

# **APPENDIX 3**

**Response to Victoria Climbié Inquiry**


**Social Care Recommendations**

**Position at 12<sup>th</sup> February 2003**

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 1 - REFERRAL

| <b>Recommendation 39</b>   |  |
|--|--|
| <p>All front line staff within local authorities must be trained to pass all calls about the safety of children through to the appropriate duty team without delay, having first recorded the name of the child, his or her address, and the nature of the concern. If the call cannot be put through immediately, further details from the referrer must be sought (including their name, address and contact number). The information must then be passed verbally and in writing to the duty team within the hour. (paragraph 5.169).</p> |  |
| <p><b>Timescale: 3 months</b></p>  |  |
| <b>Statutory Guidance</b>  |  |
| <p>Working Together - paragraphs 5.5, 5.7</p> <p>Assessment Framework – paragraphs 3.2-3.6</p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that procedures for managing referrals regarding children about whom there are child welfare concerns are robust and effective</p>   |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>No co-ordinated process across the Authority as a whole, thus the response is variable. Strongest in areas such as Educational Welfare and other Social Services areas.</p>   | <br>Red   |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Develop referral process and protocol for call centre and customer service centre. Use CRM to achieve monitoring.</li> <li>• Adapt referral process across range of services including Housing, Leisure.</li> <li>• Build this into Corporate and Service Induction.</li> <li>• Develop Managers Events and publicity on Response to Climbie responsibility.</li> <li>• Establish regular publicity of all staff and reminders.</li> </ul>  | <p>Jane Waterhouse<br/>Policy &amp; Procedures Group</p> <p>Policy &amp; Procedures Group</p> <p>OD&amp;L</p> <p>Policy &amp; Procedures Group</p> |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 1 - REFERRAL

| <b>Recommendation 19</b>   |  |
|--|--|
| <p>Managers of duty teams must devise and operate a system which enables them immediately to establish how many children have been referred to their team, what action is required to be taken for each child, who is responsible for taking that action, and when that action must be completed. (paragraph 4.14)</p> <p><b>Timescale: 3 months</b></p> |  |
| <b>Statutory Guidance</b>  |  |
| <p>Assessment Framework - paragraphs 6.12 – 6.13</p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Have established effective team workload management and information systems that clearly track how the Council has responded to each referral.</p>  |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>Current arrangements should ensure this.</p> <p>Further improvements to action planning will result from work with KPMG and result in new format and improved guidance.</p>   | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <p>Implement improved arrangements in April 2003</p>   | <p>Policy &amp; Procedures Group</p> <p>Alison Botham<br/>Marion Wheeler</p>                   |

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#### STANDARD 1 - REFERRAL

| <b>Recommendation 29</b>  |  |
|---|--|
| <p>Directors of social services must devise and implement a system which provides them with the following information about the work of the duty teams for which they are responsible:</p> <ul style="list-style-type: none"> <li>Number of children referred to the teams;</li> <li>Number of those children who have been assessed as requiring a service;</li> <li>Number of those children who have been provided with the service that they require;</li> </ul> <p>Number of children referred who have identified needs which have yet to be met.<br/>(paragraph 5.24)<br/><b>Timescale: 6 months</b></p> |  |
| <b>Statutory Guidance</b>   |  |
| <p>Assessment Framework - paragraphs 6.15; 6.11-6.12</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Have established effective management information systems to collect quantitative data on the work of referral and initial assessment teams.</p>   |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>Client Index has capacity to collect information but only routinely collecting some of this information.</li> <li>Will require revisions to management information system and reporting arrangements.</li> </ul>   | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>Need to include in new assessment forms.</li> <li>Amend Client Index and reports.</li> <li>Update staff guidance.</li> <li>Include in monthly performance</li> </ul>   |  |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 1 - REFERRAL

| <b>Recommendation 21</b>   |  |
|--|--|
| <p>When a professional makes a referral to social services concerning the well-being of a child, the fact of that referral must be confirmed in writing by the referrer within 48 hours. (paragraph 4.59).</p> <p><b>Timescale: 3 months</b></p>   |  |
| <b>Statutory Guidance</b>  |  |
| <p>Working Together - paragraph 5.9</p>  |  |
| <b>SSI Expectation</b>   |  |
| <p>Have secured agreement through the local Area Child Protection Committee for common referral arrangements that apply to all agencies, including timely written confirmation of the referral if it relates to a child about whom there are child welfare concerns.</p>   |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Receipt of written confirmation from referrers is variable in both quality and speed.</li> <li>• Proposed Pan London procedures provide guidance but implementation delayed.</li> <li>• KPMG examining issue of referral forms and protocols</li> </ul>   | <br>Red |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Referral forms and protocol to be agreed by ACPC.</li> <li>• Ease of making referral to be improved:                             <ul style="list-style-type: none"> <li>(a) Team e-mail boxes</li> <li>(b) Acknowledgement to referrers introduced.</li> </ul> </li> <li>• Briefing and procedural guidance for Local Authority staff.</li> </ul> | ACPC Executive<br><br>Policy & Procedures Group<br><br>Policy & Procedures Group             |

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#### STANDARD 1 - REFERRAL

| <b>Recommendation 93</b>  |  |
|---|--|
| <p>Whenever a joint investigation by police and social services is required into possible injury or harm to a child, a manager from each agency should always be involved at the referral stage and in any further strategy discussion. (paragraph 13.52)</p> <p><b>Timescale: 3 months</b></p> |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraph 5.32</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that whenever a joint investigation by social services and police may be required, a manager is involved in the decision making process.</p>  |  |
| Current Position  | Status   |
| <p>This is the current position but will be strengthened by new pro forma's for strategy meetings that are currently being developed.</p> <p><b>Note: Not in Milburn checklist</b></p>  | <br>Green |
| Action Required   | By Whom  |
| <p>Audit through case file audit.</p>   |  |

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#### STANDARD 1 - REFERRAL

| <b>Recommendation 98</b>  |   |
|---|---|
| <p>The guideline set out at paragraph 5.8 of <i>Working Together</i> must be strictly adhered to: whenever social services receive a referral which may constitute a criminal offence against a child, they must inform the police at the earliest opportunity. (paragraph 14.46)</p> <p><b>Timescale: 3 months</b></p> |   |
| <b>Statutory Guidance</b>   |   |
| <p>Working Together – paragraph 5.8</p>   |   |
| <b>SSI Expectation</b>  |   |
| <p>Where social services staff receive a referral that may constitute a criminal offence against a child, the police are informed at the earliest opportunity.</p>  |   |
| <b>Current Position</b>   | <b>Status</b>   |
| <p>This is the current expectation. It will be strengthened by work to improve practice standards in Referral and Assessment Teams.</p>   | <br>Amber  |
| <b>Action Required</b>  | <b>By Whom</b>  |
| <ul style="list-style-type: none"> <li>• Implement further training on S.47 investigations.</li> <li>• Complete work with KPMG.</li> <li>• Monitor through case file audit.</li> </ul>  | <p style="text-align: center;">Teresa Walsh Jones/<br/>OD&amp;L</p> <p style="text-align: center;">Service Managers</p> <p style="text-align: center;">Service Managers</p> |

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### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 1 REFERRAL


| Recommendation 48  |  |
|--|--|
| <p>Directors of social services must ensure that when children and families are referred to other agencies for additional services, that referral is only made with the agreement of the allocated social worker and/or their manager. The purpose of the referral must be recorded contemporaneously on the case file. (paragraph 6.263)</p> <p><b>Timescale: 3 months</b></p>                                      |  |
| Statutory Guidance   |  |
| <p>Working Together – paragraphs 5.17; 7.47 – 7.49</p> <p>Assessment Framework – paragraph 3.59</p>  |  |
| SSI Expectation  |  |
| <p>Ensure that there are clear lines of decision making and accountability in respect of decisions to refer children and families to services provided by agencies other than social services. These should take account of the views of those professional and managerial staff most closely involved with the family. All referrals by social services should be recorded on the case file in a timely manner.</p> |  |
| Current Position   | Status   |
| <p>Would expect this to happen but it is not explicit in written guidance.</p> <p><b>Note: Not in Milburn checklist.</b></p>   | <br>Amber |
| Action Required  | By Whom  |
| <ul style="list-style-type: none"> <li>• Update guidance.</li> <li>• Monitor compliance through case file audit.</li> </ul>  | <p>Policy &amp; Procedures Group</p> <p>Service Managers</p>                                   |



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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 53</b>   |  |
|--|--|
| <p>When allocating a case to a social worker, the manager must ensure that that the social worker is clear as to what has been allocated, what action is required and how that action will be reviewed and supervised. (paragraph 6.586)</p> <p><b>Timescale: 3 months</b></p>   |  |
| <b>Statutory Guidance</b>  |  |
| <p>Working Together - paragraphs 5.13-5.17; 5.45-5.52; 5.90-5.95; 7.47-7.51; 7.52-7.54</p> <p>Assessment Framework - paragraphs 3,8; 3.37--3.40; 3.59; 3.13; 4.32-4.37; 3.12; 6.15; 6.26-6.28</p>  |  |
| <b>SSI Expectation</b>   |  |
| <ol style="list-style-type: none"> <li>1. Ensure that case allocation processes always make explicit the purposes of intervention, and the expectations of the allocated social worker and any other staff working with the family.</li> <li>2. Ensure that at each stage of the assessment and actions taken, the social worker is clear about how these actions will be reviewed at the frequency required by legislation and guidance.</li> <li>3. Ensure that social services staff working with children are properly supervised and record all findings and decisions in respect of the assessment process on the child's notes/file.</li> </ol> |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• This is current expectation of managers and is monitored through case file audit.</li> </ul>  | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Review written guidance to ensure expectations about allocation and re-allocation are explicit.</li> <li>• Review supervision guidance to ensure expectation explicit and that practice is audit (see also Recommendation )</li> </ul>  | <p>Policy &amp; Procedures Group</p> <p>liP Team</p>   |

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#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 34</b>  |  |
|---|--|
| <p>Social workers must not undertake home visits without being clear about the purpose of the visit, the information to be gathered during the course of it, and the steps to be taken if no one is at home. No visits should be undertaken without the social worker concerned checking the information known about the child by other child protection agencies. All visits must be written up on the case file. (paragraphs 5.108 and 6.606)</p> <p><b>Timescale: 6 months</b></p>   |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraphs 5.13 – 5.16; 5.29;5.33 – 5.37; 7.47 – 7.51; 5.10</p> <p>Assessment Framework – paragraphs 2.1; 2.6; 2.10- 2.11; 2.15 - 2.19; 2.23; 3.10 – 3.11</p>   |  |
| <b>SSI Expectation</b>  |  |
| <ol style="list-style-type: none"> <li>1. Ensure that all contacts by social services staff with service users are made with a clear understanding of the purpose of the intervention, the information to be gathered and the desired result from the contact, including contingencies if the contact proves unsuccessful for any reason.</li> <li>2. Ensure that social services records are checked and the Child Protection Register is consulted following each referral of a child where there are welfare concerns, and all decisions and outcomes from these checks are recorded on the child's notes/file.</li> </ol> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Partly in place but guidance and procedures need to be strengthened.</li> <li>• Understanding and implementation are variable.</li> </ul>  | <br>Red |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Revise guidance and procedures.</li> <li>• Include in training programmes for 2003/4.</li> <li>• Monitor through case file audit.</li> </ul>   | Policy & Procedures Group<br><br>OD&L<br><br>Service Managers                                |

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#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 18</b>  |  |
|---|--|
| <p>When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for so doing must be recorded in the child's notes/case file. (paragraph 6.251</p> <p><b>Timescale: 3 months</b></p>           |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together - paragraphs 5.35; 5.40; 7.23</p> <p>Assessment Framework - paragraphs 3.17; 3.41-3.42; 3.58 - 3<sup>rd</sup> bullet point</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that children are communicated with effectively where the preferred language of the child is not English, or the child uses a non-verbal form of communication, through the use of an interpreter. If the services of an interpreter are not used, the reasons for this are recorded in the child's notes/file.</p>   |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Haringey Child Protection Procedures require this already.</li> <li>• Arrangements in place through Communications Unit - Interpretation plus Translation Service. Also have access to Language Line. This provides telephone and face to face service for main languages 24 hours a day.</li> <li>• KPMG examining issue of referral forms and protocols</li> </ul> | <br>Green |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Ensure all staff are aware of resources available and how to access them.</li> </ul>   | Policy & Procedures Group  |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| Recommendation 35   |  |
|---|--|
| <p>Directors of social services must ensure that children who are the subject of allegations of deliberate harm are seen and spoken to within 24 hours of the allegation being communicated to social services. If this timescale is not met, the reason for the failure must be recorded on the case file. (paragraph 5.127)</p> <p><b>Timescale: 3 months</b></p> |  |
| Statutory Guidance  |  |
| <p>Working Together – paragraph 5.10</p>  |  |
| SSI Expectation   |  |
| <p>Ensure that responses to concerns about a child’s welfare are made within the timescale set out in Chapter 5 of Working Together to Safeguard Children and all decisions and outcomes of actions taken are recorded on the child’s notes/file.</p>   |  |
| Current Position  | Status   |
| <p>Arrangements are in place to achieve this.</p> <p><b>Note: This is not in Milburn checklist.</b></p>   | <br>Green |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>• Monitor performance is maintained through supervision and case file audit.</li> </ul>  | Service Managers   |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| Recommendation 22   |  |
|---|--|
| <p>If social Services place a child in temporary accommodation, an assessment must be made of the suitability of that accommodation and the results of that assessment must be recorded on the child's case file. If the accommodation is Unsuitable, this should be reported to a senior officer. (paragraph 4.77)</p> <p><b>Timescale: 3 months</b></p> |  |
| Statutory Guidance  |  |
|   |  |
| SSI Expectation   |  |
| <p>Ensure that where children in need are in temporary accommodation that is not suitable, the senior officer with responsibility for housing services is notified and that this is recorded on the child's notes/file.</p>   |  |
| Current Position  | Status   |
| <ul style="list-style-type: none"> <li>Not yet routinely happening though temporary accommodation being procured through Housing Service in Homelessness provides means to improve this quickly.</li> <li>Arrangements with social care workers.</li> </ul> <p><b>Note: Not in Milburn checklist.</b></p>   | <br>Red |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>Need agreement with Housing Service on how suitability will be determined.</li> <li>Need notification and response protocols with Housing Service.</li> <li>Housing need to consider what action they will take when notified in light of other demands for housing.</li> </ul>                                    | <p>Policy &amp; Procedures Group</p> <p>Policy &amp; Procedures Group</p> <p>Jim Elliott</p> |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 24</b>  |   |
|---|---|
| <p>Where, during the course of an assessment, social services establish that a child of school age is not attending school, they must alert the education authorities and satisfy themselves that, in the interim, the child is subject to adequate daycare arrangements. (paragraph 4.143)</p> <p><b>Timescale: 3 months</b></p>   |   |
| <b>Statutory Guidance</b>   |   |
| <p>Assessment Framework – paragraphs 1.18; 2.3 – 2.4; 2.26; 5.41 – 5.43</p> <p>Working Together – paragraphs 3.12; 3.14 – 8<sup>th</sup> bullet point.</p>  |   |
| <b>SSI Expectation</b>  |   |
| <ol style="list-style-type: none"> <li>1. Ensure that the Assessment Framework is used for all assessments of children.</li> <li>2. If during the course of an assessment it is discovered that a child of school age is not attending school the LEA should be contacted as soon as possible to establish the reason for this. Agencies should work together to ensure services are provided to appropriately meet the child's assessed needs.</li> </ol>  |   |
| <b>Current Position</b>   | <b>Status</b>   |
| <ul style="list-style-type: none"> <li>• Partly in place - Education notified but systems and follow up to be improved.</li> <li>• Youth Offending Service's Education Officer makes weekly report to LEA Social Exclusion Panel each week.</li> <li>• Requirements are already in Haringey Child Protection Procedures.</li> <li>• Would only provide "day care" when child sick or disabled and expect Education Service to provide for child who does not have school place.</li> <li>• Raise issues about school attendance and authorised absences.</li> </ul> | <br>Amber  |
| <b>Action Required</b>  | <b>By Whom</b>  |
| <ul style="list-style-type: none"> <li>• Need to strengthen notification and follow up with Education Service.</li> <li>• Consider further arrangements for children and young people not in school.</li> </ul>   | <p style="text-align: center;">Policy &amp; Procedures Group</p> <p style="text-align: center;">Education Lead/<br/>Youth Offending Service</p> |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 25</b>  |  |
|---|--|
| <p>All social services assessments of children and families, and any action plans drawn up as a result, must be approved in writing by a manager. Before giving such approval, the manager must ensure that the child and the child's carer have been seen and spoken to. (paragraph 4.152)</p> <p><b>Timescale: 3 months</b></p>   |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraphs 7.2 – 7.23; 5.17; 5.45</p> <p>Assessment Framework – paragraphs 1.35; 1.44 – 1.47; 3.10; 3.13, 4.36</p>  |  |
| <b>SSI Expectation</b>  |  |
| <ol style="list-style-type: none"> <li>1. Ensure that assessments of children in need include direct communication with a child, as appropriate according to age and understanding, and with his/her carer and that their views are recorded.</li> <li>2. Ensure that actions arising from an assessment are approved in writing at an appropriate level of seniority, and take proper account of the views and wishes of a child and his/her parent or carer.</li> </ol> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| These arrangements are in place.  | <br>Green |
| <b>Action Required</b>  | <b>By Whom</b>   |
| Monitor through case file audit and suspension audit.   | Service Managers   |

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### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 2 - ASSESSMENT


| Recommendation 36  |  |
|--|--|
| No emergency action on a case concerning an allegation of deliberate harm to a child should be taken without first obtaining legal advice. Local authorities must ensure that such legal advice is available 24 hours a day. (paragraph 5.128)   |  |
| <b>Timescale: 3 months</b>   |  |
| Statutory Guidance   |  |
| Working Together – paragraph 5.24  |  |
| SSI Expectation  |  |
| Ensure that staff have access to legal advice and that it is normally sought before any emergency action is taken to safeguard a child. If legal advice is not sought, the reason for this should be noted on the case file.   |  |
| Current Position   | Status   |
| Emergency legal advice is available to local authority 24 hours a day. The increased activity to safeguard children is evidenced by a rise in number of children subject to care applications from 43 in 2000 to 94 in 2002<br><br><b>Note: This was not included in Milburn list for immediate consideration.</b> | <br>Green |
| Action Required  | By Whom  |
| Review whether the legal staffing resource is sufficient given the increasing workload.  | Acting Head of Legal Services.   |



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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 63</b>  |  |
|---|--|
| <p>Hospital social workers must always respond promptly to any referral of suspected deliberate harm to a child. They must see and talk to the child, to the child's carer and to those responsible for the care of the child in hospital, while avoiding the risk of appearing to coach the child. (paragraph 8.100)</p> <p><b>Timescale: 3 months</b></p> |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraphs 5.5 – 5.12</p> <p>Assessment Framework – paragraphs 3.3; 3.8 – 3.10</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that all parts of social services irrespective of whether they are physically located in other agencies, eg, hospital social work departments, are subject to the same procedures and guidance, in respect of the responses to a referral of concerns about a child's welfare.</p> <p>.</p>   |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>This is already in Haringey Child Protection Procedures.</p>   | <br>Green |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <p>Monitor through case file audit and suspension.</p>  | <p>Service Managers</p>  |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 2 - ASSESSMENT

| <b>Recommendation 56</b>   |  |
|--|--|
| <p>Directors of social services must ensure that no child known to social services who is an inpatient in a hospital and about whom there are child protection concerns is allowed to be taken home until it has been established by social services that the home environment is safe, the concerns of the medical staff have been fully addressed, and there is a social work plan in place for the ongoing promotion and safeguarding of that child's welfare.<br/>(paragraph 6.594)</p> <p><b>Timescale: 3 months</b></p>  |  |
| <b>Statutory Guidance</b>  |  |
| <p>Assessment Framework – paragraphs 1.53; 3.9; 3.11; 3.15</p> <p>Working Together – paragraph 3.8</p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that children, about whom there are child welfare concerns, are subject to further assessment of their needs whenever their circumstances substantially change. For a child in hospital, social services should undertake an assessment and establish that it is safe for the child to return home before the child is discharged from hospital. This assessment should include discussions with the medical staff and result in decisions being agreed with the consultant responsible for the child's care in hospital and recorded. If necessary, a plan should be prepared to ensure the promotion and safeguarding of the child's best interests.</p> |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>Assessment does take place and plans are made but further inter-agency work needed.</p>   | <br>Amber |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <p>Inter-agency agreement needed.</p> <p>Protocol issued to all social workers and briefing provided.</p>  | <p>ACPC Executive</p> <p>Policy &amp; Procedures Group</p>                                     |

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### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| Recommendation 58   |  |
|---|--|
| Directors of social services must ensure that every child's case file includes, on the inside of the front cover, a properly maintained chronology. (paragraph 6.629) |  |
| <b>Timescale: 3 months</b>  |  |
| Statutory Guidance  |  |
| Working Together – paragraphs 7.47; 7.50  |  |
| SSI Expectation   |  |
| Ensure that an up to date chronology is available on each child's case file.  |  |
| Current Position  | Status   |
| Only in place in respect of some files.   | <br>Amber |
| Action Required   | By Whom  |
| 1. Systematically review all open cases and prepare/update chronology.<br>2. Update Client Index.<br>This requires additional resources to meet the timescale.        | Case Recording Group   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 54</b>   |  |
|--|--|
| <p>Directors of social services must ensure that all cases of children assessed as needing a service have an allocated social worker. In cases where this proves to be impossible, arrangements must be made to maintain contact with the child. The number, nature and reasons for such unallocated cases must be reported to the social services committee on a monthly basis. (paragraph 6.589)</p> <p><b>Timescale: 6 months</b></p> |  |
| <b>Statutory Guidance</b>  |  |
| <p>Working Together – paragraph 3.6</p> <p>Assessment Framework – paragraphs 1.28 – 1.32</p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that services and support provided are commensurate with the levels of assessed need including the allocation of a social worker where necessary. Where it is not possible to allocate a social worker Managers should make contingency plans for contact with the child and ensure that a system exists to monitor and report to senior managers and the responsible executive councillor(s).</p>                             |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>All children whose names are on Child Protection Register or who are looked after have an allocated social worker.</p> <p>There are 30 unallocated family support cases.</p>  | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <p>Regular reports on unallocated cases will be made to Children's Services Working Group from 1<sup>st</sup> April 2003.</p>  | David Derbyshire   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| Recommendation 55  |  |
|--|--|
| <p>Directors of social services must ensure that only those cases in which a social worker is actively engaged in work with a child and the child's family are deemed to be 'allocated'. (paragraph 6.590)</p> <p><b>Timescale: 3 months</b></p>                                 |  |
| Statutory Guidance   |  |
|  |  |
| SSI Expectation  |  |
| <p>Have clear definitions of work that is allocated, which should include a named social worker who is working with the child in a planned and purposeful way, on a regular basis and to a work plan that is endorsed by the line manager.</p>                                   |  |
| Current Position   | Status   |
| <p>Only cases where there is active work are deemed allocated.</p> <p>As social work practice improves, the quality of the intervention and planned work will improve.</p>   | <br>Amber |
| Action Required  | By Whom  |
| <ul style="list-style-type: none"> <li>• Continue arrangements to improve quality of social work practice.</li> <li>• Ensure regular effective supervision in place and monitor arrangements throughout.</li> <li>• Complete recruitment to first line manager posts.</li> </ul> | Service Managers   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 26</b>  |  |
|---|--|
| <p>Directors of social services must ensure that no case involving a vulnerable child is closed until the child and the child's carer have been seen and spoken to, and a plan for the ongoing promotion and safeguarding of the child's welfare has been agreed.<br/>(paragraph 4.183)</p> <p><b>Timescale: 3 months</b></p>                           |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together - paragraphs 5.12; 5.17; 5.46; 5.67; 5.95</p> <p>Assessment Framework - paragraphs 3.8; 3.13</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that cases are only closed when children in need have undergone a full review of their circumstances that has determined that case closure is appropriate, and that the views and wishes of the child and his/her parents or carers are taken into account when making such decisions. Such decisions should always be formally recorded.</p> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>Broadly in place. Issues have been identified in relation to children and families moved by NASS with no local authority involvement.</p>  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Update guidance to staff.</li> <li>• Reinforce importance through staff briefings.</li> </ul>  | <p>Policy &amp; Procedures Group</p> <p>Service Managers</p>                                   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| Recommendation 40   |  |
|---|--|
| <p>Directors of social services must ensure that no case that has been opened in response to allegations of deliberate harm to a child is closed until the following steps have been taken:</p> <ul style="list-style-type: none"> <li>The child has been spoken to alone.</li> <li>The child's carers have been seen and spoken to.</li> <li>The accommodation in which the child is to live has been visited.</li> <li>The views of all the professionals involved have been sought and considered.</li> </ul> <p>A plan for the promotion and safeguarding of the child's welfare has been agreed. (paragraph 5.187)</p> <p><b>Timescale: 3 months</b></p> |  |
| Statutory Guidance  |  |
|   |  |
| SSI Expectation   |  |
|   |  |
| Current Position  | Status   |
| <p>Requirement is contained in current Haringey Child Protection Procedures.</p> <p><b>Note: Not in Milburn Statement</b></p>   | <br>Green |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>Include explicitly in Section 47 training.</li> <li>Consider whether procedure needs updating to reflect abuse warding.</li> </ul>   | OD&L +<br>Teresa Walsh-Jones<br><br>ACPC Executive   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE


| <b>Recommendation 52</b>   |  |
|--|--|
| <p>Directors of social services must ensure that no case is allocated to a social worker unless and until his or her manager ensures that he or she has the necessary training, experience and time to deal with it properly. (paragraph 6.581)</p> <p><b>Timescale: 6 months</b></p>  |  |
| <b>Statutory Guidance</b>  |  |
| <p>Assessment Framework – paragraph 6.23</p> <p>Working Together – paragraph 9.12 – 3<sup>rd</sup> bullet point</p>  |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that cases are only allocated to suitably skilled and experienced social workers and that they have sufficient time to deliver the work planned.</p>   |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Recruitment &amp; Retention package has improved both numbers of social workers and their level of experience.</li> <li>• Workload management system being developed by KPMG to refine process.</li> <li>• Training profiles for job roles need to be developed to ensure consistent decision making around "necessary training"</li> </ul> | <br>Amber |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Pilot approach in Referral &amp; Assessment Teams, Emergency Duty Team and Unaccompanied Minors Team by end of March 2003.</li> <li>• Refine approach and roll out by end of July 2003.</li> </ul>  | OD&L   |



## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 61</b>  |  |
|---|--|
| Directors of social services must ensure that hospital social workers participate in all hospital meetings concerned with the safeguarding of children. (paragraph 8.27)  |  |
| <b>Timescale: 6 months</b>  |  |
| <b>Statutory Guidance</b>   |  |
| Working Together – paragraph 3.8  |  |
| Assessment Framework – paragraph 1.50   |  |
| <b>SSI Expectation</b>  |  |
| Ensure that planning and review meetings, for children where there are welfare concerns, including those in hospital, take full account of the inter-agency nature of child protection work, and include invitations to all relevant professionals. |  |
| <b>Current Position</b>   | <b>Status</b>  |
| Arrangements in place to achieve this.<br><br>Hospital social workers attend all hospital meetings at North Middlesex University Hospital.  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| Review effectiveness of present arrangements and level of inter-agency participation.   | ACPC Executive   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 4 - GUIDANCE

| <b>Recommendation 38</b>  |  |
|---|--|
| <p>Directors of social services must ensure that the transfer of responsibility of a case between local authority social services departments is always recorded on the case file of each authority, and is confirmed in writing by the authority to which responsibility for the case has been transferred. (paragraph 5.152)</p> <p><b>Timescale: 3 months</b></p>                        |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraph 7.51</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that procedures provide clear guidance on the management and recording of transfers of children in need cases between different council areas, in line with requirements contained in Working Together to Safeguard Children and including recording the transfer on the case file and a written confirmation that responsibility has been accepted by the receiving council.</p> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>See also Recommendation 23</p> <p>Currently in place for Looked After Children and where child's name is on Child Protection Register.</p> <p>Need to improve documentation and tracking of response.</p>  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Need to review procedures for making and recording notification.</li> <li>• Check this was achieved in all cases closed on transfer in last 6 months.</li> </ul>   | <p>Policy &amp; Procedures Group</p> <p>Case Recording Group</p>                               |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 23</b>  |  |
|---|--|
| <p>If social services place a child in accommodation in another local authority area, they must notify that local authority's social services department of the placement. Unless specifically agreed in writing at team manager level by both authorities or above, the placing authority must retain responsibility for the child concerned. (paragraph 4.82)</p> <p><b>Timescale: 3 months</b></p> |  |
| <b>Statutory Guidance</b>   |  |
| Working Together – paragraph 7.51   |  |
| <b>SSI Expectation</b>  |  |
| Retain full responsibility for the care and supervision of children placed outside its boundaries, until alternative and suitable arrangements are agreed by the receiving council.   |  |
| <b>Current Position</b>   | <b>Status</b>  |
| Recommendation as worded would not reflect the agreements reached by London authorities and reflected in the Pan London Child Protection Procedures.  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Need to develop Identification Referral &amp; Tracking Pilot with this in mind.</li> <li>• Need to review procedures for making and recording notifications</li> </ul>   | Frank Booth<br><br>Policy & Procedures Group   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| Recommendation 42   |  |
|---|--|
| <p>Directors of social services must ensure that where the procedures of a social services department stipulate requirements for the transfer of a case between teams within the department, systems are in place to detect when such a transfer does not take place as required. (paragraph 6.7)</p> <p><b>Timescale: 3 months</b></p> |  |
| Statutory Guidance  |  |
| Assessment Framework – paragraph 6.13   |  |
| SSI Expectation   |  |
| Have in place monitoring arrangements that alert managers to situations involving individual children, where adherence to internal transfer protocols has not occurred.   |  |
| Current Position  | Status   |
| Current arrangements meet expectation   | <br>Green                       |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>• Update written guidance.</li> <li>• Monitor compliance through case file audit.</li> </ul>   | <p style="text-align: center;">Policy &amp; Procedures Group</p> <p style="text-align: center;">Service Managers</p> |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 51</b>  |  |
|---|--|
| <p>Directors of social services must ensure that all strategy meetings and discussions involve the following three basic steps:</p> <ul style="list-style-type: none"> <li>• A list of action points must be drawn up, each with an agreed timescale and the identity of the person responsible for carrying it out.</li> <li>• A clear record of the discussion or meeting must be circulated to all those present and all those with responsibility for an action point.</li> </ul> <p>A mechanism for reviewing completion of the agreed actions must be specified. The date upon which the first such review is to take place is to be agreed and documented. (paragraph 6.575)</p> |  |
| <b>Timescale: 3 months</b>  |  |
| <b>Statutory Guidance</b>   |  |
| Working Together – paras 5.28 – 5.32  |  |
| <b>SSI Expectation</b>  |  |
| Ensure that clear guidance for the operation and recording of strategy discussions is in place in accordance with Working Together and check through routine monitoring and audit, that this guidance is followed.  |  |
| <b>Current Position</b>   | <b>Status</b>  |
| Arrangements in place. Documentation needs to be updated.   | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| Update strategy meeting pro forma.  | Teresa Walsh-Jones   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 4 - GUIDANCE

| <b>Recommendation 46</b>   |  |
|--|--|
| Directors of social services must ensure that the roles and responsibilities of child protection advisers (and those employed in similar posts) are clearly understood by all those working within children's services. (paragraph 6.71) |  |
| <b>Timescale: 3 months</b>   |  |
| <b>Statutory Guidance</b>  |  |
| Working Together – paragraphs 3.14 – 3.19  |  |
| Assessment Framework – paragraphs 5.9 – 5.15   |  |
| <b>SSI Expectation</b>   |  |
| Set out clear accountability arrangements for all staff working with children in need, including advisory staff such as Child Protection Advisers, and ensure these are understood throughout the organisation.                          |  |
| <b>Current Position</b>  | <b>Status</b>  |
| Procedural guidance was issued to all staff in 2002.   | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| Ensure guidance on Harinet and clearly communicated to new staff.  | Policy & Procedures Group  |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 4 - GUIDANCE

| <b>Recommendation 57</b>   |  |
|--|--|
| <p>Directors of social services must ensure that social work staff are made aware of how to access effectively information concerning vulnerable children which may be held in other countries. (paragraph 6.619)</p> <p><b>Timescale: 6 months</b></p>                            |  |
| <b>Statutory Guidance</b>  |  |
| <p style="text-align: center;"><b>SSI Expectation</b></p> <p>Have established, via the Area Child Protection Committee, effective interagency guidance for obtaining information about children in need who come to the UK from other countries.</p>                               |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>Growing knowledge base in service with some recent successful interventions with Foreign Office support.</p>  | <br>Red   |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Unite interagency guidance.</li> <li>• Provide staff training for Child Protection Advisors and Team Managers.</li> <li>• Liaise with other authorities via ADSS/Senior Childcare Manager Forum on format/content of guidance.</li> </ul> | <p style="text-align: center;">ACPC Executive</p> <p style="text-align: center;">Staff Development</p> <p style="text-align: center;">Director/AD Children</p> |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 4 - GUIDANCE


| <b>Recommendation 59</b>  |   |
|---|---|
| <p>Directors of social services must ensure that staff working with vulnerable children and families are provided with up-to-date procedures, protocols and guidance. Such practice guidance must be located in a single source document. The work should be monitored so as to ensure procedures are followed. (paragraph 8.7)</p> <p><b>Timescale: 6 months</b></p> |   |
| <b>Statutory Guidance</b>   |   |
|   |   |
| <b>SSI Expectation</b>  |   |
| <p>Ensure that staff working with children and families have effective access to up to date procedures, protocols and guidance which accord with the ACPC procedures and that staff's compliance with these procedures is routinely monitored.</p>  |   |
| <b>Current Position</b>   | <b>Status</b>   |
| <p>Revised ACPC Procedures issued in July 2002.</p> <p>Update procedural guidance for Children's Services produced and distributed February 2003.</p> <p>Updated policies produced and distributed February 2003.</p>   | <br>Green  |
| <b>Action Required</b>  | <b>By Whom</b>  |
| <ul style="list-style-type: none"> <li>• Maintain up to date procedures both in hard copy and Harinet.</li> <li>• Maintain, produce and update policy guidance.</li> </ul>  | <p>Lis Marnham/P&amp;PA<br/>Children's Services</p> <p>Mary Connolly<br/>(Strategy Service)</p> |



## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 4 - GUIDANCE

| <b>Recommendation 38</b>  |  |
|---|--|
| <p>Directors of social services must ensure that the transfer of responsibility of a case between local authority social services departments is always recorded on the case file of each authority, and is confirmed in writing by the authority to which responsibility for the case has been transferred. (paragraph 5.152)</p> <p><b>Timescale: 3 months</b></p>                        |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraph 7.51</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that procedures provide clear guidance on the management and recording of transfers of children in need cases between different council areas, in line with requirements contained in Working Together to Safeguard Children and including recording the transfer on the case file and a written confirmation that responsibility has been accepted by the receiving council.</p> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>See also Recommendation 23</p> <p>Currently in place for Looked After Children and where child's name is on Child Protection Register.</p> <p>Need to improve documentation and tracking of response.</p>  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Need to review procedures for making and recording notification.</li> <li>• Check this was achieved in all cases closed on transfer in last 6 months.</li> </ul>   | <p>Policy &amp; Procedures Group</p> <p>Case Recording Group</p>                               |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 5 - TRAINING AND DEVELOPMENT

| <b>Recommendation 20</b>  |  |
|---|--|
| <p>Directors of Social Services must ensure that staff in their children and families' intake teams are experienced in working with children and families, and that they have received appropriate training. (paragraph 4.16)</p> <p><b>Timescale: 6 months</b></p>   |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraph 9.12</p> <p>Assessment Framework – paragraphs 6.23 – 6.25; 6.29 – 6.33</p>  |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that all staff working with children in need and their families are suitably skilled and qualified and have access to continuing professional development.</p>  |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>See also Recommendation 52.</p> <p>Recruitment and retention package will improve level of experience.</p> <p>Training problems for job roles need to be developed to ensure consistent decision around necessary training.</p> <p>Implement fully training needs analysis as part of Performance Appraisal.</p> | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Pilot approach in Referral &amp; Assessment Teams, Emergency Duty Team and Unaccompanied Minors Team by end of March 2003.</li> <li>• Refine approach and roll out by end of July 2003.</li> </ul>   | OD&L   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 5 - TRAINING AND DEVELOPMENT

| <b>Recommendation 31</b>   |   |
|--|---|
| <p>Directors of social services must ensure that all staff who work with children have received appropriate vocational training, receive a thorough induction in local procedures and are obliged to participate in regular continuing training so as to ensure that their practice is kept up to date. (paragraph 5.30)</p>   |   |
| <b>Timescale: 6 months</b>   |   |
| <b>Statutory Guidance</b>  |   |
| Working Together – paragraph 9.12  |   |
| <b>SSI Expectation</b>   |   |
| <p>1. Ensure that the training needs of all staff working with children are assessed through staff appraisal and personal development planning and that they have access to appropriate skills training, according to assessed need and experience.</p> <p>2. Have effective arrangements in place for the induction of all new staff including ACPC child protection requirements.</p>  |   |
| <b>Current Position</b>  | <b>Status</b>   |
| <p>See also Recommendations 20 and 52.</p> <p>Performance Appraisal system provides for personal development plans.</p> <p>Recruitment &amp; Retention package has provided for study leave to achieve Continuous Professional Development.</p> <p>Children's Services Induction Pack and Guide to Services was published in November 2002 and is being integrated with Employee Folder.</p> <p>New approach to Induction introduced 10<sup>th</sup> February 2003 which will ensure quarterly programme and specific arrangements for overseas workers.</p> | <br>Amber                                |
| <b>Action Required</b>   | <b>By Whom</b>  |
| <ul style="list-style-type: none"> <li>• Need to link with Corporate People Development Plan.</li> <li>• Roll out study days to all staff with individual learning objectives.</li> <li>• Ensure Induction includes child protection modules.</li> <li>• Strengthen ACPC training through appointment of training &amp; Development worker.</li> </ul>   | <p style="text-align: center;">Phillippa Morris</p> <p style="text-align: center;">Teresa Walsh Jones/<br/>ACPC Executive</p> |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 5 - TRAINING AND DEVELOPMENT

| <b>Recommendation 37</b>   |   |
|--|---|
| <p>The training of social workers must equip them with the confidence to question the opinion of professionals in other agencies when conducting their own assessment of the needs of the child. (paragraph 5.138)</p> <p><b>Timescale: 6 months</b></p>   |   |
| <b>Statutory Guidance</b>  |   |
| <p style="text-align: center;"><b>SSI Expectation</b></p> <p>Offer appropriate training and management support to promote professional confidence and encourage and support social workers to express their professional views assertively in all settings.</p>  |   |
| <b>Current Position</b>  | <b>Status</b>   |
| <p>This will be difficult to achieve given the relative status of social workers compared to consultants, lawyers etc. Needs action at national as well as local levels.</p> <p>Joint training to promote good multi-disciplinary working in place through ACPC.</p> <p>Joint Legal Services/Social Services training planned for March.</p> | <br>Amber  |
| <b>Action Required</b>   | <b>By Whom</b>  |
| <ul style="list-style-type: none"> <li>• Need to consider how social workers can be assisted to achieve this given barriers from more established professions, e.g. medicine, law.</li> <li>• Consider with PCT/Local Medical Council how this could be effected.</li> <li>• Continue work with head teachers.</li> </ul>                    | <p style="text-align: center;">OD&amp;L</p> <p style="text-align: center;">David Derbyshire/<br/>Anne Bristow</p> <p style="text-align: center;">David Derbyshire/<br/>Anne Bristow</p> |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 5 - TRAINING AND DEVELOPMENT

| Recommendation 43  |  |
|--|--|
| <p>No social worker should undertake section 47 inquiries unless he or she has been trained to do so. Directors of social services must undertake an audit of staff currently carrying out section 47 inquiries to identify gaps in training and experience. These must be addressed immediately. (paragraph 6.12)</p> <p><b>Timescale: 6 months</b></p> |  |
| Statutory Guidance   |  |
| <p>Working Together – paragraph 9.12</p> <p>Assessment Framework – paragraphs 6.23; 6.37</p>   |  |
| SSI Expectation  |  |
| <p>Ensure that staff only undertake initial assessments, Section 47 enquiries and core assessments if they are trained and competent to do so and have in place a system to identify gaps in skills or knowledge and to provide urgent training to address any gaps.</p>   |  |
| Current Position   | Status   |
| <p>Need to link with Recommendation 20.</p> <p>All staff undertaking this work are professionally qualified.</p> <p>Child Protection Advisors providing additional training in Feb/March 2003.</p> <p>Work by KPMG to improve social work practice should also impact here.</p>  | <br>Amber |
| Action Required  | By Whom  |
| <ul style="list-style-type: none"> <li>• Pilot approach in Referral &amp; Assessment Teams, Emergency Duty Team and Unaccompanied Minors Team by end of March 2003.</li> <li>• Refine approach and roll out by end of July 2003</li> </ul>   | OD&L   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 6 - ORGANISATION AND MANAGEMENT

| <b>Recommendation 60</b>   |  |
|--|--|
| Directors of social services must ensure that hospital social workers working with children and families are line managed by the children and families' section of their social services department. (paragraph 8.19)  |  |
| <b>Timescale: 6 months</b>   |  |
| <b>Statutory Guidance</b>  |  |
| Assessment Framework – paragraphs 6.26 – 6.28  |  |
| <b>SSI Expectation</b>   |  |
| Ensure that hospital social workers working with children and families who are employed by the council, receive support and supervision from line managers who have experience and expertise in child care work, and who are fully conversant with child care procedures, including those of the Area Child Protection Committee and relevant children's legislation.                                      |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Social workers at North Middlesex University Hospital are managed as part of North Tottenham District Office.</li> <li>• Social workers using Haringey Child Protection Procedures and common forms with Enfield SSD.</li> <li>• Pan London Procedures will simplify position with other local hospitals.</li> </ul> <p><b>Note: Not in Milburn checklist</b></p> | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| Implement Pan London Procedures at agreed time (on hold pending discussions with DoH).   | ACPC   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 6 - ORGANISATION AND MANAGEMENT

| Recommendation 50   |   |
|---|---|
| Directors of social services must ensure that when staff are absent from work, systems are in place to ensure that post, emails and telephone contacts are checked and actioned as necessary. (paragraph 6.318) |   |
| <b>Timescale: 3 months</b>  |   |
| Statutory Guidance  |   |
|   |   |
| SSI Expectation   |   |
| Have in place adequate cover arrangements that allow continuity of response, on behalf of a child, in the absence of the key worker.  |   |
| Current Position  | Status  |
| Arrangements in place but not full compliance, particularly for unplanned absence and electronic communication.<br><br>Need to improve use of IT and options in Microsoft office.                               | <br>Amber |
| Action Required   | By Whom   |
| Standard procedures to issued and implemented across Directorate.   | Policy & Procedures Group/<br>Susan Barter  |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 6 - ORGANISATION AND MANAGEMENT


| <b>Recommendation 45</b>  |  |
|---|--|
| <p>Directors of social services must ensure that the work of staff working directly with children is regularly supervised. This must include the supervisor reading, reviewing and signing the case file at regular intervals. (paragraph 6.59)</p> <p><b>Timescale: 3 months</b></p> |  |
| <b>Statutory Guidance</b>   |  |
| <p>Working Together – paragraphs 7.52 - 7.54</p> <p>Assessment Framework – paragraphs 6.26 – 6.28</p>   |  |
| <b>SSI Expectation</b>  |  |
| <p>Ensure that, as part of regular supervision, managers scrutinise the work of childcare practitioners, including reviewing case files. The manager's observations and any recommended actions should be recorded on the child's notes/file.</p>                                     |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <p>Supervision guidance in place.</p> <p>Case file audit in place.</p>  | <br>Amber |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Strengthen procedural guidance.</li> <li>• Need to put monitoring arrangements in place.</li> </ul>  | liP Team   |



## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 6 - ORGANISATION AND MANAGEMENT

| <b>Recommendation 44</b>   |  |
|--|--|
| <p>When staff are temporarily promoted to fill vacancies, directors of social services must subject such arrangements to six-monthly reviews and record the outcome. (paragraph 6.29)</p> <p><b>Timescale: 3 months</b></p>            |  |
| <b>Statutory Guidance</b>  |  |
| <p> </p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that the impact on service delivery of filling vacancies on a temporary basis is regularly reviewed by senior managers and that the competence of temporary staff is reviewed through regular supervision and appraisal.</p> |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>Personnel procedures in place to monitor arrangements.</p>  | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Review procedure and re-issue.</li> <li>• Quarterly reports to Performance DMT meeting.</li> </ul>  | <p>Policy &amp; Procedures Group</p> <p>Personnel Manager</p>                                  |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 6 - ORGANISATION AND MANAGEMENT

| Recommendation 30   |   |
|---|---|
| Directors of social services must ensure that senior managers inspect, at least once every three months, a random selection of case files and supervision notes. (paragraph 5.27)   |   |
| <b>Timescale: 3 months</b>  |   |
| Statutory Guidance  |   |
|   |   |
| SSI Expectation   |   |
| Ensure that senior managers are routinely involved in audits of professional practice and supervision.  |   |
| Current Position  | Status  |
| Arrangements in place for case file audit which will note supervision records on case file.   | <br>Amber |
| Action Required   | By Whom   |
| <ul style="list-style-type: none"> <li>• Review effectiveness of case file audit.</li> <li>• Introduce supervision audits.</li> <li>• Ensure quarterly reports to Divisional Management meetings and to Performance DMT.</li> </ul> | Policy & Procedures Group<br><br>IIP Team<br><br>F & P Managers                               |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 7 - GOVERNANCE

| <b>Recommendation 27</b>  |  |
|---|--|
| <p>Chief executives and lead members of local authorities with social services responsibilities must ensure that children's services are explicitly included in their authority's list of priorities and operational plans. (paragraph 5.4)</p> <p><b>Timescale: 6 months</b></p>   |  |
| <b>Statutory Guidance</b>   |  |
| <p>The Local Authority Social Services Act 1970<br/>           Paragraph 1A Schedule 2 to the Children Act 1989<br/>           Working Together – paragraph 3.2<br/>           Assessment Framework – paragraph 6.6<br/>           CI (2003)1<br/>           CI (2003)1</p>   |  |
| <b>SSI Expectation</b>  |  |
| <ol style="list-style-type: none"> <li>1. Ensure that children's services priorities are included in overall council plans and service objectives.</li> <li>2. Ensure that adequate staffing and other resources are allocated to social services to enable it to safeguard and promote the wellbeing of children in its area. Ensure that where there are significant changes in resourcing levels or organisational structures, the associated risks are assessed and addressed.</li> <li>3. Ensure that the role and position of the Director of Social Services is compliant with guidance and that there are clear lines of accountability throughout the organisation.</li> </ol> |  |
| <b>Current Position</b>   | <b>Status</b>  |
| <ul style="list-style-type: none"> <li>• Children's Services clear Corporate priority which has been reflected in resource allocation and the Community Strategy.</li> <li>• Significant increases in resources made available to Children's Services.</li> <li>• Role and position of Director of Social Services meet expectations set out in Chief Inspector's letter.</li> </ul>  | <br>Green |
| <b>Action Required</b>  | <b>By Whom</b>   |
| <ul style="list-style-type: none"> <li>• Ensure Corporate plans explicitly acknowledge priority being given to Children's Services.</li> </ul>  | Lesley Courcouf/<br>David Hennings   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 7 - GOVERNANCE

| Recommendation 30   |  |
|---|--|
| <p>Directors of social services must ensure that senior managers inspect, at least once every three months, a random selection of case files and supervision notes. (paragraph 5.27)</p> <p><b>Timescale: 3 months</b></p>          |  |
| Statutory Guidance  |  |
|   |  |
| SSI Expectation   |  |
| <p>Ensure that a robust quality assurance system exists across all the council's services to children in need and that the Chief Executive and councillors receive regular and comprehensive performance reports.</p>               |  |
| Current Position  | Status   |
| <p>Arrangements in place for case file audit which will note supervision records on case file.</p>  | <br>Amber   |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>• Review effectiveness of case file audit.</li> <li>• Introduce supervision audits.</li> <li>• Ensure quarterly reports to Divisional Management meetings and to Performance DMT.</li> </ul> | <p style="text-align: center;">Policy &amp; Procedures Group</p> <p style="text-align: center;">liP Team</p> <p style="text-align: center;">F &amp; P Managers</p> |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 7 - GOVERNANCE

| Recommendation 49   |  |
|---|--|
| <p>When a professional from another agency expresses concern to social services about their handling of a particular case, the file must be read and reviewed, the professional concerned must be met and spoken to, and the outcome of this discussion must be recorded on the case file. (paragraph 6.289).</p> <p><b>Timescale: 6 months</b></p> |  |
| Statutory Guidance  |  |
| <p>Working Together – paragraph 5.51</p>  |  |
| SSI Expectation   |  |
| <p>Have established a robust process for dealing with concerns originating from another agency about any aspect of service delivery that is the responsibility of the council and ensure that the outcomes of such representations are properly recorded and communicated to the originator of the concern.</p>                                     |  |
| Current Position  | Status   |
| <ul style="list-style-type: none"> <li>• Haringey Child Protection Procedures deal with this issue.</li> <li>• Clear procedures and process for representations received by Director/Assistant Director</li> <li>• Less consistency when representations to front line staff.</li> </ul>  | <br>Amber |
| Action Required   | By Whom  |
| <ul style="list-style-type: none"> <li>• Ensure all staff clear of process to be followed.</li> <li>• Publicise to partner agencies how to effectively make representations.</li> </ul>   | Policy & Procedures Group<br><br>Staff Development   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS


#### STANDARD 7 - GOVERNANCE

| Recommendation 28  |  |
|--|--|
| <p>The Department of Health should require chief executives of local authorities with social services responsibilities to prepare a position statement on the true picture of the current strengths and weaknesses of their 'front door' duty systems for children and families. This must be accompanied by an action plan setting out the timescales or remedying any weaknesses identified. (paragraph 5.9)</p> <p><b>Timescale: 6 months</b></p> |  |
| Statutory Guidance   |  |
| <p>Assessment Framework - paragraph 6.14</p>   |  |
| SSI Expectation  |  |
| <p>Review the effectiveness of referral and initial assessment systems, including those provided outside office hours, to establish whether they are safe, responsive and provide services in accordance with council policies and statutory requirements. Findings should be reported to councillors and an action plan with timescales and arrangements to review progress, that address identified areas for development produced.</p>            |  |
| Current Position   | Status   |
| <p>The Position Statement and Self Assessment for the March 2003 Inspection provide analysis.</p> <p>Regular reports to CSWG provide members with detailed performance information.</p>  | <br>Green |
| Action Required  | By Whom  |
| <p>Update current action plan "Children's Services Improvement Plan" when 2003 Inspection Report received.</p>   | David Derbyshire   |

## APPENDIX 3

### SOCIAL CARE RECOMMENDATIONS

#### STANDARD 3 - ALLOCATION, SERVICE PROVISION AND CLOSURE

| <b>Recommendation 54</b>   |  |
|--|--|
| <p>Directors of social services must ensure that all cases of children assessed as needing a service have an allocated social worker. In cases where this proves to be impossible, arrangements must be made to maintain contact with the child. The number, nature and reasons for such unallocated cases must be reported to the social services committee on a monthly basis. (paragraph 6.589)</p> <p><b>Timescale: 6 months</b></p> |  |
| <b>Statutory Guidance</b>  |  |
| <p>Working Together – paragraph 3.6</p> <p>Assessment Framework – paragraphs 1.28 – 1.32</p>   |  |
| <b>SSI Expectation</b>   |  |
| <p>Ensure that services and support provided are commensurate with the levels of assessed need including the allocation of a social worker where necessary. Where it is not possible to allocate a social worker Managers should make contingency plans for contact with the child and ensure that a system exists to monitor and report to senior managers and the responsible executive councillor(s).</p>                             |  |
| <b>Current Position</b>  | <b>Status</b>  |
| <p>All children whose names are on Child Protection Register or who are looked after have an allocated social worker.</p> <p>There are 30 unallocated family support cases.</p>  | <br>Green |
| <b>Action Required</b>   | <b>By Whom</b>   |
| <p>Regular reports on unallocated cases will be made to Children's Services Working Group from 1<sup>st</sup> April 2003.</p>  | <p>David Derbyshire</p>  |