



Portsmouth

CITY COUNCIL

Education, Children & Young People Scrutiny Panel

REVIEW INTO THE PROTECTION OF VULNERABLE CHILDREN

Date published: 28 September 2010

Under the terms of the Council's Constitution, reports prepared by a Scrutiny Panel should be considered formally by the Cabinet or the relevant Cabinet Member within a period of eight weeks, as required by Rule 11(a) of the Scrutiny Procedure Rules.

Preface

The issue of protection of vulnerable children is emotive and at times upsetting but it is vital that the most vulnerable members of society are protected. If a child dies or is seriously injured, either physically or emotionally, it means that everyone has failed. Child neglect can take many forms and is difficult to deal with but the effects can last for many years. The review aimed to find out how action can be taken before this happens.

Initially the Panel planned to focus on and examine issues in Portsmouth as opposed to nationally but as the review progressed it became apparent that the topic was very wide-ranging. The nature of the subject at times invited additional questions and opened up many more avenues for further examination. The Panel heard from representatives, not only from a wide range of council services, but from external bodies. As well as those who participated in the review, the Panel realise that many other organisations and council services are involved with safeguarding children.

The Panel learnt about the importance of early intervention in preventing future problems which then need more costly solutions and not just financially. They also learnt that safeguarding children is everyone's responsibility, whether they are lay people or professionals.

I would like to take this opportunity to thank staff from many different council services and external organisations for taking the time to prepare background research, attend meetings, talk to the Panel and answer questions, particularly in view of the sensitivity of the subject matter of the review.

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Councillor James Williams
Chair, Education, Children & Young People Scrutiny Panel

Date:

1. Purpose

The purpose of this report is to present the Cabinet with the recommendations of the Education Children & Young People Scrutiny Panel following its review of *“protection of vulnerable children”*.

2. Background

2.1 At a meeting on 18 September 2009 the Education, Children & Young People Scrutiny Panel agreed the following objectives for a scrutiny review of the *“protection of vulnerable children”*;

1. Definitions of neglect
2. Existing levels of support for children and families suffering neglect
3. The importance of early intervention
4. Training, resources and support for social workers
5. Recruitment and retention of social workers
6. Kinship care
7. Implementation of the Laming report recommendations
8. Implementation of the serious case review recommendations

2.2 The review was allocated to the Education, Children & Young People Scrutiny Panel, which comprised:

Councillors James Williams (Chairman)
Cheryl Buggy
Andy Fraser
Paula Riches
Caroline Scott
Luke Stubbs

Standing Deputies were Councillors Margaret Adair, Sarah Dinenage, David Fuller, Jacqui Hancock, Malcolm Hey, Alistair Thompson.

Parent Representatives (with full voting rights) were David Butcher and Duncan Cope. Teacher Liaison Panel Representatives were Roger Bentote and Amanda Martin. The Governors' Forum Representative was Derek Good.

On 18 May 2010 Councillors Margaret Adair, Peter Eddis, Malcolm Hey and Lynne Stagg were appointed full Panel members. Standing deputies were Councillors Sarah Dineage, Margaret Foster, David Fuller, Jacqui Hancock, Luke Stubbs and Alistair Thompson.

2.3 At the time of the publication of this report the Panel had met formally to take evidence on five occasions as well as conducting a site visit between 20 October 2009 and 25 March 2010. The Panel formally signed off the report on 28 September 2010. The Panel did not hold any meetings during purdah (the period preceding an election) but met twice informally once it had been reconvened after the first Full Council meeting after the election.

- 2.4 A list of meetings held by the Panel and details of the written evidence received are attached as Appendix One. The minutes of each of the Panel's meetings are published on the council's website and copies of all the documentation reviewed by the Panel are available from customer, community & democratic services upon request.
- 2.5 The Panel heard evidence from a wide range of witnesses which showed the extent to which, and how many, organisations and services are involved with the welfare of children and young people. They heard from representatives from the police, health, Targeted Services, the Education Welfare Service, the Young Carers Service and Children's Social Care. As the review covered sensitive subject matter there was considerable input from Legal Services staff.

3. Definitions of neglect

- 3.1 The Department of Health defined neglect in their 2006 report "Working Together to Safeguard Children" as:

"Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse.

Once a child is born, neglect may involve a parent or carer failing to:

- provide adequate food, clothing and shelter (including exclusion from home or abandonment)
- protect a child from physical and emotional harm or danger
- ensure adequate supervision (including the use of inadequate care-givers)
- ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs." (opcit p.38)

- 3.2 The term "neglect" covers a wide spectrum and involves a value judgment. It can range from minor neglect such as not taking a child to an optician's appointment to chronic neglect. Neglect is perhaps the most difficult area for social care staff to deal with and can take many forms. Neglect can prevent children from functioning properly or achieving their full potential. Often by the time a child's case reaches social care the solution can be expensive and perceived as punitive. If a child is taken into care it can give the impression that other agencies have failed. The results of neglect can take years to resolve but it must be regarded as everyone's responsibility.
- 3.3 In Portsmouth there are 40,000 children of whom about 10% at any one time are classed as vulnerable and about 25% of those will need very specialist services, which means that there are approximately 1,000 children who might

be at risk and in need of child protection. These figures come from the monthly Climbie reported figures that the city councillors have access to every month. The number of children open to the service includes children who are deemed to be at risk of significant harm and children who are deemed to be in need and on the cusp on child protection. A small proportion of the figure accounts for children with disabilities who are entitled to a response from social care where they meet the eligibility criteria. The figures include children with a child protection plan.

With regard to children who do not have a child protection plan, the majority of these children have an allocated case worker and if unallocated this should only be for a short period of time. Children subject to a child protection plan must have a qualified social worker. Children who are deemed to be in need will all have a monitored plan. Many families will receive additional services from the Family Assessment and Development Service so may have contact with a number of social care staff who have a range of expertise and relevant qualification.

In October 2009 the Panel heard that in Portsmouth 130 out of the 188 children who have a child protection plan have one due to concerns specifically about neglect which is 69.1%. The number of children subject to a child protection plan changes daily. Records of figures are reported to the city council on a monthly basis. It would be unusual if this was to remain the same as children are constantly going on and coming off the child protection plan process. The figure in the past year has fluctuated between 150 and 200 child subject to a plan at any one time. If a large family with several children was to be subject to a child protection plan this can have a significant impact on figures as Portsmouth is a small authority.

There are an additional children for who care proceedings are issued (122 children as at 30 June 2010), who are deemed at such risk that the court has issued an Interim Care Order (ICO) (73 children with an ICO as at 30 June 2010). This figure is proportionally higher than in other local authorities. The interim care order figure is slowly increasing which means the authority is going to court with more children than ever before. The same thing is happening nationally. The figure is also inflated as the courts are taking longer to deal with the situations brought to court. Thus children are subject to applications and court involvement for longer.

- 3.4 Children from the ages of 0 to 5 years are considered most at risk due to being more dependent. Parents are largely neglectful because they tend not to put the child first. This may be because of mental ill health, learning difficulties, alcohol and drug misuse or domestic violence. An area for concern is multiple pregnancies amongst women with learning difficulties or borderline personality disorders who need psychiatric help. Incidences of borderline personality disorder are increasing. The difficulty is that these individuals do not have a diagnosis that the health service can easily work with thus there is a small but significant number of men and women for whom most intervention does not make much difference. Often these are individuals who have had traumatic and abusive experiences as children and have poor social support networks and limited social skills. Often they will have difficulty in establishing and maintaining positive relationships with others and in some circumstances

will have multiple partners and pregnancies. On occasions this mental health issue is coupled with alcohol or drug misuse or is found within the context of a domestically abusive relationship.

- 3.5 Social care staff must have evidence in order to intervene into a family. Research shows that there is a risk that unfounded intervention can impact negatively on a family for up to 18 months. Families value staff who are upfront and honest. They may resent intervention at the time but tend to be grateful later. Families are often fearful that the child will be taken into care.
- 3.6 Staff have to demonstrate that on the balance of probabilities the child is suffering, or likely to suffer, significant harm. They need to have “outcome evidence” that will enable them to show courts of poor or damaged outcomes, where bonds and attachments have not properly developed. Emotional abuse is harder to identify so external agencies such as psychologists often assist to help determine it. The older the child is, the harder it is for that child to be successfully adopted outside of the natural family. As a rule of thumb, if children are not adopted by the age of three the chances of finding an adopter willing to take an older child with a care history becomes more difficult. Sibling groups are more difficult too and if the parent(s) have a history of mental health, learning disability, alcohol or drug difficulty then there are fewer adoptive couples willing to consider children who they are worried may inherit or develop difficulties as they get older. There are lots of people who want to adopt but many of the children in care will not fit with their ideal of an adoptable child. Children who have been psychologically harmed or rejected by their families who are placed for adoption are more likely to struggle in any family as their attachments may well have been significantly damaged.
- 3.7 The city council issues legal proceedings for neglect about thirty times annually, in other words, about one case per fortnight. More staff would be beneficial even though the number of legal staff dealing with care proceedings has increased from two to three full-time equivalent (FTEs). Although staff are still very busy they are able to cope with the workload. However, the number of cases has increased with a recent peak of 81 as at early July 2010.
- 3.8 The number of cases may fluctuate for several reasons:
 - in the aftermath of a high-profile case such as Baby Peter staff become more risk averse
 - the recession may be another factor as there are pockets of deprivation in Portsmouth
 - cases of abuse may be more frequent because they are more readily recognised and not necessarily because there is more abuse than formerly

Peaks in workload are often more due to the complexity of cases rather than volume since complex cases require more work.

- 3.9 Cases where decisions have to be made whether a child stays in the family home or is removed, are complex. Social care staff are obliged to assess the viability of a child’s extended family who sometimes cannot always agree amongst themselves as to the best outcome for the child. Paradoxically, from

a decision making stance, the most serious cases are sometimes the most straightforward to deal with.

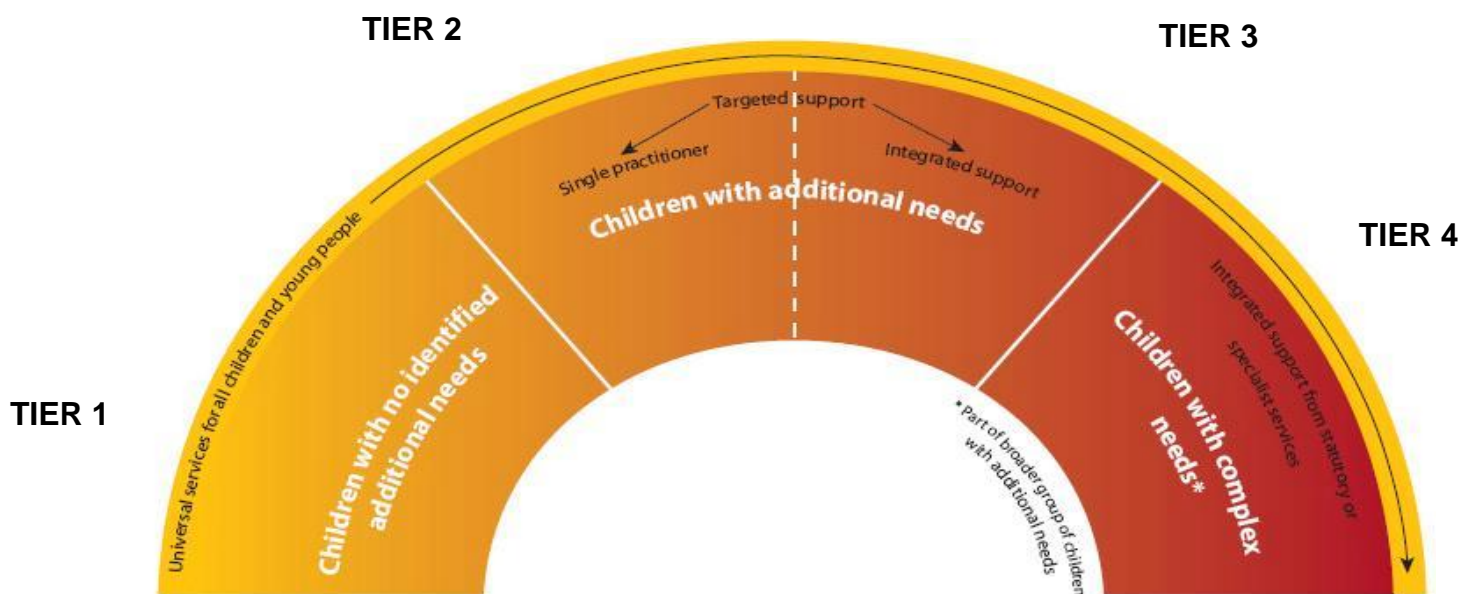
- 3.10 Where teenagers are at risk of neglect, for example, when they are “sofa surfing” or have been left to fend for themselves, care proceedings are less likely to be issued. Older children often do not want to leave the family home. It can be harder to compel teenagers to do something against their wishes and the law respects this. A legal remedy is therefore not always appropriate.
- 3.11 Serious Case Reviews (SCR) are sometimes undertaken when a child dies or has suffered serious abuse. Since 1999 there has been a legal requirement to hold SCRs, formerly referred to as Case Reviews under Chapter 8 of statutory guidance ‘Working Together to Safeguard Children.’ SCRs are now graded Inadequate, Adequate, Good or Excellent by Ofsted. Executive summaries of an SCR are made available to the public to ensure that lessons can be learnt. There is no legal requirement to publish a full SCR report, primarily to protect the child’s siblings and the wider family. Information which identifies children is generally restricted. Everyone needs to be aware of “leakage” and the “jigsaw effect”, particularly in a small community where people can be identified from disparate pieces of information even when their names are not given.
- 3.12 The SCR process begins by appointing a panel, then informing Ofsted, then all agencies pertinent to the review write an independent management review where they carry out interviews and investigations into the practice in their agency. An independent author with no connection to Portsmouth collates the different reviews, clarifies matters further and produces an overview report with recommendations. The report is submitted to the Local Safeguarding Children Board (LSCB) where it is discussed and agreed by the panel. Both the overview author of the report and the chair of the panel are independent of all agencies and professionals involved in the case. Independence has been firmed up recently in the rewrite of Working Together 2006.
- 3.13 All members of the SCR Committee see the final overview report and other documents. The Executive Summary is seen by the LSCB. The lead member for Education, Children & Young People in the city council’s Cabinet is a participant observer on the LSCB and can ask questions. All members of the main LSCB and the Cabinet lead member are bound by a confidentiality clause which prohibits the sharing of information owned by the LSCB with any outside body or individuals. The cabinet member, as lead member with statutory responsibilities, is bound by this clause. All policies and procedures that are devised as a result of SCRs or any other review are ratified by the LSCB. The most important part of an SCR is to consider what can be done better and embed the learning from this.

However, statutory guidance relating to the publication of SCRs may change as the Coalition Programme for Government, launched on 20 May 2010, confirmed the new coalition government’s commitment to publishing SCRs with identifying details removed. Guidance has now been issued that indicates LSCBs should publish overview reports of SCRs completed on or after June 2010.

3.14 The Local Safeguarding Children Board was established as a separate body to scrutinise and monitor safeguarding arrangements in Portsmouth. It is a multi-agency statutory body with an independent chair which oversees agencies' performance across the city. It scrutinises and monitors performance, carries out Serious Case Reviews and multi-agency reviews, and oversees the implementation of recommendations from those reviews.

4. Existing levels of support for children and families suffering neglect

4.1 The continuum of need, sometimes referred to as the windscreen of need, (see appendix Two) shows how different services are targeted according to the level of a child's needs. Levels of need fall into four tiers as shown in the diagram below.



4.2 Targeted services provide a wide range of facilities and services which provide a higher level of support than Universal services.

Targeted services carry out a considerable amount of training:

- training the Designated Officers for Safeguarding Children (DOSCs) in schools who have to attend training every two years. All staff in schools attend every three years. DOSC training is a half day session that covers roles and responsibilities of the DOSC and acts as an introduction to the role and a refresher for existing DOSCs. The Targeted Services Manager also uses it as an opportunity to introduce new practice or guidance, for example, Childcare Checklist for Neglect or to have a guest speaker on, for example, Barnado's speaking about child trafficking/prostitution. Last year there was one session a term.
- training relating to recruitment for school staff as a result of recommendations in the Bichard Report (2004).
- training for In-Service Education of Teachers (INSET) days, for example, how to be aware of signs and symptoms of neglect and what action to take. Targeted Services have some scrutiny powers in that they write to

schools who have not carried out training properly. If training is not carried out properly, the Head of Children & Young People's Wellbeing & Targeted Services would speak to schools directly and inform them that they are breaching safeguarding procedures. If this did not make any difference he would then refer the matter to the Head of Children & Young People, who would then refer it to the Strategic Director, Children's Services. So far this has not had to happen and, according to the Targeted Services Manager, this is because schools place a high priority place on safeguarding. They usually want more training and they can access this via the Children's Trust.

- 4.3 Targeted Services support the Local Safeguarding Children Board (LSCB) and are represented together with headteacher representatives, the Independent Chair of the LSCB, the Director of Children's Services, the head of Social Care and Safeguarding amongst other agencies with key safeguarding roles. The Working Together 2010 consultation has now concluded and sets out new requirements for LSCBs to have representation from schools on the LSCB in a constructive way. The Portsmouth LSCB has secured representation from primary, secondary and special schools in the city. This representation is then consolidated by the Education Safeguarding Group who meet termly to discuss pertinent issues to schools. The Education Safeguarding Group is led by Education and not the LSCB and acts as a conduit between schools and the LSCB. There is also an Education Safeguarding Group with headteacher representatives. Headteachers now sit on the Local Children Safeguarding Board which has strengthened arrangements.
- 4.4 Targeted Services have links to the other services such as the Youth Offending Team and the Health & Improvement Development Service. Targeted services distribute about 4,000 Children and Young Persons (CYP) reports to headteachers and DOSCs. CYP reports are those that the police complete where a child or young person is involved in an incident. These are sent to social care who follow up on any immediate safeguarding issues as well as health, education welfare and school colleagues. Reports can cover anything which the police might be called to; the majority are domestic violent related incidents.
- 4.5 The role of schools is often crucial in cases involving neglect since the school is often aware of the family's history. Each school has a Designated Officer for Safeguarding Children (DOSC) who has to undergo specialist child protection training comprising five modules and is open to all agencies. It is recommended that they attend the five modules run by the Children's Trust but it is not a requirement. Currently the requirement is that they attend training biannually as recommended above. The city council's guidance on "Safeguarding Children in Education" has a flowchart that serves as a guide on what to do if a member of staff is concerned about a child's welfare. The key is appropriate training to enable needs to be identified and knowing when to refer. The school should consult with the DOSC who has received special training. A co-ordinated approach is needed but it is also important to consider the bigger picture. For instance, a child might look scruffy one day but staff have to discern if it is part of a larger pattern that would place a child at risk of harm. Neglect is where incidents tend to be persistent but for many cases it

can be prevented with very good early intervention work. Parenting can be stressful so parents need to be shown where they can get necessary support. Information about support needs to be made publicly available.

- 4.6 With regard to child protection some schools are exceptional and outstanding whereas others have training needs and it is an ongoing process to ensure high quality training and joint working is in place for schools.
- 4.7 New requirements for Ofsted inspections of schools mean that standards for safeguarding have been raised and that a whole day during an inspection may be spent on safeguarding issues which can include security surrounding matters such as fences, medicines, safe recruitment and records. The safeguarding judgement will contribute to or may limit the judgement about the school's overall effectiveness. If safeguarding is considered "inadequate" it is likely that the overall grade for the school's overall effectiveness will be judged as "inadequate". Under the new requirements there have been no inadequate judgments regarding safeguarding in Portsmouth schools.
- 4.8 Staff make home visits to electively home educated children in line with the recommendations in the Badman Report (2009). As at March 2010 there are 49 home educated children in Portsmouth Register. The Education Welfare Officer makes an initial visit to offer advice and guidance and ensures parents fully understand the consequences of their decision to home educate. This is then followed in two months by an officer, currently the Targeted Services Manager, who will assess progress. Parents do not have to accept a visit and may submit written reports or meet in a neutral venue. Staff have no right of entry or right to see the child (or children). Where progress is felt to be suitable then an annual visit takes place. If not, a more regular visit is put in place (every three months). Where there is evidence that the education is unsuitable officers can seek an attendance order from the courts to effectively place a child back on a school roll. For children with a child protection plan officers would look at what the risks were in accordance with the social care/inter-agency assessment.
- 4.9 Staff are currently revising the attendance strategy which involves consultation with schools and the school improvement team. Persistent absence is classed as more than 32 days. More than 850 children in secondary schools and more than 1,200 children in primary schools had missed more than 32 days of school. Chronic absence is classed as missing more than 50 days which applied to 400 children in secondary schools last year. Inconsistency in schools' policies on absence can cause problems when siblings attend different schools though it is hoped that the revised attendance strategy will address this. In about 50 to 60 cases the threat of court action can spur parents into remedying the situation. About 100 penalty notices are issued each year. In some cases there are wider issues and much depends on the school and the context of the particular case.
- 4.10 Absence may be connected to broader safeguarding issues, for instance, mid-term transitions when a child leaves school other than normal progression such as moving from primary to secondary school. All cases of children who leave school during term are investigated. All children in this situation have been tracked and accounted for apart from a few. In 2007-2008 there were

seven such children. The child's name is never removed from the school roll until reasonable enquiries have been made. Tracking one child is very time-consuming and there is a limit to what staff can do. Schools should highlight to Education Welfare Officers (EWO) any children they believe are missing and the EWO will investigate. The Pupil Tracking Officer (EWS) checks all children who come off a school roll where their destination is unknown from the data extracted from school record systems. The officer double checks this against referrals from the Education Welfare Service and liaises with other agencies and departments such as housing to try and trace the child. The names of the children who have not yet been accounted for are on the central S2S (school to school) Lost Pupil Database, operated by the Department for Children, Schools & Families, as the government is aware of gaps in this major safeguarding issue. Children are removed from the database at the age of 16 (school leaving age). Some of the untracked children are known to belong to migrant families who vanish. The immigration services are involved in such cases.

- 4.11 Family dynamics, for example, when an older child or young person does not get on with a step parent and "sofa surfs" in friends' houses, might affect school attendance. Members of the extended family might be able to help as a source of support and influence although they are not always the most suitable person. As it can sometimes be difficult getting the child or young person to engage, the key is often having a good relationship with a member of the school staff.
- 4.12 The Education Welfare Service is part of Targeted Services and deals with about 1,000 cases per year. There are eight Education Welfare Officers (EWO) and a Child Employment Officer who is responsible for the regulation and licensing of school-age children in part-time work. The EWO is part of the Multi-Agency Risk Assessment Conference (MARAC) group, chaired by a representative from the police, which provides a co-ordinated response to domestic abuse and meets fortnightly to discuss high-risk domestic violence cases and co-ordinate support. Some practical measures can be undertaken by the schools themselves such as arranging for a child to leave through a different exit or at a different time.
- 4.13 In training school staff to assess neglect it was noted that there are categories of neglect and that the key word in identifying neglect is "persistent". All families experience difficult times but neglect occurs when problems are ongoing despite support, which can come from any agency. Schools are expected to undertake their responsibilities by first talking to parents so that social care does not necessarily have to be involved.
- 4.14 After ten days consecutive unauthorised absence it is a statutory requirement to investigate the absence though much will depend on the circumstances of each child and each family.
- 4.15 The EWOs have to make judgement calls, particularly if there are immediate safeguarding issues surrounding a small child. A Common Assessment Framework (CAF) might be undertaken to identify needs and assess the services and parenting support needed. If the parents do not support or engage then staff will proceed to the next level of intervention. If a child with a

history of non-attendance and unauthorised absence has a Child Protection Plan then Social Care will be informed.

- 4.16 The Young Carers Service works with individual schools and provides training for all school staff so that they are aware of development work in this field. Early intervention helps prevent problems escalating. The support that the Young Carers Service provides is promoted in various ways including talks to professionals, leaflets and through the Carers Centre magazine 'Take Care'. The Support Worker promotes the support available at, for example, school assemblies to encourage young carers to identify themselves and disclose their needs. School assemblies take place in each of the mainstream secondary schools in Portsmouth and their aim is to raise awareness of young carers, help identify hidden young carers and let young people know where they can get support, both in and out of school.
- 4.17 The most long-running and successful programme is based at City of Portsmouth Girls' School. Staff were aware of four young carers in the school and there are now 30 who receive regular support. The support varies from having someone to talk to and vent feelings to more in-depth support.
- 4.18 Young carers care for parents and siblings with varying needs and circumstances. Children caring for siblings sometimes spend more time accompanying siblings to hospital than being with friends, thereby missing out on personal development. Caring is not always continuous; it can be sporadic with intervals of several months.
- 4.19 The police respond to reports of concern from sources such as social care, schools and friends of the family which usually relate to injuries rather than neglect. Alerts might be received from other emergency services with whom the police share information. The element of intent needs to be considered, particularly in cases involving poverty or neglect where an incident may not always be intentional.
- 4.20 Lateness in reporting incidents of suspected abuse is a big problem for the police. Sometimes incidents are not reported until just before the end of the school day. Social Care with police colleagues might have to decide whether an inadequately clothed child with bruises should return home or not. On one occasion, an incident witnessed was not reported until the following day. Problems also arise when people do not know to whom to report or when. Reluctance to report incidents in small local communities where people know each other can delay reporting.
- 4.21 The police sometimes visit families in conjunction with social care staff when there is cause for concern due to, for example, continuous concerns from the school or because of a parent's behaviour. They ask children about their daily routines such as what they eat for their meals and assess their appearance. Medical examinations are sometimes carried out. When dealing with unhelpful and obstructive parents good communication skills are essential. The police have limited powers but they have some powers to force entry if they have received a report of a witnessed incident.

- 4.22 The Department of Health's Healthy Child Programme has replaced the Child Health Promotion Programme and the Children Act 1989 has made parents' responsibility for children statutory. The Healthy Child Programme outlines the delivery of a universal health service for families, and defines a level of targeted service for those with greater needs. Every child has the right to a midwife, GP and a health visitor. All families have an assessment when the child is born and throughout the first year of the child's life. Interventions begin with midwives who are employed by the Portsmouth Hospitals Trust.
- 4.23 Portsmouth City Teaching Primary Care Trust (PCT) employees support parents via Universal services, offering greater support to those families who have additional needs and identifying those children who may be at risk of neglect. Early assessments are made with the health visiting teams and much information is gathered by staff to support parents through early identification of any problems. The main three risk factors are deemed to be domestic violence, substance misuse and poor adult mental health. Some parents who do not engage with services or bring children to their health appointments may create risks to the child. A new protocol has been written for PCT staff to address the issue of parents who do not bring their children to appointments. The protocol has been published and promoted via a practitioner handbook given to all Portsmouth City Teaching PCT practitioners with their wage slips at the start of the year. The purpose of the handbook is to furnish health staff with accessible information relevant to them in their work. The policy is an integral part of the training packages and clinical guidance given via telephone advice and support services from the safeguarding children office.
- 4.24 The role of education and health is crucial. There are currently not enough school nurses for every school although the PCT has employed several in the past few years. PCT employees also work with staff at Children's Centres to support parents and liaise with multi-agency partners to address the safeguarding needs of children. More health visitors are needed in the city to deliver the Healthy Child Programme to safeguard children and support parents. The need for greater numbers of health visitors is mentioned in Lord Laming's 2009 report and other documents such as The Centre for Social Justice Green Paper published in January 2010.
- 4.25 All PCT staff and staff from other agencies across Portsmouth who attend the Children's Trust training may be involved in early identification of a child's additional needs through formulating a Common Assessment Framework (CAF) about a particular child and taking part in a "Team Around the Child" meeting to devise a plan to meet needs that are unmet.
- 4.26 Training is very important, particularly when there are limited resources. If there is a finite quantity of staff then their quality should be continually improved by training and education. Safeguarding training for all PCT staff is delivered by both the PCT and Portsmouth Children's Trust. The training includes what to do about concerns over child maltreatment and making referrals to social care. The Consultant Nurse, Safeguarding Children at the PCT has led the vision for the PCT that safeguarding children is "Everyone's responsibility". Although there is a high level of health visitor vacancies and recruitment is a national problem, providing support to parents helps improve outcomes for children. Health visiting teams working with parents on healthy

diet, behaviour management and interactions with their child to promote their development is vital to achieve these positive outcomes. Other parenting support is provided through nurseries and children's centres and is a key part of the Community Improvement Partnerships' role.

4.27 The Children's and Young People's Plan has safeguarding targets and in turn all agencies have targets regarding safeguarding, for example, the PCT makes a set number of visits. Anyone working with children can access the training provided by the Children's Workforce Development Board via the Portsmouth Children's Trust.

5. The importance of early intervention

5.1 The importance of early intervention in preventing neglect is a recurring theme from all witnesses involved in the review, together with the fact that safeguarding children is everyone's responsibility. By the time a child's case reaches social care the situation is usually chronic and the solution can be expensive and long-term. The results of neglect take years to resolve but it remains everyone's responsibility.

5.2 Prevention is better than cure. Universal services have considerable resources but children are often referred to social care when they could be better helped at the Targeted stage. According to the Every Child Matters agenda safeguarding children is everyone's business and it is important to intervene where possible before the child's case reaches social care. Children should have received help from Universal and Targeted services before they come to the attention of social care. The range of Universal and Targeted services are empowered and resourced to be able to intervene earlier. The solution is not always having more social workers.

5.3 The Prevention and Early Intervention work is being driven by the Prevention and Early Intervention Priority which is identified in the Children and Young People's Plan (CYPP) 2010-2011. This is a priority which has been identified by Portsmouth's Children's Trust as an area of action. With Prevention and Early Intervention identified as a priority in the CYPP this results in a strategy group being identified, a work plan identified and resources being committed for a full year. This work will be overseen by the Children's Trust arrangements.

5.4 Portsmouth has carried out a considerable amount of work on early intervention and with government support is working on the implementation of the Prevention and Early Intervention Strategy. The strategy's initiatives include early intervention and prevention panels, and earlier multi-agency responses. The strategy needs to be adopted by larger partnerships and tailored to reach only the families who need help in order to reduce the risk of overlooking children who should have been helped earlier. This will involve other agencies who deal with children as it can be easier to engage with families earlier on and in a school, health or housing environment. For instance, if a school is concerned about a child then they should primarily deal with the situation. However, co-ordination with other agencies is important. A Common Assessment Framework (CAF) looks at the child's home circumstances, identifies needs and agrees an action plan with the family.

The implementation of the Every Child Matters will take time to fully embed itself within the city whereby all agencies have a responsibility to support the CAF and, where appropriate, offer a CAF and a 'team around the child' approach to children whatever their need. Many children need a joined up coordinated service from universal and targeted services where they have identified needs which do not meet the criteria for a service from social care. Evidence is clear that early intervention with families is most effective. There is a strategic group now in place headed by the Head of Targeted Services to try and address the issue and support and enable other agencies to feel more confident with their new responsibilities and government expectations.

5.5 "Sofa surfing" teenagers who have left the family home might be at risk of not receiving help. It tends to be easier to intervene with younger children whereas teenagers need support through engaging with more positive services. A whole system approach is needed for safeguarding children and young people. Gaps need to be identified and targeted at the early years stage. Current work includes working with young people with higher levels of need and work on attendance which reveals other factors such as family issues. Different options are used as a means of addressing inclusion.

5.6 For example, FIRST Option is a programme for children on the edge of care and is delivered by children's social care; it is hoped to expand the service. Social Care devised FIRST Option (Family Intervention, Reunification & Support Team) for families who feel they can no longer cope. It comprises rapid response crisis intervention using Brief Solution Focused Therapy, and has received very favourable feedback. Staff work with families at The Cottage in Tangiers Road which recreates a home environment. There is a month long programme on personal coping where families can rehearse and re-integrate as a family. As at November 2009 of the 49 children having received a service in the past year, all have remained with their families.

There are other programmes and initiatives which aim to prevent circumstances escalating:

- Initiatives to promote the role of and engagement of fathers such as Think Father and Think Family
- Parenting skills programmes such as Triple P (Positive Parenting Programme) and Parent Power
- The "Adapt Programme" is a 30-week intervention programme for male perpetrators of domestic violence which includes support for women and children. It is expensive but effective.

A working party has been created to apply for a government bid to enable Children's Centres to work with families whose problems are not very severe but might need help later. Up until now Children's Centres have focused more on management than action and their original emphasis was on footfall and getting people in to work. More affluent parents took advantage of their services so the Centres are re-focusing their targets on "hard to reach" clients. The Children's Centres are doing more now to improve their "core offer" to the most disadvantaged children. It will take time for this to develop with the 13 centres in the city only very recently beginning to be established and

function. Further progress needs to be made to identify and engage with the hard to reach families. However, local initiatives are involving children's centres more in working directly with families involved with Children's Social Care.

- 5.7 Targeted services staff have professional responsibility to provide an assessment of a child, not just to raise concerns, as they should have some detail of a child's situation before referring them to Specialist services. There is a duty by law to report concerns. Reporting is not a problem though the timing can be. For example, the Social Care team at Merefield House receives lots of telephone calls on the last day of term from schools.
- 5.8 Problems regarding reporting also arise when people do not know whom to report or when. Delays still occur because of lines of communication, for example. Some agencies need to be more vigilant of the urgency of reporting incidents, for example, if a child has a visible injury it should be reported straightaway.
- 5.9 However, over-reporting to social care can also be a problem, for example, as minor incidents might be reported as abuse that are not. There is a high level of reporting in the Portsmouth area when in fact a child does not meet the need for social care. It needs to be made clear who is responsible for which courses of action.
- 5.10 The broader government agenda is for the Common Assessment Framework (CAF) to meet a child's needs at an earlier stage. The CAF is a tool used to assess and meet a child's needs at an early stage of intervention. The next stage is to convene a "Team Around the Child" meeting involving all agencies concerned with the child's life. A Lead Professional is appointed to co-ordinate a multi-agency approach to meeting the child's needs. In the best possible practice scenario the child/young person or family should select the lead professional as the person they want to lead the planning on their behalf. The Lead Professional can be any professional that is working with the child/young person or family who feels able to lead or co-ordinate the planning. Thus, a youth worker, midwife, school representative, community worker or any other suitable person could be a Lead Professional. Portsmouth has undertaken a considerable amount of work on the CAF. An assessment framework of area panels has been developed whose aim is to improve staff skills, and to identify, address and meet needs earlier. There will be four area panels for different age ranges, including one for children with complex needs, and three CAF support officers seconded from fields such as education. If a particular service is not available a meeting can be held at an earlier stage. The aim is to provide more targeted help. An example of the CAF template can be found at:

<http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/TP00004/>

6. Training, resources and support for social workers

- 6.1 Qualified social workers have a professional status and only those registered with the General Social Care Council can use the title of social worker. Until five or six years ago anyone could call themselves a social worker. A

professional social work qualification is needed and there are now undergraduate and postgraduate level qualifications.

- 6.2 In addition, the number of places on social work degree courses has increased. For example, the annual cohort at the University of Portsmouth used to be 20 to 25 students and is now 90.
- 6.3 In both the second and third years of the course students spend 100 days on a placement, one of which must provide experience of statutory work. As there are now so many students it is not possible to give them all suitable placements so there are some students who have never experienced entering a home with difficult circumstances and building relationships with hostile families. This in itself can be a problem.
- 6.4 Social Care provides the University of Portsmouth a certain number of placements. These are placed in a central pool and allocated to students at local universities. Placement students need a supervisor, who is a social worker with an additional qualification, the Practice Teachers Award, which is given to social workers following successful completion of a programme of study regarding how to teach and assess social work students on placement. Students who have undertaken their placement with Portsmouth are likely to return as employees because of the good support they receive. Social Care has to meet targets for the number of placements it provides, which is determined by the size of the local authority. There is about £850 funding for providing each placement and a £50 placement fee.
- 6.5 The government realised that new social workers need a huge amount of nurturing and support and in view of this created the status of Newly Qualified Social Worker (NQSW) and are introducing the requirement for a year's probationary period. An NQSW will have a reduced caseload. Portsmouth has a six-month probationary period and its own training period. Experienced staff have to mentor and train NSQWs which takes time away from their own caseload of complex cases. The knowledge and level of competence of some students on graduation, particularly where they have not had an opportunity to undertake a statutory placement in a busy and pressured area office where child protection cases and dealing with chaotic and difficult families are a significant part of the job role, are a matter of concern nationally amongst local authorities.
- 6.6 NQSWs are recruited from the universities of Portsmouth, Chichester, Winchester, Southampton and Southampton Solent. The undergraduate degree course is a generic social work course.
- 6.7 The level of technical expertise required is so great that staff cannot work on child protection cases without having experience. A newly qualified social worker generally has a limited level of experience so considerable amounts of induction and support are needed. Portsmouth has written a programme for newly qualified social workers. Staff need to gain a breadth of understanding from placements and experience. Feedback shows that compared with other local authorities, Portsmouth performs very well as regards training and guidance.

- 6.8 Portsmouth has run a very successful graduate trainee scheme for about four or five years. Staff recruited this way tend to stay and their performance is of good quality. There is no problem recruiting graduate trainees and they have thought carefully about entering the profession. The graduates start in September but do not commence their three-year academic course (an Open University social work qualification) until February the following year. They complete the course in September but do not qualify until the following December. Therefore graduates are unqualified for about four years whilst they are being supported. They are committed to staying for another two years afterwards so overall it is a six-year commitment. They are NQSW's with Portsmouth for the first year of their tie-in contract.
- 6.9 The scheme covers the trainees' salary, their university fees, the practice teaching, backfilling with other staff, management fees and a 100 day placement. The trainees work in the service during part of their training. Currently Portsmouth is supporting six graduate trainees who all started in the same year. Ideally it would be better to support, for example, two per year every year so the service knows how many staff there will be. However, when the scheme started there was the opportunity to train six staff. The graduates support recruitment and retention of QSW's and there are vacancies for them to go straight in to when they qualify.
- 6.10 As noted in paragraph 5.2 children should have received help from Universal and Targeted services before they come to the attention of Social Care. Under Every Child Matters (ECM) safeguarding children is everyone's responsibility. Intervention does not always have to be at a high level but health and education services are expected to try to address issues where possible at an early stage.
- 6.11 The switchboard at Merefield House receives 600 calls each day which is more than the Civic Offices. They receive about 800 contacts each month from the police of which two-thirds are in relation to domestic violence. The service may have 100 calls on Monday morning in addition to their usual workload. All referrals have to be examined, reviewed, checked, recorded and a decision taken. The Social Care team at Merefield House receive about 200 contacts each week and there are eleven social workers to deal with referrals. In addition, an emergency duty service has to be offered. There are three staff in this role who have to make judgement calls about risk and they re-prioritise cases constantly. Staff have to work to tight timescales with an initial assessment made in seven working days, with timescales of 15 days on top of this for additional work relating to more complex child protection work. Requirements include visiting the family, talking to the child, analyse information, inputting records on the computer record system and agreeing a plan with the family.
- 6.12 There is a considerable amount of law and legislation linked to what social workers do. Everything social workers do has to be regulated, statutory and accountable. All information has to be logged on the Integrated Children System record system and a child could have several entries and many decisions made each day. The service has to respond to legislation which is constantly updated and from recent changes the duration a court case takes to completion has increased, as have responsibilities towards young people

aged 16 and over. Regulations changed 18 months ago which has increased workload and driven up costs. There is now a stage before the Interim Care Order (ICO) stage called the Public Law Outline (PLO). The introduction of the PLO stage has created huge pressure.

- 6.13 A considerable amount of time is spent on staff safety. Staff have to reduce animosity levels in dealing with families in crisis who may be scared or hostile. Staff double up, especially on a first visit to a family, and sometimes go with a police officer.
- 6.14 Neglect of children may occur as a consequence of poor parenting skills, mental ill health, learning difficulties, alcohol and drug misuse or domestic violence. An area for concern is multiple pregnancies amongst women with learning difficulties or borderline personality disorders who are in need of psychiatric help. Incidences of borderline personality disorder are increasing. Alcohol is one of the biggest problems, particularly as it is a main contributor to the cause of domestic violence. Parents can be so absorbed in fuelling their habit that their children become secondary or are forgotten. Older children from about the age of 10 are sometimes reluctant to report their parents but younger ones will often mention it.
- 6.15 A family's arrangements and circumstances do not always indicate a problem as emotional neglect and abuse can occur in more affluent homes as well as those with lesser incomes. Staff need to be aware of neglectful as opposed to needy circumstances as the latter do not always lead to neglect. Staff have to produce evidence in order to intervene with a family. Research shows that unfounded intervention can impact on a family for up to 18 months. Families value staff who are upfront and honest. They may resent intervention at the time but are often grateful later. Families are fearful that the child will be taken into care. However, if this happens then it could mean that other agencies have failed to intervene appropriately.
- 6.16 There are a few families in Portsmouth who are large consumers of resources. The most costly families are those where there are expensive and complex care packages for children with the most profound disabilities and/or where the service embarks on removing children. There are some families where there is considerable involvement with them, sometimes over generations, or where the service is involved in removing a significant number of children. A large family uses more foster care places and an independent fostering agency fee is around £700 per child per week which can increase if the child's needs are more complex. There is a shortage of foster care places which is being addressed through ongoing foster carer recruitment activity and the implementation of the Council's Placement Strategy.
- 6.17 With regard to keeping families together Social Care has a duty to promote contact between siblings and between parents and children, including babies. Two contact staff supervise daily contact sessions which can last four to five hours, usually at specialist locations such as the Roberts Centre, the Buckland Centre or Battenburg Centre. Managing and supervising contact between looked after children (those received into care) and families involves a considerable amount of work. Taxis and volunteer drivers are used for taking children and families to contact meetings and school. A full-time

Transport Co-ordinator manages the logistics of arranging 600 to 700 trips each week. Ideally Social Care would like all children safely returned home to their families but this is not always possible. This contributes considerably to social care costs.

6.18 There are services for children with sexually problematic behaviour (SPB) which is a growing area of concern. Schools receive help in managing children with SPB at school. Child and Adolescent Mental Health Services (CAMHS) and Social Care fund a project with a budget of about £30,000 per annum. There is a part-time (0.5 FTE) member of staff who co-ordinates training but ideally a full-time member of staff is needed to provide early intervention.

6.19 The team at Merefield House are well-motivated and enjoy good morale. There are good support mechanisms and training for staff, such as the support for NQSWs.

7. Recruitment and retention of social workers

7.1 Recruitment and retention of social workers is a national problem, as well as locally, as shown by the fact that one in seven posts in the UK is vacant. It is very difficult to recruit new staff with experience, particularly for child protection work which is the biggest area of conflict. There is currently a mixture of staff on the in-house training route. There should be 45 fully qualified social workers and at December 2009 there were seven vacancies. The government has recognised that there needs to be differentiation between staff working in very challenging areas. The majority of vacancies are in "front end" services as areas such as adoption and fostering have lesser problems in recruitment and retention.

7.2 In Portsmouth issues surrounding the Local Pay Review (LPR) led to a dip in recruitment and retention with a vacancy rate of 55% in July 2008. The main reason might have been that other local authorities had already resolved their LPR which meant that staff in Portsmouth received a lower pay rate than staff working for other authorities in the area. The balance has now been redressed by using increments rather than increasing the basic salary which has deterred some staff from leaving. This area is being reviewed within the social care recruitment and retention strategy which is due to be completed in the autumn.

7.4 However, there remains a problem with recruitment as Portsmouth salaries are still lower than comparators. For example, a senior practitioner working for Hampshire County Council earns the same as a team manager in Portsmouth. Twelve social workers have been recruited recently but they are nearly all newly qualified and some of them have already moved on. There is a boom and bust in the recruitment cycle and it can be difficult to recruit at certain times.

7.5 There are no national pay scales for social workers so local authorities use bonuses and increments to create their own packages. Feedback from exit interviews shows that one of the positive aspects of working in Portsmouth is the training as staff gain valuable experience and training and then move to

more senior jobs in other authorities. As a smaller authority Portsmouth has fewer opportunities for promotion.

- 7.6 Maternity leave is another source of staff depletion as there is no budget for cover. As most of the social care workforce are younger women this is a particular area of concern in respect of maintaining a constant workforce for social work. There are no overtime payments but staff can receive time off in lieu. If overtime was paid it would not be possible to control the budget, which for Social Care overall is £20 million.
- 7.7 The staff sickness rate is 7 to 8% which is about 20 days per year. Sometimes stress can be the cause of sickness but this can be difficult to ascertain. When people are worn down and tired they are more susceptible to illness. Feedback from inspections shows that there is good morale in the team and caseloads are kept manageable. Proper support helps deal with stress but this is made difficult with the vacancy rate. There is a difference between regular and long-term sickness. The service follows corporate procedures for managing sickness absence, has a robust reporting procedure, uses the Occupational Health Unit, and offers counselling, phased returns to work and reduced caseloads.
- 7.8 Vacancies must be filled so agency staff have to be employed which incurs considerable expense. Social Care uses agencies when there has been no response to advertisements. The cost of an agency social worker is around £35 to £40 per hour which equates to a cost of about £65,000 to £78,000 per year to employ an agency social worker. Some social workers choose to work for agencies as they can earn more money. It is possible to recruit permanent staff from agencies but this incurs a finder's fee. A finder's fee is normally a percentage of the full year salary; the finder's fee can be between 30% and 17%. On average it is about £6,000 for a social worker with three years experience. Although agency workers assist with work pressures and support other staff it would be far better for the continuity of the service to recruit permanent staff. However, Portsmouth has a core loyal group of staff and employs fewer agency staff than other local authorities. One agency worker joined the team at Portsmouth permanently, despite a lower salary, as they liked the team and the fact that it put children first.

8. Kinship care

- 8.1 If a child cannot live at home a Family Group Conference (FGC) is an established model on how to support a particular family using the broader family support and resources. Research has been undertaken about how kinship care can support children to remain with their families as a positive choice.
- 8.2 Kinship care is the first option considered when placing children. A family member is assessed like any other foster carer to see if they can meet the child's needs. Kinship carers are usually grandparents or aunts and uncles and have the advantage of being familiar with the child, can provide a stable environment for the child and generally have a more positive impact on the child in the long term. Carers are offered a range of practical, financial and emotional support separate by dedicated officers. Statutory guidance is

expected to come into force in early 2011 to make local authorities more responsible for providing kinship care. It is difficult to set targets for kinship care as some children do not have any relatives who could provide kinship care. In Portsmouth about 15% foster carers are kinship carers looking after approximately 45 children.

- 8.3 Using kinship care does not depend on whether a child lives in a deprived area or not. If children are placed in their immediate networks they are likely to be in similar circumstances. There are two social workers in Portsmouth who deal with kinship care. Kinship carers can be paid an allowance and receive help and training to enable lower income families to provide kinship care.
- 8.4 Location sometimes has to be taken into account with kinship care as with older children, for example, aged about 12 years upwards it might mean leaving their friends and community. When children are placed outside Portsmouth boundaries, Portsmouth still has statutory responsibility for them. An independent reviewing officer monitors the placements to ensure children's needs are being met.
- 8.5 Organisations and agencies such as health visitors that deal with children continue to provide support for children in kinship arrangements. If there is a child protection plan there is a co-ordinated protection plan with everyone clear about what they are doing. Otherwise it leads to duplication, a waste of resources and can be dangerous.

9. Implementation of the Laming report recommendations

In his report "The Protection of Children in England: A Progress Report" (2009), Lord Laming acknowledged that government reforms introduced through Every Child Matters provided a firm foundation but there now needs to be a renewed commitment to child protection at every level of government and across all local services. The report made 58 recommendations, some of which were aimed at altering service provision centrally and others relevant to councils and LSCBs.

Recently the Portsmouth LSCB has refreshed its governance arrangements, tightened procedures and clarified the relationship between the Children's Trust and the LSCB to avoid duplication and oversights in relation to safeguarding. The LSCB has responded to the Laming Report in the following ways:

- Contribution to consultation regarding setting targets for safeguarding and defining indicators
- Contribution to the consultation on Working Together 2006
- The LSCB continues to promote learning from serious case reviews
- Ongoing use of the JCPR which enables hospital staff to check to see if children have child protection plans when they Accident & Emergency departments
- There are clear procedures in place for dealing with conflicting opinions between professionals
- An independent chair has been appointed for the LSCB and it has been

agreed for all serious case review panels to be chaired by an independent chair

- The LSCB has reviewed its membership to include representatives from mental health and substance misuse services
- The LSCB has implemented revised governance arrangements regarding its relationship with the Children's Trust
- Training continues to be provided for the children's workforce regarding safeguarding
- Training is being devised to support authors and panel members undertaking serious case reviews
- The LSCB has agreed to deliver an annual report which will act as a challenge to the Children's Trust regarding the quality of services.

10. Implementation of the Baby AB report recommendations

10.1 The LSCB has undertaken a considerable amount of work on neglect such as the development of recognition tools to help professionals identify neglect and measure change in families with neglectful parenting. A conference involving an international speaker on neglect was held in July 2009 to raise awareness of neglect across the children's workforce. Feedback on the progress of these developments will be given to researchers from the Government Office for the South East, the University of East Anglia and the NSPCC who have expressed interest in the neglect work undertaken in Portsmouth. A sub-committee of the LSCB will consider recommendations from the Joint Chief Inspectors' report to examine compliance with the recommendations and also with the Laming Report.

10.2 In addition, the LSCB is formulating a performance framework which is likely to be in place and operational in early 2010. As at March 2010 the auditing tools have been agreed and are being set down in a year long plan to monitor and scrutinise agencies' performance via the Monitoring and Evaluation Sub-committee of the LSCB. The LSCB is planning (subject to agreement of the Executive in March 2010) to review the following areas of performance in relation to Safeguarding during 2010:

- a) The implementation of government recommendations, for example, Lord Laming's recommendations
- b) Local agencies performance against the Statutory Requirements set out in section 11 of the Children Act (2004)
- c) Individual Agency Performance regarding safeguarding
- d) a Review of performance against the National Safeguarding Indicators and the LSCB data set

11. Equality Impact Assessment (EIA)

11.1 Due regard to EIA has been given to each of the recommendations enclosed within the report and the Panel is satisfied that no group would be disadvantaged by their implementation. A full EIA will be included with the officer response report.

Conclusions

Based on the evidence and views it has received during the review process the Panel has come to the following conclusions:

- The definition of what constitutes neglect is very wide thus sometimes making it difficult to identify
- The frequency of incidents or behaviour is a key factor in defining neglect
- The main causes of neglect are poor parenting skills, domestic violence, substance misuse, alcohol abuse, learning difficulties and adult mental health conditions
- Acting on and helping to prevent neglect is everyone's responsibility
- There is a need to raise awareness and emphasise the importance of early reporting in some sectors and agencies
- The importance of early intervention is crucial as prevention is better than cure which can be costly both financially and emotionally
- More action to prevent neglect from escalating needs to be taken at the Universal and Targeted Services stage leading to long term cost savings
- The older a child is the more say they have about their care and it is difficult to make them do things they do not want to do
- Portsmouth is being proactive in providing a wide range of services for children and young people at risk of and suffering from neglect
- Portsmouth's Social Care team takes an innovative and proactive approach to providing high quality training for social workers
- The practice of kinship care is very often a preferred option for helping a child
- The FIRST Option programme provides quality assistance to families with highly successful outcomes. The programme has an exemplary record of helping families cope with difficult relational problems and is a prime example of a model that works well.

Glossary of terms and abbreviations

Badman Report (2009) – Review of elective home education in England

Bichard Report (2004) – Report of the Bichard Inquiry into the Soham case

CAF – Common Assessment Framework

Standardised shared approach to assessing and identifying a child's needs

CAMHS – Children and Adolescent Mental Health Services

Children's Centres – offer wider range of services to families with children aged under five

Children's Trust – partnership of health, education, social services working together to respond to children's needs

DOSC – Designated Officer for Safeguarding Children

A senior office in a school, usually the headteacher, responsible for co-ordinating action and liaison with regard to safeguarding

ECM – Every Child Matters
Government policy outlining aims to improve children and young people's well-being

EWO – Education Welfare Officer

FIRST Option – Family Intervention, Reunification & Support Team

FTE – Full-time equivalent member of staff

GOSE – Government Office of the South East

ICO – Interim Care Order

INSET – In-Service Education of Teachers

LPR – Local Pay Review
Pay and grading review for all job roles in local government

LSCB – Local Safeguarding Children Board

MARAC – Multi-Agency Risk Assessment Conference
Forum for representatives from statutory, community and voluntary sectors for sharing information and taking action in cases of domestic abuse to identify those at highest risk so that a multi-agency approach may be taken

NQSW – Newly Qualified Social Worker

NSPCC – National Society for the Prevention of Cruelty to Children

PCT – Portsmouth City Teaching Primary Care Trust

PIC – Practice Issue Committee

PLO – Public Law Outline
Stage before an interim care order is issued

SCR – Serious Case Review

SPB – Sexually Problematic Behaviour

Team Around the Child – multi-agency approach co-ordinated by a lead professional to resolve a child's needs

Tiers of Need – see Appendix Two

Working Together
Department of Health document "Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children" (2006, updated 2010)

Recommendation	Action By	Deadline	Resource Implications
1. That the FIRST Option programme continues to be supported and extended.	Head of Children's Social Care and Safeguarding	Ongoing	Approximately £60,000.
2. That guidance on safeguarding children in education emphasise the need for prompt reporting of incidents and avoid automatically referring incidents to Social Care.	LSCB / Children's Trust	Ongoing	Delivery through ongoing integrated working training and Prevention and Early Intervention Strategy.
3. That procedures and guidance on reporting are reviewed so that more children and young people are helped at the Universal and Targeted stages. For example, that there is more public awareness of information and help for appropriate action to take over concerns about a child and to avoid automatically referring incidents to Social Care.	LSCB / Children's Trust	Ongoing	Delivery of Prevention & Early Intervention Strategy. Promotion of role & uptake of CAF supporters. Promotion of role of social care.
4. That resources are made available to provide all social work students with suitable placements.	Social Care	Ongoing	If more placements were provided then more social workers would be needed to provide them.
5. That resources are made available to backfill empty social worker posts.	Head of Children's Social Care & Safeguarding	Immediate	Cost to be determined
6. That the graduate trainee scheme for social workers has an annual core group of trainees.	Head of Children's Social Care & Safeguarding	Date of next intake	Cost to be determined
7. That an extra full-time member of staff is recruited to work on early intervention with children with sexually problematic behaviour.	Head of Children's Social Care and PCT staff	Immediate	£38,000 review would be needed regarding most appropriate agency in which to place ie CAHMS/Independent sector/Children's Social Care
8. That the practice of kinship care continues to be supported and extended and that greater use made of significant figures in a child's life to help detect and monitor potential neglect.	Head of Children's Social Care & Safeguarding	Ongoing	This will be addressed through the Looked After Children Placement Strategy

Recommendation	Action By	Deadline	Resource Implications
9. That children on the S2S Lost Pupils database continue to be recorded once they reach school leaving age, and perhaps transferred to the missing persons register.	Approach Cabinet member for Children's Services Head of Children's Social Care & Safeguarding to implement	Immediate	Raise at national level
10. That in view of the fact that it is harder to compel teenagers to do something against their wishes, explore and promote more ways of engaging with them in relation to neglect issues.	Head of Integrated Youth Services	Immediate	Within existing cost limits
11. That means of communication with schools is improved, for instance, the development and installation of a secure email system.	Head of Learning & Achievement	Immediate	To be confirmed
12. That sources of help on money advice, financial inclusion and benefit entitlement are made publicly and freely available to help reduce cases of neglect caused through poverty.	Head of Children & Young People's Wellbeing & Targeted Services	Immediate	To be confirmed
13. That sources of support to help parents with parenting skills are made publicly and freely available to prevent neglect, including before the child is born.	Head of Early Years	Ongoing	Delivered within Parenting strategy
14. That Portsmouth City Council petitions for national pay scales for social workers to help with recruitment and retention.	Approach Cabinet member for Children's Services	Immediate	Within existing staff and resources

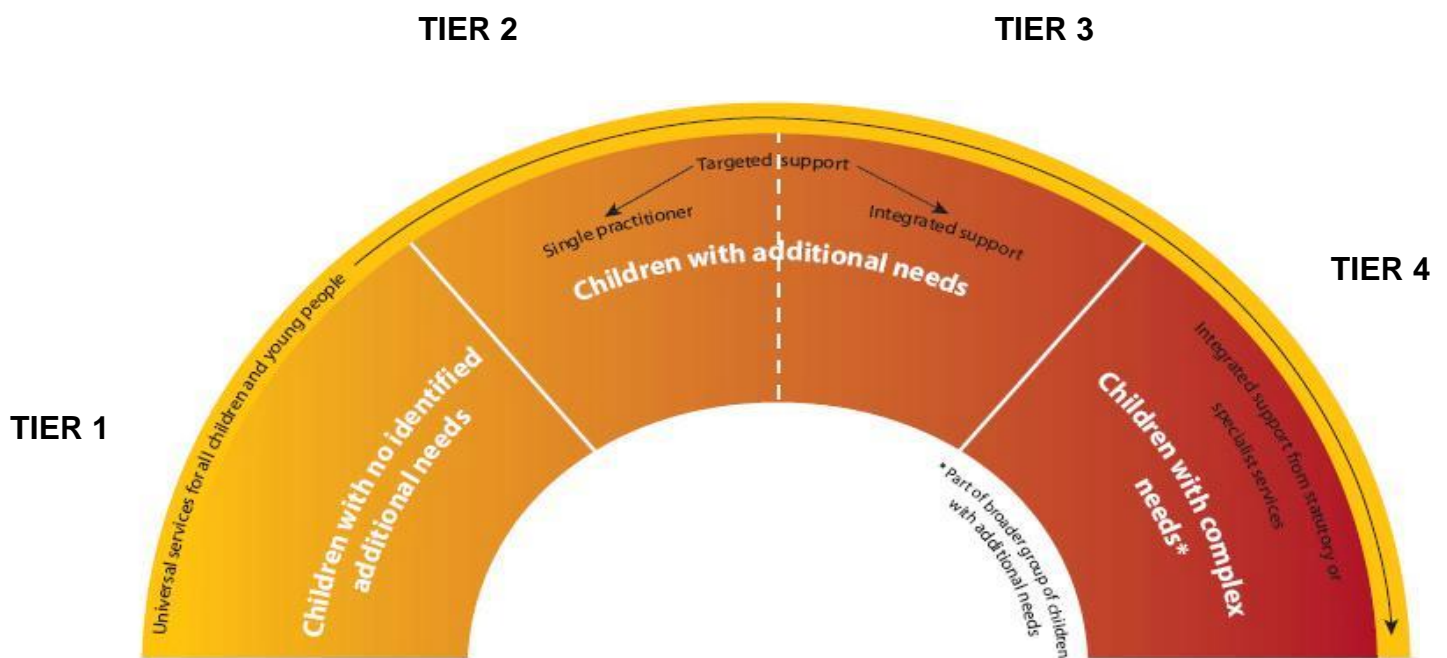
Meetings held by the Panel

DATE	WITNESSES
20 October 2009	<p>Siobhan Burns, Local Safeguarding Children Board Manager, Portsmouth City Council</p> <p>Ian Clark, Solicitor and Deputy Monitoring Officer, Team Leader (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Debra Jamieson-Hesk, Barrister, Senior Lawyer (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Linda Jenkins – Specialist Practitioner Safeguarding Children, PCT</p> <p>PC Julia Martin – Hampshire Constabulary</p> <p>Inspector Chris Parry – Hampshire Constabulary</p>
12 November 2009 Site visit	<p>Chris Buckman, Senior Manager (Assessment and Intervention), Portsmouth City Council</p> <p>Melanie Hodge – Battenburg Family Assessment & Development Service</p> <p>Dave Richards – Intervention & Assessment Team</p>
12 November 2009	<p>Ian Clark, Solicitor and Deputy Monitoring Officer, Team Leader (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Richard Harvey – Manager, Targeted Services, Children & Young People, Portsmouth City Council</p> <p>Jane James – Team Manager, Education Welfare Service, Portsmouth City Council</p> <p>Debra Jamieson-Hesk, Barrister, Senior Lawyer (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Jane Steggall – Young Carers Education Support Worker, Portsmouth City Council</p>
1 December 2009	<p>Chris Buckman, Senior Manager (Assessment and Intervention), Portsmouth City Council</p>
28 January 2010	<p>Siobhan Burns – Local Safeguarding Children Board Manager, Portsmouth City Council</p> <p>Ian Clark, Solicitor and Deputy Monitoring Officer, Team Leader (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Debra Jamieson-Hesk – Barrister, Senior Lawyer (Childcare Section) – Legal Services, Portsmouth City Council</p> <p>Stephen Kitchman – Head of Children & Families Social Care, Portsmouth City Council</p>
25 March 2010	Panel members only
17 June 2010	Informal meeting to discuss draft report
6 July 2010	Informal meeting to discuss draft report

Local Definitions of Need

Children's levels of need are generally considered in the city to fall into four Tiers of Need.

Fig 1 The Four Tiers of Need



Tier 1

Children's needs at Tier 1 can be met by universal services. Some examples of universal services include:

- Twelve Children's centre with 5 more in development
- Nursery provision for 3 and 4 year olds
- Schools and colleges
- Extended services in and around schools
- Community Improvement Partnerships
- Midwifery, health visiting and school nurse services

Universal services are generally services that any member of the public can access.

An example of an intervention at Tier 1 is a health visitor offering advice to a parent about feeding resulting in the resolution of the difficulty.

Tier 2 and Tier 3

Children's needs at Tier 2 and 3 can be met by a targeted service. Some services providing for children falling into Tier 2 and 3 may include:

- Services commissioned through children's centres
- Anti-social behaviour teams
- Early intervention support in and around schools
- Health promotion and targeted intervention work
- Wide ranging services for Child and Adolescent Mental Health Services
- Several parenting support programmes and interventions

An example of an intervention at Tiers 2 and 3 could be a team of professionals coming together to complete a Common Assessment for a child with a speech delay. This family may also have acute housing needs. Thus, a plan could be pulled together by some or one of the professionals in targeted services in order to support the child's speech development and assist the carer or parent in resolving the housing issue.

Tier 4 – Specialist Services

Children's needs at Tier 4 level will require services from Children's Social Care. The majority of work carried out by Children's Social Care is supportive. It should be noted that children at Tiers 2, 3 and 4 are also entitled to access universal services appropriate to their age.

Documents received by the Panel

1. "The role of Legal Services in Proceedings Involving the Neglect of Children" by the solicitor responsible for Prosecutions and Enforcement, Legal Services
2. Background report to the review into the protection of vulnerable children by Local Safeguarding Children Board Manager
3. Report on LSCB Neglect conference held in July 2009
4. Social Work Taskforce
5. Report for the LSCB regarding the LSCB Annual Neglect Conference
6. Developing an effective response to neglect and emotional harm to children – Ruth Gardner, University of East Anglia and the NSPCC (January 2008)
7. Portsmouth City Council's response to the Laming Report and planning following on from the Serious Case Review held in Portsmouth