**Children of Family Y Response Plan**

## 1. Governance and supervision

**1.1.** An improvement of supervision, including supervision of supervisors, in single assessments, chairs of safeguarding meetings, including CP Plans and CIN meetings and child protection cases, to ensure the wider picture of a safeguarding case particularly those determined high-risk, are captured and acted upon.

#### 1.1.1. Response

- The Director of Childrens Services has a detailed improvement plan in place which addresses management and supervision. Oversight is provided by the partnership improvement board and ultimately governance provided by Ofsted. These plans should be presented to the Safeguarding Partners, including progress and how performance is measured.
- All GP Practices have an identified a lead GP for Safeguarding Children. This is an enhanced GP role that is required to have additional Level 3 training (ICD) further to regular level 3. These GPs attend the GP Safeguarding Forum x3 per year as a requirement. Forums include training updates and case discussions. Meeting notes and agendas are kept as a formal record of events**.**
- All GPs are encouraged to raise escalations and safeguarding concerns to Designated Doctor / Designated Nurse within CCG as a point of contact. There is good evidence of multi-disciplinary working practice (HV/SN/MW) and GP liaison meetings are in place. Best practice has been identified through a recent audit of GP safeguarding practice. There are challenges due to low Health Visitor / School Nurse numbers, CCG are clear that communication must be in place.

**1.2.** Before closure of a referral, safeguarding risk assessment or meeting, consideration as to the causation of presenting concerns must have considered CSA, Neglect and all other signs and symptoms of abuse before closure, subject to management oversight.

#### 1.2.1. Response

- This guidance will be reinforced to all Childrens Social Care (CSC) staff and a follow up single agency audit will be undertaken to ensure that this is embedded.

**1.3.** Identifying high-risk cases with historical concerns (regardless of the length of the intervening period) with repeating safeguarding concerns, are scrutinised by senior management and referred to the Head of Service if necessary, whose decision is final.

#### 1.3.1. Response

- CSC have developed a process for the identification of high risk cases and escalation to head of service for oversight. Assurance to the Board of the impact of this has been received.

**1.4.** Escalation policies must be used where there is a disagreement as to process or course of action taken.

**1.4.1. Response**

- There is clear evidence that the escalation policy is being used more frequently since its launch in 2018. Acting on feedback the escalation policy has been refreshed and has been published in April 2019.

- All agencies to assure the Safeguarding partners on dissemination and support of staff in the use of the Escalation policy, and that all staff are aware and confident in its use. This will be achieved in the S11 & S175 Audit, 2020 cycle.

**2. Recognising signs and symptoms of child sexual abuse and neglect**

**2.1.** All safeguarding partner agencies must ensure staff are made aware of the signs and symptoms of CSA and know what to do if they are seen or suspected.

**2.1.1. Response**

- Multi-Agency Training offered by the Safeguarding Support Unit already includes signs and symptoms of CSA. A review undertaken assured the Board that it is up to date, incorporating findings from this SCR.
- Safeguarding Support Unit six monthly reports to the Safeguarding Partners on attendance of Multi Agency training across agencies**.**
- Cross referencing between Police and Safeguarding Support Unit Multi-Agency training to ensure consistency of message on CSA.
- An internal police awareness campaign was run throughout 2018 to improve the response and recognition of child abuse. This was supported with a training programme attended by every front line police officer.
- The Social Work Academy (SWA) now includes training concerning the signs of CSA in the training curriculum as follows: • 'Coffee Break guide' written by CSA expert and shared via SW Newsletter and video discussion with practitioners, accessible to all teams, promoted via Advanced Practitioners and AP forum. The guide has been available from the 1st September 2019 and distributed through social work teams with SWA and AP direction.
- SCR Professionals Learning newsletter to involve SWA promotion via AP forum and joint practice/ partner discussion facilitated by SWA to go out quarterly to all SW and connected Children's Social Care staff between Sept 2019 and Jan 2020 – This highlighted learning on current local and national SCRs and in the future Child Safeguarding Practice Reviews, Acute Life Threatening Event, Child Death Reviews. Explicit focus via SWA and APs on 'what this means for shared practice'.
- CSC Specific CSA module (the signs and symptoms of CSA and know what to do if they are seen or suspected) to be developed and delivered at Level 2 in the SWA curriculum. Formulated in consultation with multi-agency training.

- CSC 'Train the Trainer' delivered by the Safeguarding Support Unit - Level 2 Academy curriculum – aimed at Advanced Practitioners and how SCR case examples are consistently used as learning tools within teams has begun**.**
- The neglect toolkit was disseminated to all GP practices following the launch of the toolkit. We are mindful that this is an extended assessment tool that has identified the need for a lengthy consultation, often combined with a discussion with Practice Nurse / Health Visitor and GP together. The CCG Safeguarding Team is keen to work on assuring the toolkit can be used more effectively by primary care. As such training has been delivered for lead GPs on the Neglect toolkit and CSA**.**
- The Brooke Traffic Light Sexual Behaviour tool has been disseminated to Care Services staff. This tool has been embedded into practice through group supervision / training / advice line / SNSC team input into delivery of Neglect Workshop which includes toolkit.

**2.2.** Where relevant, staff must utilise the Neglect Toolkit in order for practitioners to identify and capture evolving safeguarding concerns at a much earlier stage, in order to safeguard the welfare of children and young people.

**2.2.1. Response**

- Twelve Safeguarding Support Unit multi-agency Neglect Toolkit workshops have been held during 2019. These included recognising awareness of neglect - 6 were delivered March 2019 with 6 delivered in November 2019.
- Review and update the Neglect toolkit to ensure learning from SCRs is included.
- MASH to provide feedback to the performance subgroup on the prevalence of the use of the Neglect Toolkit on referrals where neglect is the presenting issue.
- CSA Awareness training has been conducted with the Hospitals incontinence clinic, including the link between bed-wetting and possible sexual abuse.
- Neglect will be the topic of the single agency safeguarding update for GPs in 2019 including the promotion of the Child Neglect Toolkit.

**3. Referrals, risk assessments and sharing information.**

**3.1.** To comply with national and local Safeguarding policies, procedures and guidance in relation to referrals, risk assessments and the requirement to share child protection safeguarding information or possible concerns.

**3.1.1. Response**

- S11 & S175 Audit, 2020 cycle will measure the effectiveness of change in this area.

**3.2.** When there is a disclosure of an allegation of a crime which impacts on a child or young person, an immediate referral must be made for a strategy discussion, to

consider initiating or planning whether a Section 47 Investigation is required. This is in conjunction with any criminal investigation in order to identify the most appropriate action required to be taken to protect and support a child or young person and to preserve potential evidence.

#### 3.2.1. Response

- To improve the recording of crimes at the first point of Police contact and a safeguarding referral. The referral will be shared with partners in the MASH including the instigation of a strategy meeting where appropriate.
- To be reinforced in CSC induction training, by the Social Work Academy, subject to advice that the impact of the crime may or may not impact on the child to the extent that s.47 enquiries are appropriate**.**
- As part of training - level 1, 2 and 3 safeguarding children delivered to mental health professionals. Also has been a spotlight in caseload (operational), safeguarding or professional supervision

## 4. Multi-Agency Chronologies

**4.1.** It is recommended all Child Protection Safeguarding Agency Partners and relevant voluntary organisations within the local authority area assure the Safeguarding Partners that their staff complete background chronologies on their case files on children and families subject to child protection enquires, in order that practitioners have the fullest information available to make informed decisions of the most appropriate action to be taken.

#### 4.1.1. Response

- A task and finish group has been commissioned to review multi-agency chronologies. This was conducted under the governance of MAQUA and progress and recommendations have been back to the partners**.**
- Completion and maintenance of up to date chronologies on children's files held by CSC is a requirement which is monitored through the monthly audit regime. Currently performance related to chronology completion is improving.
- Chronology Template is available on the Hospital Trust Intranet and staff are encouraged to build chronologies when making referrals for strategy discussion or when significant concerns suggest that this is likely**.**

## 5. Record Management

**5.1.** Each agency to ensure their recording keeping and management systems are robust, comprehensive and up to date.

#### 5.1.1. Response

- S11 & S175 Audit, 2020 cycle, will address the effectiveness of the impact of this within agencies.

**5.2.** Each agency to ensure minutes of safeguarding meetings are promptly completed and shared with involved safeguarding partners.

#### 5.2.1. Response

- Timeliness of sharing of safeguarding meetings has improved since meetings have been co-ordinated by MASH however standards have been reiterated.

## 6. Child Focussed / Voice of the Child.

**6.1.** It is recommended all Child Protection Safeguarding Agency Partners and voluntary organisations within the local authority area, assure the Safeguarding Partners they have reminded their staff of their duty in safeguarding cases to ensure the voice of the child is captured and are focused on the experience and impact on children, as identified in learning from previous serious case reviews.

#### 6.1.1. Response

- Voice of the child to be reviewed through agency's Safeguarding Meetings. Invitation to attend Board meetings by Ambassadors and consideration of Lay Person representation**.** There is a current CSC package of 'Essentials training' which includes a focus on ensuring that the voice of the child is captured. Ofsted monitoring and CSC audits would suggest that this is an improving area. This will continue to be monitored through single agency audit.
- Staff training in Hospital Trust continues to highlight this as good practice. Audit is needed e.g. for sec 47 medical examinations to evidence that the child has been involved and given an opportunity to share their version of events ,and the clinician has considered the child's lived experience.
- Current information and assurance is anecdotal regarding children accessing or being invited to see a health professional on their own (where there are safeguarding concerns). The Safeguarding forum has addressed this as a need in the past (Presentation and discussion with CIC Ambassadors). However, CCG recognise that Primary Care must evidence that all children are offered such an opportunity with health professionals. This topic will be further highlighted through the neglect training session.

## 7. Learning from SCRs

**7.1.** It is recommended all Child Protection Safeguarding Agency Partners and relevant voluntary organisations within the local authority area assure the Safeguarding Partners they have informed all supervisors and staff of the need for all practitioners to have the required knowledge and awareness of recent learning from previous serious case review publications, in order to ensure their decision making and actions to safeguard children and young people that similar concerns are not being repeated.

#### 7.1.1. Response

- Develop new multi-agency method of recording themes from SCRs and a platform to cascade the themes to each agency and front line professionals including linking national themes with local issues.

- SCR briefings have been delivered to Social Work teams in the county by the Safeguarding Support Unit and Independent Scrutineer.
- via GP Forums SCRs and updates on key learning from SCRs are included as part of each annual training update. CCG Quality and Governance Committee are now fully informed of SCRs as they are identified, focusing on emerging themes and learning

## 8. Was Not Brought Policy

**8.1.** The LA adopts the more appropriate terminology of 'Was Not Brought' (WNB) instead of 'Did Not Attend' (DNA) which unjustly places an emphasis on a child when it is the parent or guardian who does not bring a child or young person to an appointment.

### 8.1.1. Response

- All Health Trust have changed their DNA policy to WNB, using that opportunity to raise awareness of child protection concerns associated with WNB.
- Guidance has been issued to all CSC staff and managers to change DNA Policies and recording to WNB**.**

**8.2.** All safeguarding partners have suitable policies in place if a child is persistently WNB to appointments. There must be supervision oversight to consider if this indicates harm to a child and the details recorded within the child's chronology.

### 8.2.1. Response

- CCG support the need for a universal approach to health policies and processes for sharing information with key professionals when a child / young person is not brought or do not attend health appointments. This includes contemporaneous integrated health record keeping with consideration and analysis of impact on the needs of a child / young person, specifically where information is significant for partners for Child Protection / Child in Need Planning and Children in Care.
- Guidance issued to all CSC staff and managers to ensure supervision oversight.
- At present there is not a 'Was not Brought' flag or read code in use with GP's. All practices should consider a policy on 'Was not Brought' to look at all under 18s that 'Do Not Attend' health appointments and consider then the impact on the child.
- The NHS Hospital Trust, CCG, GP's and Mental Health Trust to change their DNA policy to WNB, using that opportunity to raise awareness of child protection concerns associated with WNB.

## 9. Police Protection

**9.1.** The Police IMR identified that police officers could have utilised PPP on several occasions when the children were found in squalid unhealthy condition within the family home. It was suggested this may be due to a lack of knowledge by some police officers of their powers and may require additional training. This was not

systemic however, as police officers on other occasions did show professional scrutiny and appropriately invoked PPP.

#### 9.1.1. Response

- Safeguarding Support Unit to work with the Police to produce a 'One Minute' Guide on Police Powers of Protection to send to all agencies as an Alert.
- Workforce Development Subgroup to ensure one minute guide is disseminated widely
- Constabulary internal awareness campaign for child protection, including the use of police powers of protection. Child protection awareness training for all front line police staff, including the use of police powers of protection. police to conduct an audit on the quality and compliance on each use of the POP

## 10. Child Medical Examinations

**10.1.** It is recommended Children's Social Care, the Police Service and Care Services, within the local authority area, assure the Safeguarding Partners there is an agreed memorandum of understanding in the correct procedures and action to be taken for the completion of children and young people's medical examinations, to ensure clarity of the purpose and achievable objectives.

#### 10.1.1. Response

- CCG have reviewed the delivery of medical safeguarding Assessments for safeguarding cases and communicate the plan to MASH

## 11. Legal Proceedings

**11.1.** It is recommended the Safeguarding Partners require the LA CSC and Legal Services to agree regular communication and updates on the progress of family cases in legal care proceedings. This is in order to keep any delay to a minimum and for interested parties to the proceedings to receive regular information of the progress of the case.

#### 11.1.1. Response

- A case progression officer is now in post. Additionally the DCS and Director of Safeguarding regularly meet with the Head of Legal Services and Principal Lawyer to review all issues related to Care Proceedings.

## 12. Professional curiosity

**12.1.** It is recommended all Child Protection Partners and relevant voluntary organisations within the LA area assure the Safeguarding Partners that staff have supervision oversight on their child protection safeguarding cases, to ensure there is professional curiosity displayed, and not a propensity to have an over optimistic view of compliance by parents and carers with disguised compliance challenged where displayed.

### 12.1.1. Response

- The frequency of supervision for CSC staff is now monitored with compliance currently at 90%. The quality of supervision is monitored by Ofsted and through our audit regime. This currently evidences that improvements still need to be made in the quality of supervision. Group reflective supervision has now been introduced which identifies issues such as over-optimism and disguised compliance.
- Primary Care supervision is on the agenda for the CCG Safeguarding Team to address. There is no specific remit set down by the LMC within GP practices for safeguarding supervision. Informal safeguarding supervision of GPs happens within the GP practices at the Multidisciplinary meetings. The CCG's Named GP for Safeguarding is available for safeguarding queries and support. Within practices, the Lead Safeguarding GP is available to support and give advice to other members of the team with safeguarding concerns to ensure professional curiosity and challenge when required. The GP Safeguarding Forums also give GPs the opportunity to bring cases to discuss for support and guidance from the Safeguarding Team as required.
- Multi-agency Designated Safeguarding Lead conference to disseminate learning from SCR including emerging themes such as understanding Professional Curiosity, over optimism, escalation**.**