the dominant conception of child protection in theory and policy is now rather static, immobile and non-relational, with social workers generally being ‘glued to the computer/desk’. In the post-2000 assessment framework, the concept of ‘need’

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

has replaced much of the language associated with risk: 'assessments' and 'inquiries' have taken the place of investigations, which are now regarded as a little too heavy-handed. However, the problem is that assessments or inquiries do not carry quite the same weight.

Social work has become professionalized, and working practices more 'deodorised'. Home visits tend to be stage-managed, which enables some parents to deceive or mislead social workers – as happened in the case of Baby Peter (Haringey, 2009, p13). However, child protection needs to be continuous, through direct contact with the child and family and home visits.

This then leads to the following questions:

- What is the relationship between information sharing and action?
- Has child protection lost its depth; its way in terms of being clear about the direct actions that are necessary to safeguard children; has it lost its touch?
- What is inter-agency training equipping professionals to actually do?
- Is it connecting with the 'smell' of practice? Preparing workers to go into the depths?

The role of social workers is hampered by having to deal with parents' tactics of concealing child abuse and resistance to being helped, so that the practitioner can inadvertently become a neglectful bystander to the abuse simply by not meaningfully engaging with the family or the child, not challenging the mother, not making enquiries or investigating the family situation fully, and not using their authority.

What is needed is a clear vision of 'intimate' child protection practice, and this has to be promoted through training, even if not all professionals have to actually do the hands-on work: everyone needs to know what roles and actions are required by themselves and others, and there needs to be consensus on this. The current emphasis on avoiding touch (and recent ISA guidance has increased this) is justified at one level, but it can get in the way of good child protection.

Social workers should:

- engage directly with the child, go into bedrooms, find out about fathers
- be clear about the importance of touch in keeping children safe
- show compassion, awareness of parents' traumas, why they resist or deceive
- use their authority wisely and skilfully
- challenge the overemphasis on administration and procedures, and not use these as a way of avoiding direct contact with families.

In order to be able to meet the demands of their role, practitioners also need supervision that gives time and space to think, that addresses emotional impact, and welcomes acknowledgement of feelings like disgust (referred to as "embodied listening" in Ferguson, 2009).

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

The challenge for multi-agency training is to incorporate all these ideas and reflect this shift in emphasis towards building relationships and applying the 'human touch'.

References

Allen, A. and Morton, A. (1961) *This is Your Child: The Story of the National Society for the Prevention of Cruelty to Children*. London: Routledge and Kegan Paul.

Berry, J. (1972) *Social work with children*. London: Routledge and Kegan Paul.

Department of Health (1995) *Child protection messages from research*. London: HMSO.

DHSS (1974) *Report of the Committee of Inquiry into the care and supervision provided in relation to Maria Colwell*. London, Her Majesty's Stationery Office (HMSO).

Ferguson, H (2009) Performing child protection: Home visiting, movement and the struggle to reach the abused child. *Child & Family Social Work*, Vol 14, 4, 471-480.

Ferguson, H (2005) *Working with violence, the emotions and the psycho-social dynamics of child protection: Reflections on the Victoria Climbié case*. *Social Work Education*, Vol 24, no 7: 781-795

Ferguson, H (2004) *Protecting children in time: Child abuse, child protection and the promotion of welfare*, Basingstoke: Palgrave.

Haringey Local Safeguarding Children Board (2009) *Serious case review: Baby Peter. Executive summary*. London, Haringey Local Safeguarding Children Board.

Housden, L.G. (1955) *The prevention of cruelty to children*. London: Cape.

Keynote 2

Serious Case Reviews: implications for inter-agency trainers

Marian Brandon (University of East Anglia)

This presentation looked at what can be learnt from the findings of serious case reviews in terms of practice (for operational staff and practitioners), and in terms of the SCR process itself (for LSCB members).

A note of caution: a high level of co-existing domestic violence, mental ill-health and/or substance misuse does not *predict* child death or serious injury. Correlation does not equal causation, even if such circumstances obviously present a higher risk and require workers to be alert and aware. The 'worst outcome' cases may also have the same profile as families on social workers' or health visitors' workload, where disasters (deaths or serious injury) haven't happened – so the question is when and on what basis to 'parachute in' and intervene.

It is also important to remember that LSCBs have relatively few SCRs, and they are not typical of all child protection and safeguarding work.

Key findings of the analysis of Serious Case Reviews (see Brandon et al, 2008, 2009)

- Almost half of all SCRs involved children who were very young at the time of death or serious injury. This has obvious implications for the kind of professionals potentially involved in protecting them (midwives; health visitors). It could be that older children are less likely to cause stress to parents, or that the system is more successful in preventing tragedy (they will spend time in other settings where they are looked after by other professionals such as teachers). However, it is also true that when teenagers die, often because they take their own lives, they do not benefit from the same level of 'public heartache' as babies or young children who are murdered by their carers, even though they may well have suffered significant harm before resorting to suicide.
- Almost half of children were not known to children's social care services at the time, but more than three-quarters had been known to them in the past. This highlights the problem of unknown abusers and thresholds that are perhaps too high.
- One-third of children had been the subject of a child protection plan in the past, with neglect the main category of concern.
- Multiple moves and poor living conditions applied in almost half of cases (2005-07).
- Disabled children were relatively overrepresented (8 per cent in 2005/07).
- Most cases involved families with several co-existing problems (2003-05): domestic violence 66 per cent; mental ill-health 55 per cent, substance misuse 57 per cent; all three in 1:3 cases. In 32:47 cases there was lack of cooperation or overt hostility from families to workers.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

- The SCRs focused heavily on the processes that had gone wrong, rather than on the child.
- Professional/agency failings identified in SCRs:
 - teams lacking capacity due to illness/unfilled vacancies
 - preoccupation with thresholds and own performance rather than need of the family/child
 - professional anxiety and reluctance to act and challenge
 - reluctance to intervene in different cultures
 - family given another chance to get it right even though they had a long history of neglect– i.e the ‘start again’ syndrome, which can be very risky
 - not keeping track of families
 - the child was ‘invisible’: not seen or heard.

The problem of ‘invisible children’ is caused by professionals who are overwhelmed by the chaotic circumstances of the families they deal with, and who set their expectations accordingly: getting through the door becomes a main achievement. Not wanting to appear judgemental, they tend not to look at the whole picture and how this may affect the child’s safety, but focus on the behaviours and the problems in isolation (silo practice). When families are hostile and uncooperative, they tend to evade the professionals by frequent moves. Missing appointments, eventually they fall off the radar, which then leaves their children isolated and unprotected.

Important messages for practice

- There is a need for regular and sufficiently frequent supervision that challenges and allows for reflection across the board, not just in health but all other professionals involved with child protection.
- Key issues should be monitored and followed up, including missed appointments.
- Supervision should consider the continuity of approach to the family and the importance of developing good working relationships with families and their children.
- Extra support should be provided to inexperienced workers.
- There should be a structured sharing of uncertainty in order to reach the best possible response to concerns, in a team atmosphere of trust and support.
- There should be clear communication with other agencies.
- The ‘positive practice cycle’ (good supervision, support and trust within teams, sound professional judgement and good working relationships with families) will result in the child no longer being invisible, but kept in mind and understood.

The SCR process: constraints and gaps

- delays: only 2 out of 106 reviews (2005-06) completed within four months, often due to delays in the court process.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

- finding an overview author who is independent
- current emphasis on independence may compromise quality and prompt a formulaic SCR
- struggle to involve families
- cost of overview reports (£5-£10,000+)
- overview reports do not provide enough information to understand why the child came to harm, and the part that services played
- limited information about the family and the child
- limited information about the agencies' capacity and 'climate'.

Tips for improvements:

To cut delays:

- The LSCB has authority to insist that SCR should not be held up, and to assert that the SCR process is an important part of its safeguarding role.
- There should be a presumption that the SCR process go ahead and is published, unless discussions with CPS and coroner reveal a good reason to delay, which should be given in writing.

For better information:

- Scope the SCR for long enough to include past history, but include it in a 'light touch' chronology – three months is not long enough.

SCRs and practitioners

The impact of SCRs (threatening, traumatic) is profound and long-lasting, particularly when the media get involved in targeting scapegoats. It can result in a loss of professional confidence, which can only be restored through sharing and good support from colleagues. Practitioners generally want to learn lessons, but often feel excluded from the SCR process, as their actions are scrutinised without being consulted – even when the report is finally published.

A positive SCR cycle will be created when there is openness to learning and establishing the full facts, involving practitioners and families in this process, and properly communicating the facts to the media without fostering a blame culture.

Lord Laming (2003) suggested to “do the simple things well”. However, child protection is not simple, and practitioners who are overwhelmed by both the volume and nature of their work may ‘escape’ into procedures, unable to do even the simple things well. “Ultimately, the safety of a child depends on staff having the time, knowledge and skill to understand the child or young person, and their family circumstances.” (Laming 2009:10).

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

References

Brandon, M; Belderson, P; Warren, C; Howe, D; Gardner, R; Dodsworth, J; Black, J (2008): *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005*. DCSF.

Brandon, M; Bailey, S; Belderson, P; Gardner, R; Sidebotham, P; Dodsworth, J; Warren, C; Black, J (2009) *Understanding serious case reviews and their impact: a biennial analysis of serious case reviews 2005-2007*. DCSF.

Laming, L., chair. (2003) *The Victoria Climbié inquiry: report of an inquiry by Lord Laming*. Norwich, The Stationery Office (TSO).

Laming, L. (2009) *The protection of children in England: a progress report*. London, The Stationery Office (TSO).

Keynote 3

Managing risk in child protection - introducing a model for assessment

Dr Vic Tuck, Warwickshire SCB

The importance of risk assessment

Sound risk assessment helps practitioners to explore more explicitly with families what needs to change if children are to be kept safe and healthy and to no longer require a child protection plan. It makes it possible to be clear with parents and carers what is expected of them and it enables professionals and family to identify more precisely the help and services needed to support the required changes and how to fulfil these expectations.

In explicitly addressing both sides of the assessment coin - need and risk - we should all be better placed to build upon a family's strengths, but act decisively should this not prove possible within an acceptable timetable for the child, always keeping in mind that the child's welfare is defined within the Children Act 1989 as the paramount consideration. (See: Tuck, 2004)

Practice experience shows that we are good at information gathering, but the quality of analysis is more variable. There is a need to enhance the process of 'judgement forming', for which more sophisticated tools are required. It is important to work to timescales, avoiding 'drift'.

There is also a need to more clearly and better engage with parents and carers about areas of concern, what needs to change, what is expected of them, and the plans needed to achieve this.

The drivers for risk assessment are:

- professional, procedural and organisational responsibilities
- *Working together* guidance
- inspection processes and requirements
- LSCB audits and serious case reviews
- national evaluations of SCRs
- events of national prominence, eg Haringey, Doncaster, and the national government response.

The most recent Laming report (2009) states that (managers) "...must assure themselves that the assessment of risk of harm to each child and young person is being undertaken effectively, and that the referral and assessment processes are being followed intelligently and effectively" (para 2.12).

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

Recommendation 6 (Leadership and accountability section) states that:

“Directors of children services, chief executives of PCTs, police area commanders and other senior service managers must regularly review all points of referral where concerns about a child’s safety are received, to ensure they are sound in terms of the quality of risk assessments, decision-making, onward referrals and multi-agency working.”

The Baby Peter SCR (2009) highlighted the need for “authoritative child protection practice” that is urgent, thorough and challenging; that has a low threshold of concern; keeps the focus on the child; and has high expectations of parents and of what services should expect of themselves.

The Assessment Framework (AF) is based on sound social ecological principles, and a solid basis for conducting holistic assessments. As such, it is useful in systematically collating/organising information. However, it is also flawed in that it lacks the tools and techniques for *analysing* all this data, and in that there is no focus on or acknowledgement of risk as a concept.

Professional perceptions on risk assessment have been clouded by some ideological/conceptual confusion. The very term invites stark comparisons with aviation/transport, engineering, and other branches of health/social care. There is a tendency to define risk exclusively in terms of ‘need’ when, in practice, ‘need’ and ‘risk’ are in fact defined in terms of each other (Munro 2002): they are two sides of the same coin. Government guidance, however (for example *Working together*), misses that fact, and risk assessment/risk analysis are not even mentioned in the government’s pre-consultation paper that is to feed into the next *working together* guidance, due out early next year. Yet an appraisal of actual and likely threats to the child and their source is essential to a sound ‘needs-led’ assessment.

As Dale, Green and Fellows (2002) assert: “The AFs underlying view of parents who harm their children as essentially well-meaning but overstressed may not be adequate in responding to those with more serious problems, particularly when the children are very young.”

In effect, the AF does not enable professionals to deal with the realities and impact of working with parents/carers who are hostile and possibly violent; with parental deception, non- or ‘masked’ compliance, or their resistance to professional intervention. Yet these are an everyday feature of their work. (See: Brandon et al; OSTED surveys of SCRs, Climbié and other major child abuse inquiries).

Obstacles to risk assessment

According to Seden (2001), it is a matter of complexity: “...despite increasing sophistication in the design and evaluation of risk assessment tools, the variable for assessing children in the contexts of their families are so complex that professional judgement underpinned by theory and research still remains the cornerstone of best practice.”

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

However, Sinclair and Bullock (2002) feel that improvement is possible through better decision-making: "...practice can be enhanced to bring greater consistency to decision-making among professionals, both within and across agencies...the fashioning of and research-testing of practice tools designed to improve decision-making are..likely to have beneficial effects on vulnerable children."

The new model takes this forward by incorporating or being founded on:

- a recognition of the difficulties in predicting future harm
- the view that risk assessment is an ongoing process rather than a snapshot in time
- a dynamic structure and process for judgement forming, decision-making, planning and implementation of plans
- the recognition that decisions and judgements have to be reviewed (within *Working together* timescales)
- the construction and testing of practice tools that enhance judgement-forming
- good professional judgement
- an evidence-based approach
- a recognition of the importance of professional supervision in validating judgements
- and crucially, active use as a mechanism for engaging with families.

Sound risk assessments should be underpinned by 'defensible decisions' – this is not about being defensive, but it means that risk assessment must be rigorous, and risk management robust. Kemshall (2003) outlines the criteria:

- all reasonable steps have been taken to soundly assess
 - reliable assessment methods have been used
 - information has been collected and thoroughly evaluated
 - policies and procedures have been followed
 - practitioners/managers have adopted an investigative approach and are proactive.
- “In many cases the decision-making involved in the assessment of risk and its management can and indeed often does, prevent re-offending, but it is not infallible: even the most diligent efforts of practitioners cannot always prevent serious harm. In place of infallibility we must put defensibility – making the most reasonable decisions and carrying them out professionally in a way which can be seen to be reasonable and professional.” (*Multi-Professional Public Protection Arrangements (MAPPA) Guidance*, Home Office, 2003).

Example: the Warwickshire Risk Assessment Model

The theoretical basis for this model is derived from two strands: firstly, the links between social deprivation and harm to children (Tuck 1995, 2000a, 200b); and secondly, the contributions of forensic psychology (Towl and Crighton 1996, Moore 1996).

An integrative model of harm to children is then based on a 'blending' of insights from:

- Tuck's study of links between social deprivation and harm to children
- theories of psychosocial development (Rutter 1988, 1985 and others)
- notions of resilience and its acquisition
- ecological perspectives of harm to children (Garbarino, 1981) and social constructionist perspectives (Bluner 1990, Gergen 1985).

The latter two relate to the narratives people construct about their lives, which impacts on the development of self and adaptive strategies. Families also construct narratives around their circumstances.

The key considerations are that in making sense of children's circumstances we need to identify the impact of an accumulation of risk factors, and we need to understand how these interact with each other over time as well as with any protective factors in the child's situation.

Where a number of risk factors are present, their impact is likely to be accentuated. They become more than the sum of the parts. Consequently, these risk factors, if not balanced by adequate protective factors (eg good social support, effective coping strategies, adequate material resources) become more difficult to manage, which may lead to harmful and damaging outcomes.

The risk assessment model: key questions to answer for the risk analysis

Answers to the following should form the basis for formulating the plans needed to safeguard the child and promote their welfare:

- What are the risk and protective factors in this child's situation? Consider the child's developmental needs, family and environmental factors, and parenting capacity - i.e. the AF domains.
- Which of these factors are likely to be most significant for the child in terms of reducing/increasing the probability of future harm? For this, draw from literature and research.
- Estimate the level of risk that therefore appears to be present for the child and the probability of future harm.
- What are the likely outcomes of this for the child?
- What needs to change if this level of risk is to be reduced?

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

There are also a number of trigger questions for estimating the probability of future harm, which have been adapted from Bryony Moore (1996):

- How often has this harm occurred to the child before?
- In how wide a range of circumstances has it occurred?
- If the harm has occurred before, can we identify what the situations had in common? What factors were present?
- To what extent have these factors needed to be present for the harm to occur?
- What reinforces the harmful behaviour? Which factors seem to increase the probability of it occurring?
- Is it likely that these factors will occur again in the child and family's environment?

For child protection conferences, the risk analysis should be updated with questions such as:

- What were the risk and protective factors identified at the last conference?
- How and to what extent have these factors diminished or increased?
- What are the likely outcomes of this for the child now?
- What does the above information and progress of the plan indicate about the likelihood of sustained change within the family?

An evaluation of the model showed that it enables better organisation and presentation of information, which improves clarity of analysis and argument: there is evidence of focused, more systematic thinking, and less time spent on information-sharing in conferences. Because of this, it is easier to reach judgements on the need for a child protection plan.

However, variability remains in quality and evaluative content, as this depends on the preparedness to undertake analysis, which demands certain qualities of a person.

It is also clear that if the model is to be implemented successfully, the contribution of all professionals and agencies should be recognised.

The evaluation also underlined the importance of using the model to try and engage parents/carers in identifying and acting on concerns, and of professional supervision for support, scrutiny and challenge. It is crucial that it is supported by the recording systems in use, and by senior and middle management.

A potential issue is that it may lead to more children becoming the subject of a plan because of the more robust risk analysis, which can conflict with targets. However, as an on-going mechanism that regularly reviews results within a child-centred framework, its use extends beyond information gathering and needs assessment to provide a discipline for outcomes-based accountability where the focus is on demonstrable improvements in the care of children, and effective change, so that a child protection plan is no longer deemed necessary.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

Cases of chronic emotional abuse and neglect present additional challenges for risk assessment. Many of these cases are typified by lack of demonstrable change over many years, and a lack of decisive decision-making can add to this, causing a situation of 'drift', with children becoming more damaged and behaviour deteriorating, generating more risk factors. This increases the potential for a serious incident to occur. The 'start again' syndrome - wiping the slate clean and giving parents another chance to start again - in effect compromises clear and systematic analysis, as practitioners fail to fully analyse and consider the parental history in evaluating current capacity to care.

Typically, parents who chronically abuse and neglect their children will demonstrate a lack of engagement and empathy, psychological inaccessibility, and a low propensity for change. Many SCRs reveal that they tend to inflict cumulative damage on their children. Many cases also have an intergenerational dimension.

The problem is that none of these issues are adequately addressed in current government guidance. However, the DCSF now appear to recognise that the reality gap between guidance and reality needs to be closed (Janet Pugh, DCSF safeguarding).

Enhanced risk assessment will consider the full history of the child - including progress of the current plan; outcomes of previous plans; other professional interventions, and a full chronology – and what this indicates about prospects for clear and demonstrable change in response to professional intervention and support. It will consider the likely future outcomes for the child, the implications for how tenable current care arrangements are, and what further action is needed to safeguard the child. This assessment should take place at key moments in the child's life.

The most important message of all is that it is the lived experience of the child – i.e. what is actually happening – that provides the acid test in managing these cases. Realigning child protection to focus on this issue will be a great improvement, as it will prompt effective risk assessments based on sound analysis of the child's real circumstances.

References

Bluner, J (1990) *Ages of Meaning* Harvard University Press.

Brandon, M et al (2008) *Analysing child deaths and serious injury through abuse and neglect: What can we learn?* A biennial analysis of serious case reviews. London: Department for Children, Schools and Families.

Cleaver, H. et al (2008) *Child Protection, Domestic Violence and Parental Substance Misuse: Family experiences and effective practice – Executive Summary*. Department for Children, Schools and Families.

Cleaver, H. et al (2008) *Parental Learning Disability and Children's Needs: Family experiences and effective practice – Executive Summary*. Department for Children, Schools and Families.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

Dale, P., Green R. and Fellows, R (2002) *Serious and Fatal Injuries to Infants with Discrepant Parental Explanations: Some Assessment and Case Management Issues?*

Department of Health (2000) *Framework for the Assessment of Children in Need and Their Families*. London: Stationery Office.

Department of Health (2006) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and Promote the Welfare of Children*. London: Stationery Office.

Garbarino, J. (1981) An ecological approach to child maltreatment. In L. Pelton, (ed.) *The Social Context of Child Abuse and Neglect*. New York: Human Sciences Press.

Gergen, K. J. (1985) The Social Constructionist Movement in Modern Psychology. *American Psychologist*, 40,3:266 – 275.

Grove, W. and Meehl, P. (1996) *Comparative efficiency of informal (subjective, impressionistic) and formal (mechanical, algorithmic) prediction procedures*.

Home Office (2003) *The MAPPA Guidance National Probation Service Circular 2 S/2003*.

Kemshall, H. (2003), *The Community Management of High Risk Offenders Prison Service Journal*.

Lord Laming. (2009) *The Protection of Children in England: A Progress Report*. London: The Stationery Office.

Moore, B. (1996) *Risk Assessment: A Practitioners Guide to Predicting Harmful Behaviour*. London: Whiting and Birch.

Munroe, E. (2002) *Effective Child Protection*. London: Sage Publications.

Rutter, M. (1998) Introduction. In Rutter, M. (ed.) *Studies of Psychological Risk: The Power of Longitudinal Data*. Cambridge University Press.

Rutter, M. (1985) Resilience in the face of adversity: protective factors and resistance to psychiatric disorder. *British Journal of Psychiatry*, 147: 598-611.

Seden, J. (2001) Assessment of children in need and their families: a literature review. In J. Seden, R. Sinclair, D. Robbins and C. Pont (eds). *Studies Informing the Framework for Assessment of Children in Need and their Families*. London: Stationery Office.

Sinclair, R. and Bullock, R. (2002) *Learning from Past Experience – A Review of Serious Case Reviews*. London: Department of Health.

Towl, G. and Crighton, D. (1996) *Handbook for Forensic Practitioners*. London: Routledge.

Tuck, V. (2000) Socio-economic factors: a neglected dimension in harm to children. In J. Batsleer and B. Humphries (eds) *Welfare, Exclusion and Political Agency*. London: Routledge.

Tuck, V. (2000) Links between social deprivation and harm to children. In Baldwin, N. (ed) *Protecting Children: Promoting Their Rights*. London: Whiting and Birch.

Tuck, V. (2004) Analysing Risk in Child Protection. A Model for Assessment. In White, V. and Harris, J. (eds) *Good Practice in Child Care*. London: Jessica Kingsley.

Tuck, V (2004) Analysing risk in child protection: a model for assessment. In: White, V and Harris, J (eds) *Developing good practice in children's services*. London: JKP.

Interactive session

Risk assessment and implications for inter-agency training

Delegates were asked to consider:

- the underpinning knowledge that needs to be provided to practitioners
- the content of individual training programmes
- the components of LSCB training strategies
- teaching methods and techniques applied
- skills and knowledge of trainers, and how these are promoted
- impact on single-agency training
- impact on training relating to early intervention/CAF.

The points raised included:

- Knowledge should be gathered from all professionals: social workers take the lead in child protection cases, but there may be others who have long-term knowledge of the child and are better placed to give a full background on the family and circumstances, for example a teacher - although children who are in need of protection do not necessarily attend school.
- All those who work with children should have a good working knowledge of child development, which is currently not always the case.
- Those who work with children should have excellent communication and interviewing skills so that they can get the information they need from people.
- Teachers and social workers should share some types of training.
- Risk analysis should be integrated into core assessments.
- How is the risk assessment model disseminated and integrated?

Interactive session: On the horizon: national, regional and local developments

Enid Hendry, Ann Norburn

Delegates were invited to share intelligence and information about developments that have implications for inter-agency safeguarding training at the national, regional and local level, over the next year - 'national' included developments in England, Wales, NI, Scotland and the Channel Islands.

Delegates were prompted to consider new legislation, policy and practice guidance, research, learning resources or publications, or other joint/collaborative initiatives.

A list of significant new **national developments** was handed out to delegates after the discussion:

Policy

Revision of *Working together* in the light of Lord Laming's report and government action plan. A pre-consultation paper has indicated key areas of change that are being considered. Chapter 4 on training will be revised with redefinition of levels to increase clarity.

Revision of statutory guidance on safeguarding and child protection for schools.
New vetting and barring arrangements implemented throughout the UK.

Common core refresh – any changes will be introduced from end March.

Ofsted will be publishing executive summaries of all SCRs.

Standards in relation to safeguarding, on which Ofsted make judgements on schools performance, have become a limiting judgement.

In northern Ireland:

New Safeguarding Board to be established.

Revision of guidance on positions of trust.

New learning resources (NSPCC):

Revised *Child's World* designed to meet needs of multi-disciplinary audiences.

DVD on protecting disabled children.

Resource for induction and training of LSCB, lay and elected members.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

DVD on safeguarding BME groups.

Improving safeguarding in schools – a self-assessment quality improvement tool and supporting resource guide.

Sample of research coming out shortly

Major programme of safeguarding research commissioned by the DCSF, including research on neglect. Some with supporting practice tools.

Emerging practice to safeguard trafficked children (Univ of Bedfordshire and NSPCC)

Costs and consequences of child maltreatment (NSPCC)

Prevalence of child maltreatment (NSPCC); repeat of original study

Sexual offender cognitions (NSPCC)

Keynote 4

Social Work Task Force – building a safe, confident future

Bridget Robb, BASW

The **Social Work Task Force** was established in February 2009. Reporting directly to Ministers in the Department of Health (DH) and Department for Children, Schools and Families (DCSF) its purpose is to drive and deliver a cross-Government Social Work Reform Programme to improve frontline practice and management.

The interim report of the Task Force was published in July (the final report on 1 December 2009).

It set out the main obstacles in the way of social work becoming a fully confident, effective profession:

- Poor public image and understanding creating problems for recruitment into the profession.
- Social work education and training not producing enough social workers suited to the demands of frontline practice.
- Career structure not keeping expertise on the frontline.
- Practical resources including ICT missing or not suited to frontline practice.
- Over-emphasis on process.
- Supervision, reflection and analysis – all of which underpin the judgements and decisions social workers need to make – squeezed out.
- No single focus of responsibility for promoting the profession, improving public understanding, spreading best practice, driving up its standards and representing the profession in the policy debates that shape practice and conditions on the frontline.

These findings suggest a shift in social work that will have to be supported by a shift in working practices elsewhere, affecting not just social workers, but all professionals.

The final report sets out the ambitions of the Task Force for reform. Importantly, the influence of people who use services should be built into this reform from the start. These ambitions mirror the five main areas of concern highlighted in the report:

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.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

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.

Reliable supply of confident, high quality, adaptable professionals into the workforce, where they can build long-term careers on the frontline.

Greater public value and 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 that social workers make.

This translates into 15 recommendations for **Government** action:

Initial education and training

1. Stronger criteria governing the calibre of entrants to social work education and training – the diverse backgrounds of people entering social work has actually caused problems, as they have not always met the required standards (a high number entered without UCAS points, as mature entrants).
2. Overhaul of the content and delivery of social work degree courses – possibly following the European model.
3. New arrangements for high quality practice placements for all social work students – reduce 200 placement days back to 130, and also offering better support while on placement.
4. Assessed and supported year in employment as final stage in becoming a social worker, as a requirement for obtaining a license to practice.
5. More transparent and effective regulation of education and training – need for a regulator who is more pro-active; this has been too hands-off.

Time resources and support

6. Clear national standard for employers of social workers.
7. National requirements for supervision.
8. Dedicated programmes of training and support for front line managers.

A workload analysis will be put on the website as a guide or benchmark, though it will not prescribe a number for caseloads, as this would not be realistic for all practices (depending on the nature of their team and local area).

Professional development and career development

9. National Framework for Continuing Professional Development – should be integrated with other professional CPD structure, such as the legal professions.
10. Single nationally recognised career structure – each LA currently operates differently; should be linked to pay.

Leadership

11. Independent national college of social work – there is talk of a ‘royal college’, but in any case it will need to set the standards, enabling the profession to ‘run itself’.

Public value and understanding

12. Programme of action on public understanding of social work – to get more public support for their work: a survey carried out by the Task Force showed that 40 per cent of respondents knew a social worker personally. Social workers need to get out of their ‘bunker mentality’ and start telling their stories, as this will help people understand what the work is like.

A Cohesive & Purposeful System

13. The development of a licence to practise for social workers – but also alternative career paths (not necessarily registration) for those who choose a different direction.
14. A new system for forecasting supply and demand.
15. A single national reform programme for social work.

The Task Force is calling on central government to signal its intention to set change in motion now and unblock the route to long term progress. It must help to construct the durable partnerships without which reform will not succeed.

The final report also identifies action that needs to be taken in the short term by central and local government to address the pressures social work is facing now.

The Task Force is also calling on **employers, educators and social workers** to play their part in the reform:

Employers: Should provide greater leadership and direction for social work locally. They must act now to ensure that they are listening to their staff and putting in place the support that they need.

Educators: Must deliver a consistently high quality of initial training and continuing professional education. They must work with the profession and employers to ensure that social workers are well prepared for the work they need to do, and are supported to improve their skills and specialisms right throughout their careers.

Social workers: Must develop a more powerful voice, take responsibility for setting their own high standards and for demonstrating high quality professional practice, which makes a real difference for those they work with.

Government response

The initial Government response to the final report of the Social Work Task Force accepts all of the recommendations. It also makes a number of specific commitments, including:

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

- Working as quickly as possible to work through legislative and resourcing implications.
- Establishing a new social work reform board to oversee development and implementation of the 15 recommendations – spanning across three government departments: DCSF, Dept of Health and Dept of Justice.
- Publishing an implementation plan in early 2010.
- Providing logistical support to the college while it establishes itself.

It is hoped that the upcoming election will not upset these plans.

Related reading (postscript)

The publication of the final report on 1 December was covered in various national newspapers and on the **BBC News website**, which also has a number of links to other relevant articles: see [Boost for social workers in wake of baby P case. news.bbc.co.uk/1/hi/uk/8387677.stm](http://news.bbc.co.uk/1/hi/uk/8387677.stm)

Keynote 5 CWDC integrated working; developing roles

Pete Grady, Children's Workforce Development Council

The CWDC leads change in the workforce in order to improve chances for children and young people throughout England. They are the 'voice of employers', making sure their experiences and views directly influence CWDC's change programs.

The Integrated Workforce Team has three broad objectives:

1. to support regional development – engaging all Children's Trusts in its One Children's Workforce Framework (OCWF)
2. to work with key partners TDA and National College to provide joined-up solutions
3. and to ensure strategic coherence, working through Government Offices and regional and local partnerships.

The key aim is to improve integrated working.

The diagram below represents the OCWF as a 'rainbow' of arcs – with the five ECM outcomes underneath.



This diagram is also on the [CWDC website](#), where each of the coloured arcs has its own link to a separate page detailing the **journey to reform**.

The work with Local Children's Trusts has involved the trusts completing a self-assessment of their progress so far on the journey towards integration.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

They were asked to complete a 'baseline' self-assessment, to which the response was very encouraging, with data collected on 152 Trusts. In addition, 4,600 individuals (out of 23,000) across various sectors completed questionnaires.

Almost three-quarters of trusts assessed themselves as being halfway on their journey: generally further along with the red, yellow, green and white arcs (i.e. vision, behaviours, IW practices, outcomes), than on common values and language, and capacity to deliver and keep children safe. The analysis against each arc reveals more about the areas that people are grappling with.

Trusts have had to establish their priorities for continuing progress, and to develop solutions based on identified needs. They were asked to identify key actions arising from their self analysis – i.e. the areas where they are targeting work – which showed that training is often high on the priority list.

The most common actions indicated were:

- engagement
- common training
- workforce strategy
- raise awareness of integrated working
- develop shared vision and values
- common induction
- leadership and management to support integrated working
- workforce data
- improving communications

The CWDC will support these actions and develop solutions at the local, regional and national level through development of workforce strategies that are based on evidence.

Further analysis considered the data behind each of the arcs, looking particularly at capacity issues – such as access of staff to resources, range and diversity of staff groups, and leadership. These were generally rated quite positively.

The actions arising from this further analysis related to workforce planning and strategy; safeguarding; training; succession planning; improving recruitment practice; and further use of the One Children's Workforce tool.

The challenge for CWDC is how to support local trusts in seeing capacity as an outcome-wide measure, and how to respond to issues around safeguarding, which are clearly at the forefront of people's thinking in relation to their local development.

Local Trusts will undertake a further self-evaluation focusing on areas of local need. CWDC has also developed specific tools to continue to enable local evidence to be relevant, and is putting the support in place for trusts to continue the process of supporting an integrated workforce.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

The **safeguarding element** of this builds on specific areas of focus within each arc:

- Behaviours focused on positive outcomes for children and young people (yellow arc):
 - welcome and promote constructive challenge
 - support to enable LSCBs to develop effective supervision and induction protocols
 - CWDC to review and refresh the safeguarding element of the common core
 - CWDC to include specific elements on safeguarding within the common induction standards.
- Integrated working practices (green arc);
 - early identification and effective communication
 - refreshing integrated working training packages, eg. CAF and Lead Professional.
- Capacity to deliver and keep children safe (purple arc):
 - find an appropriate balance between proactive and reactive safeguarding work.
- High quality, appropriately trained workforce (light blue arc):
 - online support to enable safer recruitment for schools and wider children's workforce
 - development of Safeguarding National Occupational Standards.

Delegates questioned the degree of overlap between Section 11 audits (completed by LSCBs) and the OCW tool. However, the aim is for the two to be aligned, not duplicating the workload for professionals.

Delegates also expressed concern that it seems the wheel is being reinvented, and that there is no clear distinction between the safeguarding responsibilities of the CWDC, SCBs and Children's Trusts.

Keynote 6 Evaluating the effectiveness of LSCBs: Loughborough research

Emily Munro and Prof Alan France, Loughborough University

The research explored the structures and processes adopted by LSCBs to fulfil their core functions, and how effective they are. It was commissioned by the DCSF and Department of Health.

The briefing *Evaluation of the effectiveness of the new local safeguarding children boards (LSCBs)* (Munro and France, 2009), handed out at the conference, gives a brief overview of the background, objectives, methodology and value of the study. This briefing is available on NSPCC inform/news and events/conference reports.

www.nspcc.org.uk/Inform/newsandevents/conferencereports/conferencereports_wda48711.html

The initial stage of the research gathered basic information from a wide range of sources to identify six case study areas. The second stage involved in-depth case study work to understand the evolving mechanisms and operations of new LSCBs' arrangements, concentrating on six detailed case studies to understand emerging challenges and good practice in detail.

Further details about the study approach can be found on the [Safeguarding Children Research Initiative \(SRI\)](#) website.

The [interim report](#) of the research (France et al, 2009) is available on the DCSF website.

This interim report reveals that there is no such thing as a typical LSCB. The survey of 124 boards and 105 Chairs showed that their membership ranges between 12 and 91 members (average size 26); the number of executives ranged from 4 to 30, and the number of subgroups from 2 to 20. Executive membership tends to reflect the distribution of membership on the LSCBs. It is important however that executives are not a forum of more senior colleagues or dominated by children's services and health.

One important conclusion from the study is that LSCBs need strong political scrutiny to ensure governance and accountability. It is also important that they have an independent Chair, who understands the local context and is part of the local networks.

References

France, A., Munro, E. R. Meredith, J., Manful, E. and Beckhelling, J. (2009) *Effectiveness of the new Local Safeguarding Children Boards in England: Interim report*. CRSP and CCFR: Loughborough University. DCSF Research Report 126. Available from:
www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR126.pdf

Table discussion

Implications for LSCBs of the morning keynotes

Delegates were asked to consider:

- the implications of the morning's presentations (day 2) for their LSCB
- how the recommendations from the Task Force affect their programme
- how they engage with the new roles within the wider children's workforce, and how they contribute to the integrated working agenda
- how training contributes to the effectiveness of their LSCB.

Their questions were then put to a panel comprising Alan France, Peter Grady and Enid Hendry.

Generally, delegates felt that there is a need to 'stop reinventing' the wheel in terms of new processes and procedures: there have been too many changes and initiatives. It is time to get on with the job, and to consolidate: i.e. build on the good work that is already going on.

Delegates had a sense that there is a lack of coordination in all the changes. They questioned the ability/ capacity of LSCBs to take forward all of Lord Laming's recommendations. There is also some confusion about the role of the Children's Trusts and LSCBs, as there seems to be considerable overlap in their remit.

On the whole, delegates felt that the views of inter-agency trainers have again been overlooked – they felt rather 'out of the loop', when they could in fact offer a lot of insight as they deal with a wide variety of professionals in the child protection/safeguarding 'frontline'. They are ideally placed to bring about better integration, better networking and better communication within the area of child protection. They felt that the CWDC could encourage their lead officers within each local authority to better connect with inter-agency trainers.

Delegates also felt that there is in fact a lack of commonality in terms of values, targets and goals and wondered how a greater confidence can be reconciled with professional development for social workers, and integrated into practice.

Workshop 1

Improving analysis in assessing the needs of children and families

Emma Sawyer, consultant

There is evidence that although the Assessment Framework has improved practice, the analyses carried out in assessments and the judgements based on them continue to cause concern. Analysis has in fact not been given a great deal of attention in the Assessment Framework, or the literature accompanying it.

Putting analysis into assessment (Dalzell and Sawyer, 2007) is a toolkit that aims to increase practitioner skills and confidence in analysis and judgement.

Some evidence from inspections shows that:

- “Assessment reports reflected concerted efforts to collect information but far less evidence of analysis and evaluation.”
- “Judgement about the direction a case should take were wholly lacking in a number of cases.”
- “There is a need to address the practice culture to ensure a more systematic, enquiring and analytical approach to assessment.”
- “Managers and practitioners must ensure that the experience of the child is central to their analysis of facts.” – All too often, the child is ‘invisible’ and there is a lack of balance in descriptions of parents as compared to descriptions of the children.

Background to the Toolkit project:

The aim of the project that led to the creation of the toolkit were: to unpick judgements made; to encourage a focus on outcomes; to explore how professional confidence, knowledge and skills might be improved; and to enhance skills in analysis.

The project involved in-depth work with two local authorities (Wandsworth and Leicestershire). Issues were identified through audits of case files and assessment reports; questionnaires and interviews to elicit the views and experiences of senior practitioners, trainers and training coordinators; practice development sessions; and through testing approaches and tools.

The key themes that emerged were:

- Stability, culture and leadership in teams found to be key.
- Contrasting settings impacted on progress of project.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

- Teams welcomed and enjoyed learning together.
- There had been few previous opportunities to reflect on and debate practice decisions within whole team.
- There was much enthusiasm for trying out tools.
- Thorough assessments showed some excellent practice.
- There was a general lack of reference to and familiarity with research and theory in assessment reports.
- Practitioners felt that assessment forms do not generally lead towards analysis, but are rather heavily weighted to collecting information.
- Practitioners are always aware of the 'clock ticking', always working to timescales.
- There was a lack of standardisation, with reports showing a considerable variability in quality and content.
- 'Workings out' were not shown.
- The children were 'invisible'; there was a focus on adult needs.

Conclusion: a focus on need (rather than risk) should mean focusing on what will make a difference, not on the forms that are to be filled out. Social workers should be aware of the research and theories that can underpin their decisions, and have time to reflect on and analyse the facts, which should form the basis for these decisions.

The tools and approaches aimed to make the decision-making a conscious process, and incorporated the following elements:

- nature of expertise (analysis – intuition)
- decision theory (decision-tree with probabilities and outcomes)
- needs-led assessment
- signs of safety
- cultural review
- hypothesising
- involving children
- timelines
- substance misuse

The outputs/outcomes of this work with the two teams:

- There was greater recognition of importance of analysis.
- There was evidence of a team culture change, acknowledging weak areas and addressing them.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

- There was more debate within teams, and analysis was put on the agenda.
- Increased confidence, resources and skills.
- Teams contributed to resource pack/publication and championed approach locally.

Common errors of reasoning by practitioners are the result of:

- Failure to revise assessments.
- Lack of long term perspective.
- Reported evidence being given more attention than written information.
- Tendency to 'group think'.
- Failure to check facts and information.
- Parental reaction seen as representative.
- Tendency to be verificationist (tending to seek information that supports the view held).

There is a need to counter these tendencies, and qualitative research methods may be useful and provide clarity. See also: Holland (2004).

Practitioners need to build hypotheses, remembering that:

- A hypothesis is a testable proposition.
- It requires that they fully understand the family situation and the best way forward, and how difficulties are experienced.
- The hypothesis may include antecedents.

Delegates were asked to hypothesise about the circumstances of a case study about a young woman with four children under the age of six, one of whom was disabled and suspected to have been abused by the mother.

These hypotheses were discussed, speculating whether or not the child has in fact been abused by the mother, or whether other situations/people could have caused the signs of abuse. This case study served to highlight the important point that hypothesising means you should avoid bias in your analysis, which involves being reflexive and checking out your views with others. It also requires rigorous supervision, sharing with those being assessed, and consulting a wide range of sources.

References

Dalzell, R and Sawyer, E. (2007) *Putting analysis into assessment*. NCB.

Holland, S. (2004) *Child and Family Assessment in Social Work Practice* SAGE Publications.

Workshop 5

Practice tools emerging from serious case reviews

Marian Brandon

This workshop looked at how attachment theory can lead to better assessment of risk and how various risk factors may interact, with specific reference to Brandon et al (2008).

The ecology of human development (Garbarino) relates to the influences of the family environment on personal development. The ecological-transactional perspective views child development as a progressive sequence of age- and stage-appropriate tasks, including the development of attachment relationships between the child and the parent/carer. The nature of this relationship will depend on the parent/carer's history and background, which will influence their capacity for looking after their children. This should be assessed using an analytical rather than incident-driven approach, looking at the interaction between child and caregiver, and the dynamics of their engagement with professionals.

It should be noted that the relationship between a caregiver and each child in their household can vary enormously from child to child, even if the caregiver is the biological parent of all – the situation is even more complicated when half or step-siblings are involved, so each child should be analysed separately.

A case study

In the case of Ellie, there was a history of parental alcohol misuse and maternal depression, and neglect played a key part. However, these risk factors did not meet the threshold for intervention.

Questions professionals should be asking:

- Is there a discernible pattern: does the alcohol misuse happen all the time, or at regular intervals, or random. This will determine whether or not it is predictable – i.e. it can it be anticipated by the child?
- Who else lives in the household – is there an extended family structure?
- Are there older/younger siblings – how many? What are the implications?
- What are the reasons for the mother's depression?
- What is the age of the parents?
- If there are any older children, is the child in question being abused by them?
- What is the history of the father – is he present and if absent, why? (May be to do with the mother claiming single parent benefit).

Conference report

The 16th national symposium on inter-agency training.
 Repositioning child protection: learning from good practice (1-2 Dec 2009)

Based on this information, they should analyse how the risks interact. They should be aware that a situation in which there is 'depressed neglect' will affect them as professionals and hence their views on the case. (Howe, 2005, p135). They should also question what effect it has on the child - does the father's behaviour and the mother's depression combined create a hopeless/helpless situation, or a helpless/hopeless/frightening one?

Social workers will need to ask more questions, make guesses and test hypotheses to assess attachment. The aim however is not to classify it, but rather to look at the underlying factors that explain it.

Help is not just about therapeutic intervention, but in providing what children have missed through their lack of attachment, i.e. predictability and reliability in their relationships with their caregiver. With teenagers, only a handful of suicides are related to bullying: many can probably be traced back to poor attachment to caregivers. Unfortunately, they are often 'between services': too old for child social care, and too young for adult services.

Template for a chronology (Brandon et al, 2008, p154)

- brief summary of family history
- child's history, profile, characteristics and behaviour
- mother's (or carer's) history, profile, parenting capacity
- father's (or carer's) history, profile, parenting capacity
- family environment
- characteristics of professional involvement

Family events and environmental issues (including family strengths)	Timescale	Professional activity /involvement/ engagement with family
	Early family history (Inc. parents childhood and birth of siblings) Pregnancy of subject child Birth of child Child's first year Age 2-5 yrs Age 5-9 yrs Age 10-15 yrs Age 16+ yrs	

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

Time constraints hamper this process, as the social worker is under pressure to meet deadlines, and this can result in apathy – being detached from the case.

LSCBs should give strong messages about this into the practice system; this template should be used across the board for all practitioners. Then we need to think about what to do next – i.e. moving on from assessment into helping the child/family.

References

Brandon, M; Belderson, P; Warren, C; Howe, D; Gardner, R; Dodsworth, J; Black, J (2008): *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A biennial analysis of serious case reviews 2003-2005*. DCSF. Available at:
<http://www.dcsf.gov.uk/research/data/uploadfiles/DCSF-RR023.pdf>

Howe, D. (2005) *Child abuse and neglect: attachment, development and intervention*. Basingstoke, Hants., Palgrave Macmillan.

Keynote speaker and workshop leader biographies

Marian Brandon is a qualified social worker with experience of area team social work and residential child care, a senior lecturer and director of post qualifying studies at the University of East Anglia, Research lead for analysis of serious case reviews for England since 2003, research lead for analysis of serious case reviews for Wales 1999-2002 and currently, research lead for evaluation of common assessment framework for England (2006) and Wales (2009).

Vic Tuck is the Development Manager of the Warwickshire Safeguarding Children Board (WSCB), a role that involves him in all aspects of the work associated with these statutory bodies, including strategic development, governance and performance management. He chairs the Warwickshire Child Death Review Panel and WSCB Special Cases Subcommittee, and has completed a number of Serious Case Reviews.

Vic has worked in various capacities in the child-care field for 29 years. As a social worker in the generic era, he also worked with adults from all the main service-user groups. He has been a social worker in children and family teams; a fostering and adoption officer and manager; an inter-agency child protection trainer; staff development officer, and academic tutor and examiner for social work students at qualifying and post-qualifying levels. As part of this work, Vic was involved in constructing structures for post-qualifying awards in the West Midlands. For many years, he was director of a unique, accredited, agency-based child protection training programme for social workers. He continues to contribute to the post-qualifying training of health professionals at the University of Warwick Medical School.

Vic's doctoral research focused on the links between social disadvantage and harm to children, an area in which he has published and lectured. From this work, he has developed the Warwickshire Risk Assessment Model, an innovation that has been adopted by other LSCBs seeking to apply a more systematic approach to the analysis of risk factors affecting children. Vic's current areas of interest include the development of more effective approaches to the management of cases of chronic child abuse and neglect.

Vic sits on the NEC of the British Association for the Study and Prevention of Child Abuse and Neglect (BSAPCAN), and as well as continuing to be a Registered Social Worker, holds Post Qualifying and Advanced Awards in Social Work.

Emma Sawyer is a senior development officer at the National Children's Bureau and previously undertook the 'putting analysis into assessment' project and co-authored the toolkit. Emma has also undertaken other projects aimed at improving services to families affected by parental substance misuse and/or parental mental health problems and has worked on projects and protocols to improve joint working between adults and children's services. Emma is an experienced children and families social worker and team manager and is currently working as a consultant, trainer and independent social worker.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

Ruth Pearson is a Senior Lecturer in Social Work studies at Sheffield Hallam University. She has a background in Child Protection Social Work and multi-agency safeguarding children training and development. She has worked for Rotherham ACPC and Sheffield ACPC/LSCB in training and policy development. She has an MA in Child Protection and Child Welfare from Huddersfield University. Ruth has been the independent Overview Author for Serious Case Reviews and is the author of the chapter *Working with Uncooperative or Hostile Families* in *Good Practice in Safeguarding Children* (Hughes and Owen, 2009).

Peter Grady is Cluster Manager at CWDC for the North of England, it involves working with our Integrated Workforce Managers across the three northern government office regions to support the implementation of Integrated Working across Local Children's Trusts. Peter is a registered Social Worker and has previously worked in Higher Education on social work and nursing qualifying programmes leading on children's services and related issues.

Emily Munro is Research Fellow at the Centre for Child and Family Research (CCFR). She has undertaken a body of research funded by the Department of Health and the Department for Education and Skills to inform policy and practice and promote positive outcomes for vulnerable children and families. Studies she has undertaken have produced and continue to produce new and important findings about the process of decision-making in children's services and its consequences. They have been influential in informing policy on adoption, permanence and safeguarding children.

Professor France joined the **Centre for Research in Social Policy (CRSP)** as Director in September 2006 from the Department of Sociological Studies at the University of Sheffield. CRSP is a highly successful applied research Centre that makes a major contribution to government policy making. He has been an active researcher for over 15 years and has had core responsibility in managing and running a number of large research programmes funded by the Research Councils, Government and Charities. Between 2002 and 2006 he helped establish and direct the **Centre for the Study of Childhood and Youth**. This Centre became an international centre of excellence and was highly successful in bringing in high quality research programmes and projects. As Director of CRSP he has core managerial responsibility for strategic planning, staff development and has a major role to play in quality assurance and workload allocation across the Centre.

Professor France has been involved in a wide range of national and international research programmes. Between 2001 and 2006 he was Co-Director of the £1.3 million ESRC longitudinal Research Network: Pathways into and out of Crime. This Research Network involved 7 Universities from the UK, Australia and the US and was concerned with researching young people's pathways into and out of crime.

Conference report

The 16th national symposium on inter-agency training.
Repositioning child protection: learning from good practice (1-2 Dec 2009)

From this work he edited a Special Edition of the Australian New Zealand Journal of Criminology and his joint authored paper (with Professor Homel) was awarded the Bartholomew Prize in 2006 for the best article published in the Journal. He also co-edited a Book on Pathways and Prevention published in 2007 with Willan Publishing. His core research interests are in youth and youth policy, social inclusion and questions of citizenship. In 2007 his book Understanding Youth in Late Modernity was published by Open University Press.

Professor France has, over the previous ten years, been an invited **Key Note speaker** at wide range of national and international events. He has spoken on youth policy in areas such as youth justice, education and early intervention and prevention in Europe, the US and Australia. In 2006 He organised (through the ESRC programme of Pathways Into and Out of Crime) two large international symposiums, one in the US the other in Australia. From these he published the special edition of the Australian New Zealand Journal of Criminology and the book on Pathways and Prevention. He has also edited a special edition of Children and Society (2005) on Early intervention and prevention and is presently co-editing a special edition of Social Policy and Society on the theme of the 'poverty of policy'. Professor France reviews for; Journal of Youth Studies; Children and Society; Citizenship; Children and Poverty; Sociological Review.

NSPCC

Weston House
42 Curtain Road
London EC2A 3NH

Tel: 020 7825 2500
Fax: 020 7825 2525

www.nspcc.org.uk

Registered charity numbers 216401 and SC037717

NSPCC 
Cruelty to children must stop. **FULL STOP.**