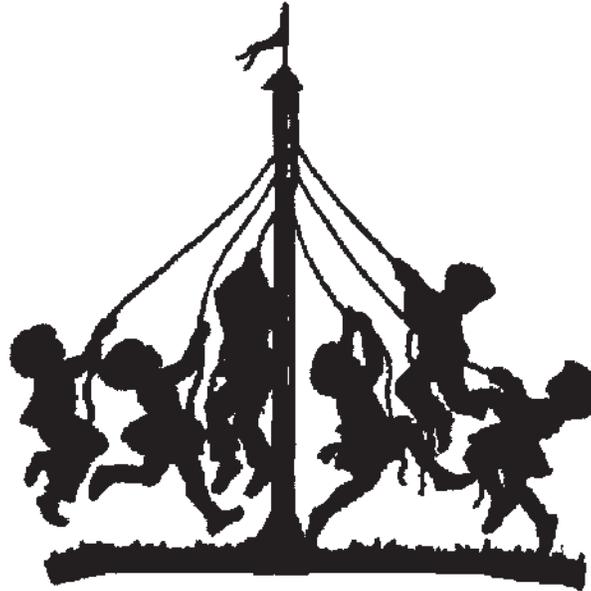


The Michael Sieff Foundation
working together for children's welfare



The Michael Sieff Foundation Conference 2003
**Ensuring Effective Intervention
in a Changing World**

Report of the Conference
hosted by
The Michael Sieff Foundation
at Cumberland Lodge, Great Windsor Park
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I. Introduction

The delegates were welcomed by **Lady Elizabeth Haslam**, Founder and Trustee of the Michael Sieff Foundation, who recalled how the venture had grown and strengthened since it began in 1986, and how the annual conference had contributed to that process. Recommendations from the Conference were respected and acted upon. This year's conference report was destined to have an extremely important input into the Green Paper on children at risk.

Baroness Valerie Howarth, in her welcome, noted that we lived in changing times. This year she was celebrating her fortieth year in social care, a career which had begun with the 1963 Act. She had met generations of social workers going back to the Curtis Report, had a long experience of child care and still often encountered young people who have been looked after over the years with happy outcomes. Constant change was here to stay and had to be embraced in order to ensure that good continuative care is available for children. For eighteen years the Michael Sieff Foundation has tried to grasp the issues, make recommendations to government, and follow them through, alongside other voluntary and statutory colleagues. The aim of all was better services for children.

The Green Paper would provoke discussions of structures and frameworks, important parts of the social care roadmap. But such infrastructure worked only if the relationships between parties work. Professionals needed time to get to know and trust

one another, because otherwise the emphasis becomes too focused on the boundaries of professionalism, rather than on discussion, the sharing of views and the changing of minds. In terms of timing, the conference was poised at a crucial moment.

What mattered was children's lives and their protection and that all continued to use intellect and understanding and to apply research to this matter. She wanted in this multidisciplinary setting, to highlight social work in particular. It was the discipline most vulnerable in the climate of change, and now faced the greatest threats and the greatest opportunities. While other professions were firmly grounded in their particular disciplines, social work had been so wide, had so much to do, and dealt with so much of the grime of life, that it had not been sufficiently nurtured. Social work was in desperate need of nurturing and care, continuity and consistency.

Looking forward, Baroness Howarth welcomed a new era of multi-disciplinary work, something which the Michael Sieff Foundation had always stood for. She had great hopes as well as anxieties for the future. We had to apply research, and social work had to do that better. Human relationships and individual professional development were vital, and it was time we started to have social work managed by people who understood practice and were able to continue their practice as well as developing their management skills. And to everything we must bring passion, because if we do not care, nothing will be achieved.

2. Setting the Scene: Today's Government Initiatives

Tom Jeffrey, Director, Children's and Families Group, DfES

I have spoken once at this conference before. I think it was four years ago, pretty well to the day in this room, at the launch of a major change programme, 'Quality Protects'. And I speak now in the light of many further changes: in Government, the forthcoming Green Paper, and in the light of all the changes which have happened locally on the ground over the last four years. And there is no doubt at all, it seems to me, that that has been a four year period of major achievement. I think it is also arguable, that we have between us, but with a particular emphasis here on government, undersold those achievements. In some respects government has contributed to that, making it difficult to tell the full story and making it almost inevitable that the whole has been in some degree less than the sum of its parts. And I think now

that we have an opportunity to rectify that, to take a really significant step forward, one in which we celebrate what has been achieved and what we have done, one equally in which we learn lessons and throughout keeping a focus on what we are here to do, to transform the lives of children and families.

Lessons from Quality Protects

In what I want to say now by way of introduction, and this is in part a personal reflection, I want to touch on Quality Protects, I want to mention an array of children's services and developments over the last few years, reflect on some lessons and opportunities, and then talk about aspects of how we go forward. To start with Quality Protects, there is no doubt, that thanks to a huge effort across 150 local authorities and

throughout the voluntary sector and beyond, that Quality Protects has been a major development in children's services. It's been a coherent change programme, it's had robust and clear objectives which have stood the test of the programme over those years. It has focussed on outcomes and key processes. There has been linked inspection and evaluation. There has been cooperative work on improvement. There's been a strong stress on partnership. All those things seem to me vital to the next stage of reform. They were right at the time, they have stood the test of time and they've delivered results. We know now, in quite a short period of time, a good deal more about the life circumstances and outcomes of children in care and other vulnerable children, than we did at the start of the Quality Protects programme. Many outcomes are improving, many children's lives are more stable, there are strong common processes in place, there's been significant development in the whole concept of corporate parenting, there have been real gains in listening to children and in children's participation. I think that is a testament to the way that people have worked in this Programme across the country in the last four years.

But I don't think that progress has been as great as we would have all liked. We are still struggling to improve education outcomes for children in care. They are rising, but they are not rising anything like as fast as we would have liked. Some outcomes have actually fallen in the last year. There is still too much instability in care, with direct consequences for education and other outcomes. And there is still variation in practice.

What lessons might we draw from the Quality Protects programme as we look forward? One of them is pretty clear to us in Government. We were, initially at least, far too bureaucratic. We did want to focus on outcomes, but we obliged a lot of people to spend a lot of time on complex plans and paper. I think, and this may be inevitable, that Quality Protects struggled in a world of legitimately competing priorities, with services for the elderly, and social care with other top priorities in the health service. I think it has not yet sufficiently mainstreamed vulnerable children's issues in wider children's services. I think change has come incrementally and we have perhaps not worked on those high impact aspects of change which can make transformative change across the system. And it is arguable as to whether Quality Protects – and many of you pointed this out to me at the time – was a whole system change. There was room for more emphasis on prevention. It did focus predominantly on children who had reached crisis. I think it is arguable that it has not sufficiently engaged health and schools. So I think Quality Protects was the right thing to do, did the right things, and produced results, but it has not yet taken us, and vulnerable children and families, as far as we need to go.

Other Positive Developments

But Quality Protects has not been the only change programme, the only significant development over the past few years, by any means. In part as a result of some of the factors I've talked about, in part as the result of other paradigms, there have been many other positive developments. We can all think of them: Sure Start, 500 local programmes now, integrated Children's Centres. And there are other interesting less recognised programmes, like the early support pilot programme for early identification of disability, particularly arising from new-born hearing screening. In the school years we are committed to 240 full-service extended schools over the next few years. And also doing really positive, well-received work in behaviour improvement and in multi-agency behaviour and education support teams. The Children's Fund is up and running and pioneering a great deal of innovative, preventative work, as is the Local Network Fund. YOTs are producing real results in terms of re-offending. Connexions: live across the country for 13-19 year olds. Summer activities programmes: we are just completing the second year of a national summer activities programme with some success. The forthcoming National Service Framework for children, which will be an extremely powerful development over the next few years, and alongside that, real investment effort now in the reform and development of CAMHS. And if you were told, say ten years ago, in the early 1990s, that a decade hence all that would be happening and delivering results, you would have been delighted and excited.

You might, however, at the same time, have paused to ask whether it all added up to a coherent whole. Because if we look at what we have, we'll see enormous energy, great projects, dedicated people across the country – (I know there are serious issues in terms of workforce morale, recruitment, retention, but there are many more people working with children) – but you'll also see a whole host of disparate objectives and targets, many of them set by government. You'd see a torrent of funding streams, multiple accountability frameworks, a plethora of projects of all kinds all over the country, but no national guarantee of consistency of service.

And that won't be news to you, who deal with the consequences of it day by day. And it is many respects people working locally in children's services, with these programmes, and with programmes of their own, who have shown the way forward. Many local authorities, many in the health service, many in the voluntary sector, have moved some distance ahead of government. Because across the country there is a real desire to make the whole more than the sum of its parts. If you look at what goes on around some Sure Start local programmes, bringing coherence of service to entire communities. If you look at the creation of integrated Children's Departments, if you look at the

enormous enterprise which set up extended schools before the government began to promote them; if you look at the reaction before the first hint of an invitation to the development of Children's Trusts. So in what I am saying I am not for the moment claiming that the government got there first. In many respects the government is running to catch up.

Priorities for the Future

But let's look forward, because we do want to catch up, we do want to acknowledge initiative, we do want to develop partnerships, learn from those programmes, learn from Quality Protects and go forward together with you and colleagues across the country. And there have been significant developments which will help to do that. There's the appointment in June of Margaret Hodge as the first Minister for Children. There's the creation within in DfES of the new Children and Families Directorate, bringing together all sorts of programmes in the Department for Education, so family law policy, family policy from the Home Office, children's social care from the Department of Health. And at the same time we are putting in place new arrangements to make sure that we work together much more effectively across government.

And all this represents huge change for DfES and more importantly, a huge opportunity for the further development of children's services, so long as we learn the lessons of the last few years, we do bring programmes together, we work in the closest partnership with colleagues across government, those in the Department of Health and elsewhere, and with all of you, and that we do make an effort now to deliver whole systems change.

I won't talk about the Green Paper, although this week's radio, television and press seems to have told you most of what you need to know. But I will talk about the way we are setting up the new Directorate, and the way that we want to work and some of the opportunities I see. Margaret Hodge made an important statement to the Local Government Association in the very first days of taking up her post, when she set out five pillars of reform. It is a useful guide for all of us as to the priorities to which she wants to work.

Priorities for the Children and Families Directorate

The first is that we must put children at the heart of all we do; that services must be planned, developed and delivered around the needs of children, young people and families.

The second was an emphasis on the early years and on starting early.

Then there is an emphasis on continuity of support. If you look at all those programmes of children's reform and development which I was mentioning, there are too many cliff edges. There are cultures developed in the early years that are different in the primary years and again in adolescence. We need

greater consistency and continuity in our programmes.

Fourth, there must be running through all we do a commitment to protect children and to support children with particular needs. Keeping children safe must be at the heart of what we do, and in emphasising prevention we must not neglect protection.

Fifth: we must strengthen services which support parents and families.

We are now seeking to build on those five key ideas, those five pillars, examining what we must do with our partners if we are to put in place whole system change which works, and it will only work if it helps colleagues across the country to develop their practice.

Clarity and Spreading Good Practice

We need to be very clear about what we want to achieve. We need clear shared priorities and objectives. We need to rationalise that plethora of targets and objectives of which I spoke. We do need some structural changes so long as they facilitate the practice change to which I referred, and we will be working with partners to put those in place. We also need, a much more coherent, focussed supportive workforce strategy. I don't think we had that at the start of Quality Protects and I think we came to it too late. We need it now. We need to know whether we are achieving our objectives, and how and where we are being successful and where we are being less so, and that means a more integrated approach to inspection which does not impose a whole set of burdens on providers and deliverers.

And I think this is fundamentally important: we need to be much better at learning and improving and government needs to be better at that above all, perhaps. And this applies to the theme of your conference: Effective Practice for Children – we need to learn lessons and transfer lessons across government. We need to learn from the modernisation agency in the Department of Health, from the social care Institute for Excellence, from the Innovation Unit in DfES, we need to bring all those field forces together, we need to work better together to learn what works and spread that practice. And at the moment we are working through the initial stages of a programmes which I hope will begin to bring these themes together. We are very pleased indeed that a number of very respected and expert people from the statutory and the voluntary world have agreed to work with us closely on this over the next months and years in a very hands-on way.

And then we will, as I say, be publishing a Green Paper in the next few days. It will set a clear direction of travel, but it will also be a consultative paper. It will, I hope – we are determined that it should – set off a period of intense debate and reflection and learning on all sides. It won't contain major surprises, I hope

because of the way in which we have sought to listen to people as the paper has been drafted, and sought to involve colleagues in its preparation. And I hope that it won't involve major surprises too. It is about recognising the changes which have been made out there already, which have moved services forward. It needs to go with the grain of those changes and I very much hope it will be seen as doing so. Because the government doesn't have all the answers, we wouldn't claim that for a moment and a Green Paper can't possibly have those answers – which lie, as your theme for this conference recognises, in the quality of practice in day-to-day relationships with children and families. The issue is whether we in government, working with all of you, can put in place the framework which will

facilitate good practice and spread the very best practice around the country. The issue is whether we can do it now on a whole system basis which addresses affectively both prevention and protection, education and health, care and crime. And the issue is whether we can do so in a way which engages and enthuses all those who work day to day with children, so that it is not a management imposition, it is a change programme with which people across the country at all levels are involved.

So I do believe that this is a moment of really significant opportunity. We'll need to challenge each other, debate with each other, insure that all that we do is focused on delivering that better practice which alone can produce change for children and families.

3. The Changing World – A Conceptual Framework

Michael Little, Dartington Social Research Unit, University of Chicago

I am going to try and set the context by talking about expected development in children's services (though I am going to say very little about that as Tom has covered the main ground); about evidence on children in England and Wales, (and to do that I am going to be largely drawing on the publication "The Well Being of Children in the UK", which comes from the University of York, is published in collaboration with Save the Children and the Joseph Rowntree Foundation, covers evidence on all aspects of children's lives and is a very useful compendium showing how we are doing with our children here in this country.) I'll be looking at the evidence about children's services, and then something about the challenges presented by this data for consumers of evidence.

Expected Developments in Children's Services

We are now talking about services for *all* children: all children at some point are children in need in their development. We are talking about Children's Services, which is a new term, defined in some government publications, but is a different way of thinking from the past. We are continuing to talk about interagency cooperation. There isn't a sense that this will be one department, but it will be continue to be a set of agencies working together on a cooperative agenda. We are talking about accountability. One assumes that in the Green Paper there will be a lot of emphasis on individuals in local authorities taking responsibility for children in those local authorities. That is a critical aspect, and has been a much neglected aspect of services in the past. One presumes that we are talking about bringing together performance targets so that they at least contribute in

some way to understanding children's development for all children. And we are interested in prevention, and in the prevention of impairment to development. There are a range of phrases used to capture that: we might talk about quality of life, well being, but in the end we are talking about improving the development of children.

Key Delivery Mechanisms

The delivery mechanisms for all this have been touched upon. I will emphasis three, two of which are in place and developing, one of which will be presumably highlighted in the Green Paper. Local prevention strategies are obviously going to be critical in taking this forward and getting agencies in local authorities to work together and re-focus their services. Information, referral and tracking are critical as we try to bring together clinical and management information on all children and provide mechanisms which are useful to all agencies. And finally I am going to emphasise the point about accountability: having structures within local authorities which permit accountability.

Evidence on the Condition of Children

• Poverty

When this government came to power in 1997 we had the highest levels of child poverty in the EU: 39% in the UK. Using the same indicators the next highest country was Portugal at 29%, and the lowest was Denmark with 3%. If we look at child poverty using Supplementary Benefit and Income Support as an indicator, we see that it rose from 1979, peaking around the 1997 period, and that since then some progress has been made in reducing the level. But as Tom has said, although progress has been made, it has

been hard-won. It is going to take a lot of effort to bring child poverty down to 1979 levels, which is the government's target. We are making progress but it is very hard.

- **Health**

If you look at Infant Mortality as an indicator, the picture is brighter in that from 1981 to 1999 you have had a continuation of this extraordinary improvement in infant mortality over the previous century. But if you look at comparisons between social class 1 and social class V compared to the mean, the poorest children in our society still have the highest infant mortality levels. Using accidents as a health indicator, 425 children under 14 years die as a result of unintentional injury every year. Half of those are by road traffic accidents, and it is still the case, if we are going to talk about children holistically, the prevention of cancer and road traffic accidents are a fundamental element in a strategy to promote the well being of children. The other side of this are child homicides, which are running at 80 per annum. This rate is similar in other European countries and it will be very difficult to reduce it. There are going to continue to be potential scandals in the system which will need to be handled. 2 million children attend A and E a year, in a country which has good primary health care systems compared to others, and in 3–9% of cases the problem results in some degree of disability. That is the lowest in the OECD area and is declining, but it is still a significant aspect of the children's services challenge.

- **Education**

To show that not all is doom and gloom, more young people are achieving better qualifications at school leaving age, fewer young people leave school without qualifications. Despite the qualms we may have about the pressure our young people are under at school, nevertheless the outcomes are clearly improving. At the other end of the spectrum it is still the case that 8% of 16 to 17 year olds are not in school, employment or training. This core group of children are missing out on everything we appear to value in our society.

- **Social Behaviour**

There is some indication that anti-social behaviour, which has risen over the previous century, has peaked. Since 1997 we have begun to see improvements and there is some replication of those improvements in other European countries. But evidence of persistent anti-social behaviour, the small group of young people who commit huge amounts of crime, that incidence appears to be growing. The other aspect here is that the gender gap, a protective factor in terms of keeping the crime rate down, the fact that women commit crimes at a lower rate than men, that gap is closing and this will create challenges for children's services in the future. The areas of concern are

in smoking, soft drug use and alcohol intake, all of which are increasing among young people.

Evidence on Children's Services

One in four children each year are referred to children's services – health, education social care, youth justice, the police – as a result of a social need. Most of those referrals are initiated by parents, and we have to understand that most of the concern and anxiety about children comes from their own families. Most referrals go to Health or Education services: parents go to the places they feel most comfortable – so they go to GPs, health centres and teachers when they are looking for help. They may end up in social services, but health and education are where they start, and it is quite important to recognise this.

A huge amount of time and energy is wasted in processing referrals. So much effort is spent by agencies trying to decide whether is a police problem a health problem and so on before children get the help they require. There is still a division of cases into those deemed child protection cases and other children in need, when very often the characteristics of those cases are similar, and that decision-making process is time-consuming and resource intensive. Child protection enquiries continue to concentrate more on whether there has been maltreatment than how to respond to the child's needs. And if you are identified as a child protection case it will take longer, and you are less likely to get an intervention than if you had been allocated on the 'child in need' side.

Most referrals result in no intervention, or what we might call a 'thin' service, by which I mean information, money, providing one-off advice, over a short period of time. Whereas all the evidence that has accumulated over the years about altering children's trajectories and reducing anti-social behaviour, impairment to development and so on, suggests that what is required is a 'thick' service: intensive, over a long period of time. Although 'thin' services don't change trajectories, don't make a difference to a child's well being, they are very popular with parents. A lot of satisfaction with services comes from the fact that parents feel they get something. Finding the balance here will be a challenge. Less than 2% of referrals result in the separation of children from families, through care, adoption, mental, SEN or youth justice. The majority of children remain at home with their relatives. The great majority of children who are separated, over 92%, will eventually return to live with relatives. But we still have a very small core of children, who have to be protected.

Prevention, in relation to Children's Services is still understood as preventing the use of a service and not as the prevention of later impairment to development. And just getting these definitions right is crucial to the development of services. Foster care is often used to prevent residential care. If you do not think residential care is very good, then do not offer it in the

first place. If you do think it is right for some children, then offer it for those children. Prevention means doing things to prevent later impairment.

Interagency cooperation has been transformed over the years that Valerie has been involved, great transformation since 1986, when the Sieff Foundation was started, but it is still weak at the point of service delivery, yet most children's needs are complex and they require interventions from several agencies. But generally speaking it is one agency trying to co-ordinate resources over which they have no control. In the EU, investment in children's services has been gradually increasing, (on OECD evidence) and in this country the investment since 1997 has been extraordinary. But social outcomes for children have been steadily decreasing over the last century. And with the exception of anti-social behaviour, there is no evidence that we are getting better outcomes despite increased investment. The seminal work by Rutter and Smith on trends over the century, makes very depressing reading.

Challenges for the Producers of Evidence

Connecting research to policy and practice is going to continue to be huge issue for researchers. Progress has been made, but more has to be made. I am concerned that the great strides forward by, for example, the Department of Health, in disseminating research evidence by over-views of research, does not get lost in the reorganisation process. The connection between research and training remains appalling, and that is as much my responsibility, as a producer of research, as anyone else's. There is too little interdisciplinary practice in the research world in the UK. There is much greater cooperation in the US, researchers from different disciplines work together in specialist institutes. If we want more interdisciplinary training and practice, which is the subject of this conference, then research needs to be much better at inter-disciplinary working. Generally speaking it remains a very competitive process.

We need to work on language that we can use so that we are talking to one another with mutual comprehension. This would include definitions: if everyone here tried to define 'prevention' we'd come up with many definitions; concepts: since the Children Act we have talked about 'thresholds', tending to mean thresholds of intervention, whereas if we are going to move forward on Children's Services we will have to use 'thresholds' as meaning impairment to children's development. We have to move forward with applications – in areas like Assessment and Management Information for example, where there has been huge progress since 1997 but there are at least six major assessment systems out there, things like Connexions, Youth Justice, Integrated Children's Systems and so on. The Nuffield Foundation has funded seminars to bring some of these areas together and to look for logical areas of overlap.

Challenges for Central Government Consumers of Evidence

One clear need is for fundamental research. We have a huge amount of evidence that is useful, but there is so much we don't know. Why do these problems occur in the first place? Most of the evidence we have is from the United States, because they are best at pursuing this evidence, though they do not apply it well, having probably the worst Children's Services in the world. My second plea would be for the application of Rothschild Principles in policy research. There appears to be a danger of slipping from the highest scientific standards when researchers work directly to policy makers.

Thirdly, we need support for rigorous evaluation. There have been over 600 randomised controlled trials to find out whether aspirins cure headaches, but there are probably less than 100 randomised controlled trials which are relevant to Children's Services. In the health world it is the fundamental way to test not only what works, but why it works, if you get replications. It is not that rigorous evaluation is the only way to evaluate, but we need more of it to balance the research into Children's Services. Finally, I will make a plea for multi-disciplinary training, which I suspect will be a theme running through this whole conference.

Challenges for Local Consumers of Evidence

There has been a tendency to see evidence as a 'cosmetic'. People decide what they are going to do and then find some evidence to make it more acceptable. That is not healthy, and as a producer of evidence you sometimes suspect that there is a 'dumbing down' of research in the local authority context.

Tom mentioned the need for us to learn from one another: Learning Networks are fundamental to future progress. There is so much good work in this country that is undertaken in one place and unknown in another. All through the European Union we have knowledge to share. We have a network at Dartington that connects six European countries, but actually there is little that does that in England or the UK.

There has been a reluctance to collect and use evidence on the local needs of children. We still have too many initiatives taking place without any real sense of these needs. And there has been a failure to design new services for them. If we are going to see the benefits of all the investment that is being made in ten years time, we should be doing different things, and we should be decommissioning some of the things that are not working at the moment. There is little emphasis on the new and none, as far as I can see, on decommissioning. There is also a lack of consultation with the 'What Works' literature, and an absence of evaluation of children's services locally.

The challenge for local consumers of evidence is to

subject every new initiative to the following inquisition.

- Is it based on evidence of local need?
- Does it reflect the evidence of 'what works'?
- Has it been, or is it being, rigorously evaluated?
- If it works, do we know why it works?
- Is this information being shared?

Some Conclusions

There are bright and darker patches in the picture of the well being of children in the UK. The Green Paper presents a point of radical change for children's services, and how they are delivered a local level will be critical, if the opportunities presented by the change are to be seized. Researchers and other academics

have a responsibility to support the developments that are occurring at local level, and central and local government have a responsibility to use the evidence about services, and the way they meet need, in framing policy and practice in the future.

Among the challenges they will face will be: getting a balance between 'thin' and 'thick' services; pursuing a connection between what is learned locally and what is implemented from the centre; using evidence of improved outcomes for children to justify increased resources or to re-deployment of resources; creating Children's Services and continuing to re-focus their direction. Such re-focusing has been a continuous process, historically and currently, and will continue to be required.

Historic Re-focusing

From:	To:
Residential care	Family-based foster care
Supporting children away from home	Supporting children in their home environment
Separate services for children at risk	Mainstreaming of children at risk
Child protection and family support systems	Family support to protect children from harm

Current Re-focusing

From:	To:
Service-led strategies	Needs-led strategies
Process and procedures	Practical support for practical needs
Reliance on tradition and practice knowledge	Use of evidence base (national and local)
Services designed for consumers	Services designed with consumers

Future Re-focusing

From:	To:
Separation of services for poor and better-off children	Services for all children; (all children are children in need at some point in their development)
Intervention and Treatment emphasis	Balance between Prevention, Early Intervention, Treatment and Social Prevention
Emphasis on Process and Outputs	Services to Prevent Impairment and Social Exclusion and improve Quality of Life

4. Health: The National Service Framework for Children

Claire Phillips, Project Manager, Department of Health

I have twenty minutes to speak about the most enormously complex project I have been involved in, and I have either got to speak very, very quickly or only cover a little bit of it.

I want to say a tiny bit about my own background. I returned to the field of policy-making and children after quite a long absence. I used to work with Rupert Hughes and colleagues many years ago. He reminded me that he last saw me fifteen years ago. But in the meantime I have done quite a lot of policy work in the

Department of Health, and I developed one of the first National Service Frameworks, which was on coronary heart disease. Although that didn't have a huge amount to do with children, except in the sense of prevention, that was in the context of the Bristol Royal Infirmary Enquiry. The events there will be familiar to you, and you will know that children were central to the issue at that time.

I should also say that "Health" in the title of my talk refers to the Department I work for, and not to the

National Service Framework (NSF), because the NSF, as I am sure you know, is intended to cover health and social care, and the interface with education, and I'll say a bit more about that as I go on.

I am also, of course, working in the context of a huge amount of change, not only the changes that Tom has described – the huge epidemiological and social changes that are familiar to you – but also in terms of the machinery of government. And although it is very much business as usual for us in the department, we are having very complex restructuring, and half of my project managers are now working with Tom in the Department for Education. This is a challenge, but one I am sure we will overcome. We are as 'joined-up' as we ever were, it's just slightly more complicated.

What is a National Service Framework?

I will start by telling you a little about what a National Service Framework is, for those who are not familiar with it. An NSF is absolutely about effective interventions, the subject of this conference. And it is also about evidence-based interventions. Gathering evidence, using it, and commissioning further evidence is absolutely essential to the process.

The NSF is about setting mandatory national evidence-based standards covering the whole of health and social care services for children. It states why they are needed, what the rationale is, commissioning evidence where we do not have it. And it says how they should be achieved. We are not actually going to tell people how to do things. We don't do that in government. But we will give examples and use best practice to disseminate service models, probably via the web. That has proved successful for the other NSFs. We will also say how the changes we are aiming for will be monitored and measured by the inspection audits over the coming years. This is a ten year strategy for change. The NSFs we have already, on mental health, diabetes, coronary heart disease are also making their changes over ten years.

The Aims of the NSF

The aim is to drive up standards and to improve the quality of care. This is the first NSF to address both health and social care comprehensively. The older people's NSF looked at the interface between health and social care, but it did not go into social care per se, as we are planning to do. The aim is to reduce inequalities, not only inequalities of service but also inequalities in outcomes. NSFs are also about improving accountability, which relates closely to what came out of the Kennedy Report on Bristol, and about improving outcomes in the broadest public health sense: outcomes on nutrition, obesity, and all the issues that Michael Little talked about in relation to accident prevention, smoking and so on. The NSF is also about enhancing partnerships, so there will be a link with a lot of the content of the Green Paper. All aspects of the

NSF have been developed by external working groups, of which there are eight. All the other NSFs had one. We therefore have eight times the opportunities they have had – but it adds to the complexity, too, since they involve something like 250 people.

Progress So Far

We have published a Hospital Standard and we have published an Emerging Finding document which some of you may have seen. We are hoping to publish the full NSF early next year. The scope is very broad. We are looking at Child and Adolescent Mental Health services, disability, children in special circumstances, the needs of the ill child – children with minor illnesses, chronic long-term illnesses; we are looking at medicines, maternity (there is actually an NSF for Maternity Services as well as for Children's Services).

The NSF is set in the context of the Kennedy Report, and if I can remind you of the findings: he found that children's rights and vulnerabilities were overlooked; services were fragmented; there was no real and honest relationship with children and parents as partners in care. And then, of course, after we started the work the Inquiry by Lord Laming into the death of Victoria Climbié was set up and what we have done is to build in a response to the Laming Report as far as hospital services are concerned into the Hospital Standard.

The Emerging Findings report was setting out the direction of travel for the whole of the NSF. We found, in all the modules we were working on, and I suppose I am the only person who has been privy to all eight working groups, that similar themes were emerging from all discussions. It did not matter if you were talking about medicines, and something quite specialised in terms of tertiary care in the Health Service, or something general – there were shared core themes. It may not be surprising, but the degree of uniformity was somewhat surprising. The themes are:

- prevention and health promotion
- early identification and intervention
- empowerment, self-management and family support
- child-centred care
- transition and growing up
- safeguarding
- access.

I will say something about how we incorporated some of those into the Hospital Standard. They are key, and I am sure they will be recurrent in the full NSF when it comes out.

We have published a draft standard on safeguarding, about child protection, and we set out in that document targets for Child and Adolescent Mental Health, announcing a huge tranche of new investment and saying what should be done with it, and defining for the first time what we meant by a comprehensive CAMH service.

The Hospital Standard

Kennedy had recommended that care should be child-centred. We wanted to get that message over, but we needed to define what child-centred hospital care meant. We did it by talking to children and young people, voluntary organisations and so on. And we said that: *'Children should receive care that is integrated and coordinated around their particular needs. They should be treated with respect and encouraged to be active partners in decisions about their health and care and be able to exercise choice.'* And we gave a lot of examples as to how that could happen. We are planning to publish the service models separately on our web-site, but they are going through a process of careful evaluation at the moment.

The second part of the standard is about high quality, evidence-based hospital care, developed through clinical governance. Clinical governance has a huge resonance throughout the Health Service, and is starting to have it in Social Services as well, and is certainly picked up in the Laming Report. It is the mechanism for effecting change in professional behaviour, and can be something that professional feel strongly influenced by.

The evidence-based element of that is very important. We are going through a whole rigorous process of collecting evidence. We have team of researchers, one for each of the modules I have mentioned and they have come together so that they can work out what gaps there are and what the overlaps are and to pull common research themes together. We hope that they will also identify priorities for research and suggestions are very welcome and will be fed into the research programmes that we pursue at the Department of Health.

The third part of the Standard is about care being provided in an appropriate location, and in an environment that is safe and well-suited to age and stage of development. When you visit a fair number of hospital departments you can get tired of hearing how child-friendly people feel they are, with Noddy on the wall... Those of you who have had teenagers in hospital, as I did last year, which was fortuitous in some ways – will know that she wasn't interested in Noddy, she was interested in the food, the entertainment, PatientLine which is the system that brings TV to the bed. It is about age-appropriate care, not about paying lip-service to children. It is about dedicating resources and producing an environment which suits the age and stage of the child.

So the Hospital Standard picks up the main themes, all of which will be reflected in the other Standards. I will tell you a little of what has been said on Child Protection, just to give you a flavour. With Jenny Gray's help, though we didn't have long to take cognisance of Lord Laming's report, we said that:

- prior records must be available at all times; records kept in hospital should be contemporaneous, clear, accurate and comprehensive; they should be

attributable to and signed by a health care professional; and people must enquire about prior admissions to hospital, and to other hospitals as well. That is very important in the context of what happened to Victoria Climbié.

We also said something about social work practice in hospitals:

- essential to establish good relationships: good outcomes depend on it. We did not say that there is a 'best' way to do this. The best relationships are ones that have been built up over time. Traditional models, where social workers are based in hospitals, have worked well, but we know that doesn't always happen now. The model is less important than the outcome for the family and the child,

We said that there must be:

- an agreed and recorded multi-agency action plan before the child goes home. It is the need to safeguard the child that should determine the time of discharge.

All of this relates to the themes and demonstrates the importance of clinical governance which has such a high focus in the NHS and is a mandatory requirement. It includes setting up procedures for adverse incident reporting, for clinical audits, for involving patients collectively in decision-making and so on.

The full NSF, will take a similar approach. We are reviewing the evidence at the moment. We have consulted widely with voluntary organisations, NHS, social care bodies and agencies and with children and young people themselves. Literally hundreds and hundreds of children, young people and their parents have been involved in this. That has been one of the most exciting features of the work.

We do not yet know what the key interventions in the NSF will be? We do not know yet. The individual external working groups have come up with hundreds, and we cannot have them all. Now we are filtering them, looking at the evidence, looking at the resources strategy and so on. We also need to look at the opportunities offered by the new strategies and government arrangements, including Children's Trusts and other changes that may come out of the Green Paper. But it isn't all about structures, and we need to be clear about both 'thick' and 'thin' interventions, to use Michael Little's terminology, to make it clear what the priorities are in achieving the outcomes we want to achieve. That will involve a process of prioritisation.

One of the modules is on the Health of All Children. It is one of the most challenging because it is looking at prevention in the broadest sense, but it also needs to look at risky behaviour, at life style, at things like accidents, with a view not only to the child's lifetime as a child, but also to the next generation and their time as adults. For example, the work

the Department is engaged in on nutrition and obesity is important to prevent the huge epidemic of diabetes that we are worried about seeing in 10, 20, 30 years.

So what can the NSF do to drive forward those interventions, to use the evidence and to work with partners in the Department for Education, since children spend so much of their time in school, to bring home these messages and to reduce inequalities? The early identification of problems will be key. The work on Identification, Referral and Tracking will be very important. We have a whole information strategy and a whole workforce strategy supporting the NSF. We are also going to cover support for parents at all stages – from pregnancy to the teenage years – when people still need support, but of a very different kind.

The Children in Special Circumstances theme is particularly relevant to this conference. It started off as 'Children in Need' and we quickly realised that that had the wrong connotations. We wanted to look at all children who were in special circumstances, for whatever reason and obviously that ebbs and flows,

but we were wanting to be very inclusive. We were looking at the children of asylum seekers and refugees, children who are carers, children whose parents have all sorts of difficulties: alcohol-related problems, mental health problems and so on. One of the main themes emerging from that is how do we influence and engage with health and social care professionals who are working in an adult environment in things like drugs misuse services. How do we encourage and help them to think about the needs of the children, who may be at home, but not their patients or clients. That is a strong theme.

The last thing I want to say is, how do we build on the work Tom has mentioned on Quality Protects, the Assessment Framework and everything that is going on in the adoption and permanence agenda generally, how do we build on that to develop some really 'thick' services to make the NSF challenging and achievable and to make sure that it affects change in the next ten years?

5. Integrated Children's System

Jenny Gray, Policy Officer, Department of Health

Wendy Rose, Senior Research Fellow, Open University

Jenny Gray began the presentation:

The Integrated Children's System was begun under the auspices of the Department of Health, now under that of the Department for Education and Science. In this context it is very important – and Wendy will pick this up – to talk about the issues for implementation and the challenges we have for making this system work on the ground. That seemed to fit the theme of the conference: effective intervention and what we need to be putting in place to ensure that all those who are going to be responsible for the delivery of effective services for children and families are provided with the right kinds of support to do so.

In relation to the policy context, it is important to point out that the development of the Integrated Children's System is a government-led initiative and something that we want to roll out on a national basis. It is unusual across the world to have a system which is looking at how we undertake both assessments and then interventions with children in need, to do that on a national basis and have it driven by government. It is critical that this is seen as a multi-agency system, although the work with children in need is led by Social Services, no one agency can be responsible for the delivery of effective services for children unless everybody is playing their part.

Developing a Coherent System

In taking forward the development of the System, we are looking at how we can support the work undertaken with children and families and support that at all levels, on the ground and at senior manager level, and look at how we can work across government to ensure coherence, the sort of coherence that Tom was talking about. It means that we are working with colleagues in the Connexions service, working with Youth Justice, looking at what is happening across the IRT programme, and initiatives like Sure Start, in order to make sure that the Integrated Children's System is fitting all these initiatives and doing what it is intended to do, to improved outcomes for children. And that is something that we need to keep in mind. Often in introducing new systems, new ways of working, everyone gets so stressed out that they can lose the plot: the point is to improve outcomes for children and families.

We are talking about the 370,000 plus children who are in receipt of services at any one time, but recognising that over time, as has been said, these children may or may not need additional help. Sometimes they may be doing well, at other times they may hit a stressful period and need additional help from public services. So we are talking about a sizable population of children and families that changes over time.

The Extent of Children in Need in England at any one time (2002 data)

All Children	11 million
Vulnerable Children	3.66 million
Children in Need	376,000
Looked after Children	59,700
On Child Protection Register	25,700

What does the Integrated Children's System Mean?

This is a System that uses the Assessment Framework, which has been developed for assessment, planning, intervention and review. The information that we have from the assessment is used to construct our plans, we think about the evidence-base, the knowledge we have from research, from what works from our practice, think about what will be the most effective intervention for this particular child and family, and then have a regular review process to judge whether or not these interventions are actually effective. It is no good putting in services – and for some families it can be considerable amounts of services – if they are not making a difference. All of this needs to happen on a multi-agency basis to ensure that the right professionals, the right help is being brought to bear and that the children and families themselves are part of this process.

The Integrated Children's System is based on a conceptual model derived from the Assessment Framework dimensions. A set of Information Requirements have been developed: what is the information that needs to be recorded systematically to enable us not only to make good quality decisions in relation to individual children and families, but also that enables local agencies to be able to aggregate that information for management and strategic planning purposes and also information that may need to be collected by us at central government. And we have produced some sample formats of how, using the system, those recording materials can be used in a way that supports the practice.

The Assessment Framework must now be familiar to you. We have learned from the European Regional Coordinator for the World Health Organisation that the three domains of this framework: Child Developmental Needs, Parenting Capacity and Family and Environmental Factors were the three areas that WHO was taking forward as part of its framework for the prevention and protection of children. He did not make reference to the Department of Health as the copyright holder – but I guess it is a form of flattery if people wish to own your work without due acknowledgement!

The System itself is really looking at a system for all children in need: those for whom there are worries about protection, those who are looked after, those for whom there is a permanency plan and children who

are care leavers. We had the opportunity, with the publication earlier this year of our 'What To Do' booklet, which sets out what to do if there are concerns about a child's safety, to the relevant aspects of the Integrated Children's System into Guidance, so that it is clear where the different aspects of Assessment Planning and Intervention fit. And we have also had the opportunity, in taking forward the work on the NSF, to be looking at the interfaces between what is happening in Social Services and what is happening in Health.

Involving Children

It is extremely important to involve children at all stages in the process and we know from research that we are better at involving parents than we were in the eighties and nineties, but we still have a way to go in relationship to the involvement of children themselves. Although progress has been made, there is more to be done. We give that emphasis in our work, and have commissioned projects on involving children in the Assessment Process, which appeared to be an area of weakness, and also looking at the involvement of disabled children, which should be available soon on our website.

We have drawn together existing resources for reference, and we have just published a book which David Jones wrote for us on Communicating with Vulnerable Children, where he pulled together all the research findings in relation to that subject and put it into a user friendly context for practitioners to draw on.

At the other end of the spectrum, and conscious of the human aspects of working with children and families, but also the importance of collecting relevant information, of making sure that core information requirements are fit for purpose, and we issued Children's Social Services Core Information Requirements Version 3 in May this year. This set out what information Children's Services Departments need to be collecting in relation to their duties under the Children Act. We are also doing some work looking at what reports need to be generated from all this information in the system, either for work with individual children and families or for reports for committees and council to show how well your children are doing in your area. Core Reporting Requirements Publication of Performance will report this autumn. So there is a huge amount of work that looks at aspects from direct work with children and families through to management information requirements to support that.

Wendy Rose took up the subject and looked at plans for piloting the Integrated Children's System:

The development of the system has been a partnership between policy-makers, practice and researchers over the last few years. A slightly different model to

the one Michael Little has described, but the partnerships are still strong in government.

In order to further refine and develop the System designed so far, it is crucial that we now study how Authorities and Councils in England, Authorities in Wales, put this into practice. There are two studies, one up and running, the other in the process of being commissioned. The first is a multi-agency pilot on four sites, three in England, one in Wales, and the second will be a study of the implementation within Children's Social Services in three sites in England.

Expected Benefits

What are the benefits that the Integrated Children's System is going to produce? This approach will assist us with developing a common language to describe children's needs with and across agencies; a coherent model for Assessment Planning, Intervention and Reviewing. It will support the improvement of outcomes for children. It will ensure that there are agreed protocols for sharing and recording information and that there will be a framework for the delivery of multi-agency services. We will have aggregated data for local service planning and for national statistical returns.

The first study is going to examine whether Integrated Children's System supports inter and intra-agency working, whether it strengthens social work practice and processes, whether it provides the information for planning and performance management that is anticipated. We are concerned to know whether it will enable the development of IT systems which support practice and the aggregation of data, and provide the foundation for better outcomes for children.

The second pilot study will be investigating whether the System is fit for purpose, and what benefits there are for children and families, especially for children with special needs. It will explore whether it improves planning and decision-making and the subsequent life-chances for children, and it will look at the different training requirements for staff in various agencies.

Implementation Issues

The most critical issue of all is around implementation. We can fine-tune the System, but the policy-makers and researchers involved in the Integrated Children's System are all acutely aware that however sound the conceptual framework, however well-tested the System, however good the new approach, implementation is crucial at to whether it achieves its aims. The first tension is around maintaining the child focus. In practice, practitioners can lose sight of the child, as the Climbié enquiry had shown. Managers and policy makers can have difficulty in remembering the purpose of change: to improve outcomes for children and families. We can get very involved in the

process, means and new initiatives that are being invented. This is an inevitable tension. There is a second challenge in ensuring that we develop services that are responsive to the needs of children and families. Children with complex needs – I won't call them 'thick' services – but they do require individually-tailored packages of services. There is cause for concern in that some of the repertoire of service available are either non-existent or in decline. I am conscious of Jane Tunstall's recent work on family centres and her finding that many of the open-access family centres provided by local authorities have been in decline. The difficulties in finding Child and Adolescent Mental Health services when they are required for children with complex needs and the dearth of services for children between 7 and 12. Are we going to end up trying to squeeze children and families into the existing service structure and not having needs-led provision.

Common values, visions and conceptual frameworks both within and between agencies are crucial. Much research has shown the critical importance of congruence within agencies if we are going to provide effective services. How much more difficult, then, is the challenge to achieve that congruence between agencies which come from very different positions, different histories, different resource contexts. That is another huge challenge. We are concerned that both staffing and technology, within and between services are fit for purpose. Hedi Cleaver's very powerful research findings, from the early introduction of the Assessment Framework, do suggest how enormously the implementation has been affected in those Authorities where they are struggling with less than half the staff they should have in post, struggling with agency staff, gaps in staffing or are unable to provide the new technology that is fit for purpose.

Commitment to Children

Organisational commitment to the well being of children is absolutely crucial and from chief officer level and throughout. But if we are going to bring about improvements in children's services, that will require structural change. Hedi Cleaver and others have shown the impact of constant reorganisation both on staff morale, staff commitment and the continuity that is essential for children and families. A number of writers, in England and America, are beginning to challenge the value of great investment in the coordination of inter-agency services. They cannot find a direct relationship with improved outcomes for children and families. What they are beginning to find, though, is the importance of addressing the intra-organisational climate that includes issues like the importance of training, professional supervision, continuing support for staff to achieve good outcomes, the quality of values and the vision in the organisation. These are some of the messages we need to hear.

And finally we have to be aware of the limited role that the Integrated Children's System can play in improving the outcomes for some of our children in greatest need. Michael has talked about poverty. If we are really going to bring about change, we have to engage whole communities in the process. Work in England and the States places important emphasis on building healthy communities, involving local residents in determining what are the priorities for

change and how we can all be involved in protecting children.

The process of producing materials for the Integrated Children's System, with a view to piloting these and making the necessary revision continue until April 2005. The target will be to have the Integrated Children's System introduced, as part of introducing the e-social care record, by the end of December 2005.

6. Child Protection and the Police

*Detective Superintendent John Fox, Head of Specialist Investigations,
Hampshire Constabulary*

There have been two major cliff edges for the police force. The first was in 1989, after Cleveland, when in the two or three years afterwards most Police Forces set up a Child Protection Unit of some sort, and of course now, after the Laming Report has been published, we have a huge change. It is not a flurry of activity, it is frenetic and frantic activity going on in the police service.

To inform you about it, I want to allay some fears. The Police want to get this right. The Metropolitan Police have invested a huge amount in their child protection set up. They have been prime movers with other agencies in the Pan-London procedures, which I find exciting. I want to tell you about why things have happened, what have not been right and what the Police are going to do about it.

I had the privilege of helping Herbert Laming with the Climbié Enquiry. I am going to concentrate on the Police aspects of the enquiry, but we were all, as a team, involved in each other's work, and both Lord Laming and Nigel Richardson will be talking to you later. Victoria's death must not have been in vain. Wherever she is now, I hope that she can see what is going on in my agency. We are tearing apart what was done in the past and re-building a child protection system in the Police Service which I hope will result in more professional working, so that the incompetence that let her down – and we were absolutely, unbelievably incompetent, won't happen in the future.

A Serious Crime

Leading up to the publication of the report there was much talk of an integrated service. But when you look at it in detail it does not stand up well. Child Protection policing is the investigation of serious crime. It's the investigation of assault, homicide and sexual offences against children. If they happened to us, we would want to Police to take robust and professional action. The fact that the victim is 5, not 55, should not make any difference. Each agency has an

important job to do in its own right. The Laming team did not want to water down the ability the Police have in dealing with serious crime. We are good at dealing with serious crime, but were not good in dealing with it in terms of child protection because we had lost our way. I hope we have found it again.

You need to read the whole report, not just the recommendations: it's depressing but very useful. The Police were incompetent, they did nothing. Bill Griffiths, an experienced cop from London, was talking about the investigation done by Brent Child Protection Team, said that in the A to Z of investigations, it did not get to B.

The scene of crime should have been identified and searched for clues. Victoria ended up in a bath, tied in a bin bag in a squalid flat in North London. When the murder squad went in eventually, when it was all too late, they found blood all over the bathroom walls, boots belonging to her stepfather with Victoria's blood on them. There was a huge amount of evidence that could have been found. We expected Social Services to collect evidence from doctors, yet it is a police job to take statements. Nobody did it.

Nobody got proper photographs. Hospital photographs were taken, but nobody took photographs of *all* the injuries on Victoria's body. The police should have done that. As we go through, the medical examination was not tackled from a forensic point of view, commissioned by the police to look for evidence of child abuse. The police should have driven the process. A woman who brought Victoria into hospital on the first occasion could have told her that the child was beaten by her aunt every night. It didn't need a huge investigation to talk to the most obvious person to tell us what was going on. Nobody did it.

Nobody actually spoke to Victoria and gave her a safe environment in which she could talk about what was happening to her. Victoria may have been so damaged, and so much in the grip of the adults who were abusing her, that it would have been unlikely in

the space of 30 minutes or so that she could have told us much. It would have taken a lot of skill to get her to talk.

But this is the problem that we have had since 1989, when we started to try and improve our services. We have treated child protection policing and ordinary policing as different things. But it is not. The Laming Report makes it clear that child protection policing is the investigation of an ordinary crime. Within the police service there are difficulties of getting staff to go into a child protection unit, when the image of the police as portrayed on television is about different sorts of crime and different sorts of investigation. We are wrestling with that culture. For the past few years in my force I have been pushing the successes and the fact that this is serious crime, we are convicting people. (The myth of only 5% convictions is nonsense – we have a 65% detection rate for the work we do. That doesn't mean everyone is convicted, but when you add the cautions and the various ways we can detect crime, that is a very respectable detection rate for any police department.) The Child Protection Team can be productive in terms of performance management. That presses the right buttons with the right people, and you get the right people coming into the work.

Understanding Child Protection

And it is rewarding. If you put away a predatory child abuser or paedophile, you know that you are protecting a victim, and maybe several victims. You can see a tangible result. Supervision was a nightmare in the Met – the three referrals concerning Victoria came into the Child Protection team and in one case a receptionist took it over the phone and did the strategy with the social worker, and on the other two occasions it was a WPC. The lowest rank of person who took that enquiry had no supervision at all. No one got a grip on it and asked what they were doing. ACPO and the Home Office – a lot of our Chief Officers in the main have never been on Child Protection. Many have done little frontline policing because of the system we have they are whizzed through the operational experience. We need to teach the senior management what is Child Protection is about. And we need to let them know how vulnerable they are, because the Chief Officers who came before the Laming Enquiry were drained by the experience. They did not like what they went through in the Enquiry. These chief officers need to know how vulnerable they are if they do not get it right and put resources into this area of work.

There is a lot going on in creating a national training curriculum. I am worried here that we could forge ahead and leave partners behind. Inter-agency and multi-agency training is essential, but if staff are removed for a two week course, who will do their work? It is important for agencies to address this, because inter-agency training is very necessary.

How To Do a Better Job

If we look at some of the recommendations which Lord Laming put into the report, which were designed to make the police do their job properly.

'Chief Constables must ensure that crimes involving a child victim are dealt with promptly and efficiently, and to the same standards as equivalent crimes against adults.' (Rec. 97. para. 14.15)

This is basic stuff. You might look at it and think we should have been doing it already. But we weren't. And if you look at the social care recommendations it is clear, too, that it was felt that Social Services Departments needed some detailed practice recommendations.

I believe that we are capable of doing good work. The murder investigation for Victoria Climbié was well conducted and led to a conviction. That was the same organisation, in fact, that had previously failed her miserably. We need to concentrate on getting strategic matters right, changing attitudes, informing Chief Constables.

On the training side, we are going to have a national training curriculum and a standards-based service for the police so that all over the country there will be an Operating Manual which will spell out how a Child Protection Team should operate. It will be about investigating serious crime, without losing sight of the multi-agency aspect. But Lord Laming wants each agency to do its own job better. That is what the police are concentrating on.

This standards-based service may well be backed up by a Code of Practice – the Association of Chief Police Officers (ACPO) currently has reservations about this. If there is such a Code of Practice there will be a legal requirement for us to do certain things and we will be beaten up in Court if we do not do them. That is on the horizon next year. The Home Office need to push us more. Chief Constables invest in what they are pressured to do in terms of performance. If the Home Secretary does not insist that Chief Constables perform well in Child Protection, they will not do it. Lord Laming says that the Home Secretary must make Child Protection one of his key priorities. And then it follows that Chief Constables and Police Authorities must include Child Protection in their policing plans as a high priority. Some Chief Constables note that it will then be added to a huge list of priorities for police forces: this is a dilemma that the Home Office must address.

However, for the first time we have Officials in the Home Office who are beginning to understand about this aspect of Police work, are liaising with the Departments of Health and Education. The trouble with officials is that they move around so much.

Recommendation 99 of the Laming Report is in essence saying that bucks should not be passed. When there is a statement to be collected from a hospital the Police don't just pass it to the Social Services

Department. The joint interview has been seen as a key part of the prosecution, a statement from the victim. It matters not to the police if the social worker wants to be there. It doesn't say that the social services cannot be involved, but it does say that the Police

must be. They must take responsibility for that happening. It is trying to remove the confusion of the 'lead agency' to whom the buck can be passed.

The death of Victoria Climbié must not have been in vain.

7. Youth Justice Board

Bob Ashford, Head of Prevention

This is the second year I have attended this conference. Last year I spoke on the third day and then responded for the Youth Justice Board (YJB) on the conference recommendations. It sparked a healthy debate about the role of the Board in the prevention arena.

Today I am going to be talking about a multi-agency approach and I shall be emphasising how essential it is that preventative approaches in youth crime come from both a local level and a national perspective. I think we often forget the primary aim of the Law and Disorder Act is not to lock people up, it is to prevent offending by children and young people. It is the aim specified in the Act and it is the responsibility of the Youth Justice System.

Preventative Approaches

These figures are indicative figures from 12 months ago, and they show the spend by the Youth Justice Board on various aspects of the criminal justice system. They also show the number of people involved in those different activities. The numbers of young people at risk of offending, the numbers of young people at risk of reprimands, community sentences, and that tiny figure there in terms of secure facilities. But when we look at the spend on those young people what we see is a huge amount of spend on secure facilities and a very tiny amount spend on community sentences or, most importantly, those young people at risk. It has been the intention of the Board to re-address that, and in the last twelve months we have seen a shift away from secure facilities – the numbers are declining – into young people at risk and on community sentences. Already we are seeing the results of that. In terms of community sentences and reprimands and final warnings, the final warnings interventions have shown a great deal of good work going on with young people both in terms of reducing their offending and, most importantly, of addressing the needs of the young people involved.

In terms of risk, one of the largest inputs over the last twelve months has been the Children's Fund, and for those who do not know, the Chancellor announced last year that 25% of the Children's Fund has to be spent on youth crime prevention activities. What that means is around £40 million a year spent on youth

crime, youth crime prevention in the 8 to 13 age group. There has been a massive investment in terms of resources, activities and interventions for young people. We are seeing a shift in perspective.

The Board has developed a Prevention Strategy over the past two years, and it didn't just get pulled out of the air. We based it on research. We commissioned research from people like Communities that Care and MORI, and what they told us was not surprising. The risk factors for young people offending were aggressive behaviour, low achievement beginning in primary school, alienation, family conflict, lack of commitment to school, including truancy and the availability of drugs. You will recognise that in terms of all young people at risk. The point I am going to make is that young people at risk of offending are not a separate and alien group, they are the same young people who are at risk of truancy, of child abuse, of being taken into care.

Earlier, Targeted Services

What did the research tell us? It is good to find out the reasons why, but research should also inform practice. It tells us that the earlier we can intervene in young people's lives, having identified risk factors, the better the outcomes for the young people. I am not talking only about adolescents here, I am talking about very young children. One piece of research shows that if we can intervene at around the 21 month stage it could have a huge impact. But that is not enough. There needs to be a continuum intervention throughout young people's lives.

Services should be targeted. And this is a controversial aspect of the Board's work. Often we are accused of targeting only young people at risk, therefore stigmatising them. The research argues that if we are to make a difference to the young people who are most at risk, or who are already beginning to offend, or engage in anti-social behaviour, are the young people we need to concentrate on. It also says that we should not just be intervening, but taking the 'thick approach' which Mike mentioned this morning. We call it 'high dosage' which is probably equally clumsy – not just intervening, but intervening over a period to have the maximum impact. And targeted on young people within their community base. Our

programmes involved this group, but also their peers, their friendship group and so on.

Importantly we should also adopt what is called a 'risk and protective factor model'. We don't concentrate only on what it is about a young person that may lead them to offend, or has involved them in offending, it is also about identifying those factors in a young person or their family which may help them avoid or ameliorate the risks. And finally, we use only well-structured interventions with a clear rationale. I think in the past too often our work has not been well-structured and not been based on knowing what we want to do, knowing what we want to achieve, based on good practice.

Youth Offending Teams

We achieve this through Youth Offending Teams. Let's examine what they are. They are multi-agency. They've now been in place for three or four years, and they have taken people from individual agencies, police, probation, health education, social services, housing and so on. And they have been successful, over the last four years, in reducing offending and meeting young peoples' needs. The multi-agency steering group which oversees the work of a local YOT is the responsibility of a local authority Chief Executive, who also has responsibility for other strategic initiatives like Drug Action Teams. So there is a great deal of 'joined-up-ness' at that level through the steering group. YOTs are locally funded: the majority of their funding comes from local organisations, bringing a great deal of local determination of plans and services for young people. There are responsible for the provision of Youth Justice Services and the local youth justice plan and they also have links to other statutory and community agencies – the Children's Fund, Children's Trusts. They do not work in isolation.

I've been in post for two years, and I came from a local authority background. It has been heartening to see Central Government become more joined-up. In the Board we are trying to make sure that young people involved in offending can access mainstream services. A lot of the young people we deal with are outside the mainstream, they are excluded. A lot of my work is developing shared targets with other Government departments. We have learnt a lot, for example, from our relationship with the CYPUC. We are sitting round a table talking to each other. The Board now has regional managers – regional development has progressed in the past four years. Again, a strong effective link for local areas with the centre. What is emerging is a dialogue with localities about the services we should be providing. We deliver a lot of our services through voluntary organisations.

Tools for the Job

We are beginning to develop the tools for the job. ONSET, for early identification; ASSET is our assess-

ment tool for young people who are offending or in danger of offending. How do we ensure that we are not merely assessment driven? We need people to do the hand-on work with young people. How do we ensure that our Assessment Frameworks work with each other? We use them to take a snapshot of young people's needs. We want to ensure that our work with a young person is effective and that they move forward. It should be a way of finding out if we have made a difference.

As well as key elements of practice guidelines, which are based on research, we now have also a strong Quality Assurance framework in place to ensure that people working with young people in YOTs are adhering to our key principles. And finally the Board is developing a range of modules and training programmes for those working with young people in YOTs and secure programmes. There is a huge problem in terms of recruitment, because of the range of jobs being created. We need to invest in our staff if we are going to keep them.

Last year, as a result of the Street Crime Initiative we were able to extend the highly effective SPLASH scheme which provides activities for children who are at risk, or involved in offending, during the school holidays. The programme became an £8.5 million programme and over 90,000 young people accessed the scheme. Many of them may not have accessed crime prevention holiday diversion programmes in their lives before. We are drawing together the funding streams which are providing both universal and targeted services for young people. Safer School Partnerships, have been set up by the Board, in Association with DfES and ACPO, we are rolling that out, ensuring that existing schemes are tied into the model. YISPs are one of the most controversial areas of our work: Youth Inclusion and Support Panels. These are designed to identify, refer and track young people at risk offending and anti-social behaviour. But also, crucially, offering them an intervention. Parenting programmes – we are aiming to double these. They have been very successful in terms of addressing parents' needs.

And we have been developing restorative justice in schools – and I should like to take it into children's homes as well. We are beginning to see that young people in care – there is clear evidence of an acute rise in the number of 'offences' for which young people are arrested and often charged. When we look at the nature of these 'offences' too often you see that had the young person been in their own homes, they would not be classified as offences; they would not have been arrested for them, the police would not have been called and those young people would not have had criminal records. There must be another way of managing young people other than constantly referring to the police as an agent of control, and restorative justice is a way we can approach that.

All the programmes I have described are voluntary,

families and young people do not have to participate. But far from, seeing these services as stigmatised, families and young people want them. All our programmes are evaluated, and the evaluations show that the approaches are welcomed by children and families. Very often children have not met what is called the 'threshold'. They are not child protection cases, not in danger of being received into care, but they are young people and families with needs, and we have begun to address those needs.

Summary

In its work, both local and national, the Youth Justice Board emphasises the multi-agency approach to crime prevention, the need for targeted, early intervention with a wider community base, with agreed outcomes and objectives and shared targets and

commonality. Prior to the Green Paper, we have gone a long way to achieve that.

In a short discussion after these two contributions it was recognised that the police had actually taken responsibility for their own poor practice during the Laming Enquiry, and had subsequently taken action to improve it. There was further examination of the effect of identifying young people at risk, with some concern expressed that such a device would become a gatekeeper for all children's services. The Children's Fund has enabled 96 new YISPs to be created, providing a menu of activities, based on earlier models already operating in parts of the country like Nottinghamshire. It was observed that the demise of the youth service, providing general services for all young people in a locality, had left a significant gap in provision.

8. Towards the Green Paper

Paul Boateng MP, Chief Secretary to the Treasury

It's great to be back at the Michael Sieff Foundation. I was here five years ago, and the good thing about the Foundation, why we owe you so much, is that through good times and bad you have held the torch for children. You have been fearless, you have been challenging, you have not hesitated to get on our case when called for – you have raised crucial issues and promoted so much better understanding and best practice across the range of policies targeted at the welfare of children and young people. And that, like childhood itself, is something very precious indeed.

This conference is timely – or not – depending on how you look at it. When I agreed to come, and it took no persuasion, I looked forward to talking to you in the warm afterglow of the publication of the Children's Green Paper. As it is I am talking to you now against a background of fevered speculation.

Next week, I and the Prime Minister will launch the Green Paper, including the Government's full response to the Victoria Climbié Inquiry Report and a number of key announcements about the direction of Government policy, and on the same day in the House Charles Clarke with Margaret Hodge will make a statement to take it forward.

I am sure you will understand that I have to be careful in the way I couch my remarks. But I want to stress that we – and so many of you have worked with the team and ministerial colleagues that it is right to say we – have a historic opportunity to make a difference for children. I am absolutely determined, as is the Chancellor, that we will work to improve outcomes for children, not only through the Green Paper but also through the forthcoming Spending Review and our work on employment, productivity, and

bringing growth and prosperity to disadvantaged areas.

Familiar Problems

The world is indeed changing, as the theme of this conference acknowledges. But it is also the case, and our conversation over supper reflected this, that long-familiar problems remain all too prevalent. Even as we confront change, even as we see a multitude of initiatives, the reality remains the same for all too many. To take the most tragic example, rates of child homicide have remained at the same level for 25 years. They have not fallen – although, interestingly, if you asked most people, I suspect they would say that they have increased, which is symbolic of the ways in which our approach to childhood is circumscribed in this country. Every year between 50 and 100 children, mostly under the age of one, die in circumstances of abuse. The inquiry chaired by Lord Laming – and I would like to pay tribute to him and the assessors who worked with him; you are fortunate to be hearing from them this week – into the events leading up to the death of Victoria Climbié is horrific enough but it is only one in a long series of high profile inquiries into child deaths and child abuse – more than 50 of them since around 1950. Many of us in this room have seen that lessons haven't always been learnt. This time I know we are all determined they will be.

But it is not only the most extreme cases about which we need to be concerned. About 55,000 children remain in care, and 25,000 remain on the child protection register. We know that, on average, looked-after children are 50 times more likely than the average child to end up in prison, – and it is not

merely that they end up in prison that is our proper concern but all the circumstances that lead to them being there; 60 times more likely to become homeless; and 88 times more likely to be involved in drug abuse. As a society, we have learned the hard way that we must address these issues holistically – youth offending, substance misuse, the dangers of domestic violence and of being victims of crime. Because of course it is children who are themselves most likely to be victims of crime, not just at the hands of adults but of other children. Adults often believe that they themselves are more likely to be victims of crime committed by children – not true.

It is a great pity, too, that sometimes elders, who would be valued in the community as grandparents and counsellors, shrink back at the sight of an approaching group of children. But that is part of the reality we need to confront.

That is why we need to tackle these problems as early as possible, and to shift the balance of Government interventions from picking up the pieces to support and prevention at an early stage – tackling child poverty, improving early years education and childcare, raising school standards and supporting parents. And there is so much to be done.

We have already made real progress, and it's important to recognize and celebrate that. We have been a part of challenges that are for the better. I celebrate the fact that we have made a strong start towards our goal of halving child poverty by 2010, with the number of children in relatively low-income households falling by around half a million between 1998 and 2002. This year sees the introduction of new tax credits which make work pay and focus state support on the poorest families.

But we also know there is much more to do. Relative poverty is there; children are confronted by what they see on the streets, in shops, on television, all the cultural messages we send to children and young people.

Progress so far

We have been able to make a start with improving the delivery of universal services to all children, with targeted support for those with additional needs, the objective that underpins the Sure Start programme, Connexions and the Children's Fund. Sure Start is something to celebrate – but there are real challenges. This morning I was talking with Sure Start coordinators and sharing experiences, and we agreed that we still have a way to go in learning how best to engage the parents who have the most need of Sure Start. And we also need to address the issue of Sure Start boundaries: sometimes the boundaries are drawn, and communities fall outside them – how can that fit with social cohesion?

The Children's Fund is great, frankly. Connexions is new and more challenging; but I believe it is on the right track and we need to build on the leadership and

commitment of those involved.

Overall, we need to take the opportunity of building on a sustained increase in investment in child-focused services such as social care and education. Too often progressive measures, such as the Children Act of 1989, have been hamstrung by lack of funding and lack of the trained staff needed to make the reforms work.

What is clear is that having made health and education a priority, and rightly so, we are seeing some of that resource being applied to social care. A concern we have is how to make sure the resource does not go down what I would call "the usual silos". These areas, the usual silos, are themselves very important, but all of us get frustrated – I know I and ministerial colleagues do – when on the ground we are not seeing what we should be seeing. On child and adolescent mental health, progress has not been as fast as it should have been; as the national service frameworks come in we need to be vigilant and to ensure that they deliver.

It is not, of course, only about money, but about having the legislation in place where necessary, and we have implemented a series of Acts designed to protect vulnerable young people:

- the Care Standards Act 2000, to improve the inspection and regulation of children's care services,
- and the Protection of Children Act 1999, which strengthened safeguards against unsuitable people working with children.
- The Adoption and Children Act 2002, a genuinely radical overhaul of adoption law that underpins the Government's drive to improve the performance of the adoption service and promote greater use of adoption.
- And the Sexual Offences Bill currently going through the House creating a new range of offences designed to offer children under 13 the maximum protection.

All those are very important as markers and foundations. Legislation is vital just as resources are vital. But we also need an attitudinal change on the part of those people working with children, and we need them to sense that they are valued and will be enabled to work together and to transcend obstacles. Without this, legislation and resources will not be enough.

The situation is far from perfect, but the system now does more than merely react to complaints made by looked-after children, a difference I have seen. It is proactive, recognising that many of those children may not have the confidence to make a complaint of their own volition. Too often in the past, we have seen situations where children and young people have tried to speak out but have not had their voices heard. I think we are beginning to see real change here, real progress in listening to children. To this end we have published national standards for advocacy practice

and we have sought to ensure that advocacy is made available for vulnerable children and young people when they have a problem or concern and want to make complaints under the Children Act.

But there is more to be done. Children have to be helped to find their own voice and we have to put in place mechanisms to amplify that voice and by which we can be required to listen. Because often we do not listen – we are aware of an increase in noise, but that is not the same.

And we have acknowledged that children over 16 may still need care – an important policy move, and one that I know has been a key concern of many children's and young people's charities. It was hard fought for and hard won and I know it was not given easily. We need to build on that.

An Agenda for the Future

As I have said, these achievements are worthwhile, but they are only the beginning. Ensuring that each and every child is enabled to realise their full potential is what matters, and to help achieve that we need to find ways make sure they and their families get the right support, at the right time and in the right place – and we know that is a complex and demanding job. Its success hangs on the actions of a host of different agencies, each with its own values, personalities, priorities, performance targets, skills and resources. All will be reflected to some degree in this room. But there will be some who are not present, although they should be, and we need to do more to bring them in – that is a big issue and one we need to deal with.

So what are some of the key challenges we face in improving the framework for intervention in this changing world?

Specialized Services

For children who are at risk of social exclusion, we need to develop and coordinate the provision of targeted and specialist services to make our interventions more effective: especially mental health services for children and young people, and social care for young people who are or have been homeless. For children with communication difficulties, we need an integrated approach between health and education that allows them to access the full range of educational services. We know that early intervention by these services has a positive effect, promoting development and reducing the risk later on of family disruption, truancy, poor educational attainment and offending behaviour.

In mental health services, the reality is that standards are variable: there is excellence, but there are also areas where improvements are urgently needed, and where one sometimes gets a sense that people have given up or that they have set their faces against change and are pursuing other priorities. This is why we have allocated around £250 million of additional investment, to the NHS and to local authorities, to

support year-on-year improvements in the availability and quality of Child and Adolescent Mental Health Services. Last autumn, the Department of Health set out its priorities and planning framework, which included the aim of comprehensive Child and Adolescent Mental Health services across the country by 2006 and yearly increases in provision of at least 10 per cent.

And, building on the reforms introduced in the Crime and Disorder Act in 1998, we want to make the youth justice system simpler and more flexible, drawing on wider risk reduction approaches, and working more closely with other agencies. Multi-disciplinary Youth Offending Teams have succeeded in delivering real changes, and there are lessons to be learned for multi-agency working from how they operated on the ground. Good joined up working has helped to halve the time between arrest and conviction and to cut juvenile reconvictions by 22.5 per cent. They are a concrete demonstration of how an inter-agency approach can actually make a difference and drive up standards.

For looked-after children, it is important that we put their needs at the centre of good social work practice. While most looked-after children return home, and one in three do so within 8 weeks, it is important that we encourage early planning to meet the needs of those who do not. Foster carers play a unique role in our communities, providing homes and care for particularly vulnerable children, whether for a short break or over many years – a role that requires us to strengthen the structures in place to support, recruit and retain foster carers. And that's why this year the Choice Protects grant, worth just under £20 million, has been allocated to local authorities to expand and develop their fostering services.

One important challenge will be to give those social workers who work with children the right support and stability they need to deliver higher levels of support to children and families. We owe them that and there is a real sense that the profession of social care has taken some hard knocks as a result of the sequence of tragedies and the inquiries that followed them. They have had, frankly, an awful press: sometimes social workers have been criticised for intervening too much, and at other times pilloried for intervening too late or insufficiently. We know that resources have not been what they might have been, and that resources for prevention and intervention have sometimes been diverted into other areas.

As Herbert Laming recognised, people who take on the work of protecting children at risk of deliberate harm need formidable professional skills, persistence and courage. And yet we don't actually value people who work with children. One of the tragedies of our society has been the way we undervalue professionals in this area. That has to change and we cannot put it off, otherwise we are just storing up more trouble for ourselves. Local authorities must be able to recruit

and retain child social workers who have what it takes. It is good that we are beginning to take recruitment and retention seriously and that we released funds for the first ever social work national recruitment and retention campaign, and that after that the number of applications for social work training increased by at least 6.5 per cent. We are aiming for a further increase of 5,000 by 2005–06. We are also doing more to inform the public about what it is that we ask this cadre of workers with children to do and to reinforce the message that their work is critical and that it is valued. We want to use the opportunity that the Green Paper presents to do just this.

But we also have to leave behind the perception that social workers are the only people with the responsibility to identify cases of concern – and move to a position in which a wide range of professionals and the communities in which they are placed accept that the protection of children is a core part of their responsibility. Following the conclusions of Lord Laming’s report, it is not only social services, but a raft of other agencies — the health service, the police, voluntary organisations and faith groups — who have a responsibility to make children’s welfare a priority and to work together in doing so.

Joined-up working

As we develop this collaborative approach between social services and other professions, I think it is important that we acknowledge that so far the different professional structures, funding and bidding regimes have not fostered the necessary sense of mutual and collective responsibility. Indeed, sometimes they have actively worked against it – that is tragic but true. The Green Paper will set out details of how we aim to achieve a multi-disciplinary, team-working approach involving professionals across the health, education, and social sectors.

New procedures will be needed to support closer working. To take just one example, faults in procedure have materially hampered the handling of referrals made about children by those concerned with children’s welfare. The lack of a statutory relationship bringing the agencies working with vulnerable children together, meant that an agency receiving a referral could be completely unaware of referrals made in other areas. Putting in place arrangements that enable different bodies to share information will be crucial.

I remember a visit which I made to one local authority with – quite deliberately – only 24 hours notice. That authority was an interesting case: it had both rural and urban areas, it had a new Director of Social Services. There had been some real problems, and I discussed with him and his frontline team, and I promised that we would take on board a situation they shared with me: they had put in place a really effective system for sharing information with a partner authority, but with only one personnel change

within that partner authority it had completely broken down. They were exasperated.

On the same visit, but a different issue, I heard about a case conference that happened to fall within the school holidays. That was tough – no teacher attended and there was nothing they could do about it. This cannot go on. My promise to you, which will be reflected in the Green Paper and in the work Charles Clarke and Margaret Hodge will take forward, is that that sort of message has been taken on. At all levels up to Cabinet we have seen a willingness to go beyond the silos – and ministerial silos are every bit as much of a danger as professional ones.

On funding we will ensure greater coordination by routing money for children’s services through social services via the newly expanded Department for Education and Skills. We are also bringing together other units focused on children, of school age and early years – the Family Policy Unit from the Home Office and family policy from the former Lord Chancellor’s Department – to sit alongside. I believe this is the right thing to do, and it gives us a unique opportunity to make a difference.

Even as we do that we have to recognize there is still a need to work to overcome the *new* boundaries – because, of course, no sooner do you remove one set of boundaries than you create another. That is why we believe that the Children’s Trust approach is important, bringing together some or all of the services that local education authorities, social services, health or criminal justice services commission and provide. So we have established 35 pathfinder projects to learn from experimentation and explore how best the approach should be implemented nationally.

Clear lines of accountability

Alongside coordination must go clear lines of accountability. As Lord Laming identified in his report, it is critical that there should be a senior level person responsible for children’s services in every authority.

Coordination and clear accountability are as important at the ministerial level as at the local level, and the appointment of Margaret Hodge as the first ever Minister for Children, Young People and Families has already begun to create a strong centre of gravity in Government, cutting across the old departmental and agency boundaries and keeping the central focus on the needs of children.

There is much more to do. The Green Paper marks an important new beginning, in giving children and young people the security and the opportunities they have the right to enjoy. Together we can make a difference.

Discussion

In the discussion which followed his speech, Paul Boateng was asked about the paucity of specialist mental health services for young people, which meant that

expensive private services were having to be purchased for them. Would the Spending Review tackle this problem? He said that PCTs, Health and Local Authorities needed to do a better job of mapping the market for services, so that they work better together in commissioning and delivering services from private and voluntary sector sources. Meeting needs was a complex business and required purchasers and suppliers who were educated in specialities, and with the resources to back them. He hoped the Green Paper would facilitate this mapping process and would give a role in it to Government Regional Offices. Colleagues needed to look at baselines and to use these better in work with children. He feared that sometimes there was an unwillingness to work with the voluntary sector.

A questioner was engaged by the idea of 'community ownership' of services, but felt there was little evidence of community ownership of child welfare issues. Mr Boateng admitted that there was nothing to be complaisant about, but felt there was practice to build on in the voluntary and community sector, and noted that work like that of Home-Start was unknown in some European countries. In response to another question, about CAF/CASS, he said that he knew the difficulties this service was experiencing were being addressed by the Lord Falconer, the Secretary of State for Education and the new Minister for Children. But another questioner emphasised the urgency needed to address a service where children were waiting between 6 and 8

months for Guardians, and felt that it was wrong from top to bottom and that money would have to be spent to put it right.

Returning to the subject of mental health, a questioner wondered how the forensic psychiatric health services required for many children, who tended to be unduly represented in the crime figures, were going to be provided. Mr Boateng hoped that the Green Paper would provoke discussion of this issue. He felt there was a role for Government Offices at regional level to take on CAMHS as part of the regional strategies against crime.

Mike Leadbetter, a former President of the ADSS, noted that when he was President has continually raised with the Minister of State at the Department of Health the need for the Department to make children a priority. They are forgotten by health managers. Could the Treasury bring some pressure to bear to make sure that children were a priority? Paul Boateng said that capacity needed to be built in Departments to be better purchasers of services: a skill which the Treasury has. The Treasury now sees itself not as a Department that simply says 'no' but rather as a Department that enables and empowers, that recognises the importance of children, of early intervention and of getting people to work together to help children. The Treasury has woken up to multi-disciplinary working. The Green Paper will be the beginning, and there will be a great deal of work as a result.

9. Good Practice and Ethical Behaviour in a Changing World

*Mike Leadbetter, Interim Executive Director, Housing & Social Services,
Royal Borough of Kensington & Chelsea*

In order to get attention for a speech like this, first thing in the morning, I could either make a major policy announcement about something that really interests you (can't do that); allocate money to something or other, so that at least half the audience prick their ears up because they might get some; produce some new research that is really compelling, or speak about my seventeen years as a Director, and some of the learning, and some of the things I think, help in a small way to promote ethical and decent practice. I have chosen the latter.

These are *Leadbetter's Good Ideas/Rules/Commandments for Making Sure that Children get Proper Service*. They are equally applicable to managers, policy-makers and practitioners. When I left Essex I was the longest serving Director in the country, the shelf-life being about three and a half years now.

Rule No 1 Be prepared to *hear* what is said to you. Often as a Director the dreaded words were 'Mike, you need to know this.' And you have to hear it, and you have to help the person delivering it contain it, own it, and process it. That is often at great personal cost to the managers, as it is to the practitioners, to hear the dreadful pain of some of the children. If we do not model it at the top, we fail.

Rule No 2 We have to be willing to openly *admit mistakes*. I wish politicians would stand up and admit that they have got something wrong. Because we are human beings and the information is insufficient and we may be taking ten other decisions and not giving this one the priority it needed.

Rule No 3 Admit *lack of knowledge*. We can't all know everything. I have seen so many managers make so many mistakes by trying to pretend they knew more

than they did. It closes you off to learning, it closes you off to *hearing*.

Rule No. 4 Expect, demand, organise yourselves *proper supervision*. I was on the station at Liverpool Street and met a Director of Social Services who asked where I was going. I go for clinical supervision with a psychotherapist regularly. "Have you not been so well then?" was the response.

Rule No. 5 Never under-estimate *the extent of the proper use of your power and influence*. I have heard so many staff in social care buy into disempowerment and learnt helplessness, and we do ourselves a disservice if we get stuck in that victim/persecutor/rescuer triangle. We have to move away from that to authentic relationships.

Rule No. 6 Make yourself open to *knowing what is going on in inter-actions*. People asked me what helped me survive, my management qualification, having played rugby and being used to being punched? For me it was nine years of psycho-therapy training and two years of analysis. You need to process situations and think about them, otherwise we take them with us and somebody else gets it. When I've not done it well, I have not managed effectively, or compassionately or properly.

Rule No. 7 *Managers must keep in touch with users in*

the frontline, and the frontline must not act as if their particular service user or patient is the most important. Frontline staff must understand, when they cannot have unlimited resources, that they cannot project the blame onto the manager, the government, or whoever. The lives we lead contain disappointments.

We had an underspend in Essex one year, and without going back to the corporate core I installed video-conferencing facilities round the County, so that children and young people could use those facilities to talk directly to me about what they wanted and needed. Contact and access for senior managers and policy makers is crucial.

Rule No. 8 *Managers and practitioners have to be passionate and care about what they represent*. When I said that in Essex it was interpreted as being about sex: an interesting comment on the life of the organisation at that time. Without passion and commitment and a willingness to speak up – research has shown that in the early nineties social workers were ashamed to admit to what they did for a living, yet 40% of people get their perceptions and impressions about the NHS from staff, and it applies to social care – the public will get their impression about social work from the *Sun* and the *Mail*.

Rule No. 9 *Have a balance in your life*. It is no good for anybody to get in at 7.00 am and work till 11.00.

10. Training: A View from PIAT (Promoting Inter-Agency Training)

*Barbara Firth, freelance trainer and lecturer, University of Nottingham
and Ruth Pearson, Training Manager, Sheffield ACPC*

I need to start by telling you something about PIAT, which stands for Promoting Inter-Agency Training. It's a collaborative partnership that was established in 1993, between NSPCC, Sheffield University and the Professional Development Group which has a base in the University of Nottingham. The work we do is planned and conducted through regular meetings with a Steering Group, on which are six representatives of the partnerships, and two members of our constituency, practicing inter-agency trainers. They are seconded to us for a period of about three years, and Ruth is one of them at present.

Our aims:

1. To promote understanding of, and support for, inter-agency training in child protection and child welfare.
2. Facilitating a vigorous network for all involved in inter-agency training.
3. To stimulate relevant developmental opportunities. For example, we have produced standards for

inter-agency training, which we have recently revised.

In our ten years of existence we have learned a huge amount about the potential for inter-agency training. It is an activity that has taken place against a continually changing backcloth, but it has managed to have great successes over the years. I want to highlight some of that learning this morning, then Ruth is going to paint a picture from one ACPC area, Sheffield.

My own first experience of inter-agency training goes back to about 1987, when I was asked to facilitate a three-day multi-disciplinary training course in child protection. The message I was given was that this was problematic, nobody wanted to train these people, it was really difficult stuff. So I arrived with great trepidation in front of an audience of four social workers, four health visitors, four teachers, two police and two probation officers. And the first day was fine, people were very respectful, poured each other's coffee and

all the rest of it. I didn't know what the problem was. On the second day I got a terrible shock. The day was characterised by dissension, dispute and argument. I thought I had blown it all apart.

Then the third day was wonderful, as people engaged in real planning: what are we going to do in the future? how can we do this better? It was wonderful.

Obviously what I had experienced was a group of people going through a very necessary process of thinking and learning together. The most abiding lesson for me was that inter-agency training had the potential to be a very powerful medium for change. That change is not just in professional attitudes, it is also about change in professional practice and ultimately about change and improvement in the services for children and families. That is the heart of everything we do in PIAT. It's a powerful medium. But to release the power, we have to approach it in an appropriate way.

There are eight key learning points that have emerged:

1. Working together sounds very simple, but in reality it is complex and messy. Especially if it is working well. That complexity and messiness must be acknowledged, and participants need to be given a chance to acknowledge their differences. Through that, they must also identify their similarities, because the training is helping people to find common ground, and progress to the shared task together.
2. Inter-agency training must be underpinned by the core belief that child welfare is a shared process and that every contribution to it is of equal value.
3. Professionals who work in the child welfare system are people first and practitioners second. However sophisticated they are in their practice, if they can sit in a room with someone and put a name to a face, they are more likely to contact that person afterwards, once they have a relationship with one another.
4. Child protection work generates anxiety. Anxiety gets in the way of sound professional judgement. Ask any group and they will tell you about feelings of helplessness and disbelief. Inter-agency training acknowledges that anxiety, helps participants to identify it and use it constructively.
5. The potential audience for inter-agency training is expanding enormously. We keep finding more and more people who need input, however brief or extensive, from many different disciplines. We know that not everybody needs the same thing, so an inter-agency training strategy needs to think about who needs what? when? and with whom? It needs to be creative about who is brought together and for how long.
6. A coherent training strategy is therefore essential, but it needs some flexibility, to seize opportunities as they arise to put people together, but also to make sure that new issues and work is addressed when it should be.
7. Any inter-agency training must provide a reflective space for participants so that they can do their thinking together. It must not stand alone or apart – there must be feedback into operational systems and policy forums, so that the learning can be shared.
8. It is necessary to have a dedicated interagency training co-ordinator, who can explore, explain and mediate from an interagency perspective, and who can hold the big picture.

And now I will hand over to Ruth, who is doing exactly that.

I was going to start by saying 'My name is Ruth Pearson and I work for Sheffield ACPC' but it sounds too much like an admission from an alcoholic. I feel passionately about Sheffield ACPC and I want to say that we have an excellent reputation for high standards of interagency collaboration and output. Funding is a constant challenge but we still manage to support excellent projects, some of which have made a national contribution. We have a good reputation for monitoring practice standards. Over 200 people contribute to the work of the ACPC. The multi-agency training project has been running for over 9 years in Sheffield and has earned a very good reputation for the standard of training.

My role is to manage the training project, but I also chair the Training Strategy Implementation Group, which means that I also sit on the Executive Committee, and I think, from my contact with other interagency trainers, that that is quite rare. Trainers are often out of touch with the decision-makers, and vice versa. So I think I have a terrific job. Because I sit on the Executive, I hear what is happening in serious cases and I can take that back to the Training Room. The multi-agency trainer is working with practitioners on a daily basis and is seeing the multi-agency network and its difficulties. We are the link between those practitioners and the Executive in Sheffield. Some trainers can feel isolated, and part of the role of PIAT is to prevent isolation. There are not many of us.

The project is myself and my admin support. The importance of good admin support cannot be sufficiently stressed. I also manage a multi-agency training pool, to which a cross section of agencies contribute towards delivering training. We have three trainers on each event, including men and representatives of minority ethnic groups. I also manage a voluntary sector child protection training project, an area that had been ignored. It is three-year Community Funded. We are looking for ongoing funding for it now – but it is a key part of our strategy.

Our programme links into the ACPC training strategy and is based on 'Working Together' which recommends that foundation or essential awareness

training takes place in the agency. The we do stage two training on working together issues: working together on identifying abuse, recognising it, appropriate referrals, working together in investigations, in conferences and in effective core groups, which can be the time when things fall apart. We then do stage 3 training on specific areas: things like disabled children, domestic abuse and child protection, parental mental health and child protection, and substance misuse and child protection.

As well as the standard programme, we need to be flexible, so we also put on specific training events to respond to new Guidance. I run a seminar with Police and Social Services about issues on Police protection powers which were useful, and in January we are putting on a conference in Sheffield about Substance Misuse and the Family. So we need to be responsive.

The key aims of multi-disciplinary training are to help people understand each other's roles and responsibilities and to de-mystify hierarchies, debunk stereotypes and learn each other's language. Jargon can prevent us communicating. We need to give people a systematic mindset, so that people go out thinking, 'It is not just me – I'm part of a system'.

The methods for delivery – information giving, which needs to include exercises, case studies, group work, videos, skills development, as well as printed material. We do a mock child protection conference. But it all goes on in a safe learning environment.

A multi-agency trainer or facilitator needs communication skills; ability to work with a group and so on. People training in child protection need a lot more, which means that training packs and cascading can-

not be done. What comes up in training are the grey areas, the points where people feel undecided, uncertain or confused. If you do not have the experience of child protection and current legislation you cannot do it. On top of that, you need awareness of roles – and those are constantly changing. Names change. You need diplomatic skills, because this is an area where tensions can emerge and you need to be aware of that.

So many agencies are under-resourced and overstressed. People can expect to come to a training course but then need to be in Court, or cover a duty or shift patterns change and they are pulled off. Or managers may be committed to training, but allow it to be superseded by other priorities. We are making good progress in getting people from other agencies, who may work directly with the parents, who are now understanding that including the child is part of their responsibility.

It is a terrific job. Assisting group understanding is a very gratifying experience. Participants come away having put faces to names, and it often happens simply because people have had time to talk to one another. You can see people becoming much more clear about thresholds for intervention and accepting their own part in it. You can see them developing their practice, and developing their understanding of partnership with parents, which doesn't mean abuse of power or collusion. You can see them making children the centre of their practice and working with diversity. It is gratifying to see that this happens when you allow people to come in and together reflect about what they are doing. We make them feel relaxed, wanted and valued.

11. Beyond Utting: Improving the Safety of Children Living Away from Home

Marian Stuart, Independent Consultant

Formerly Deputy Chief Inspector of Social Services at the Department of Health

The focus of this conference is on maintaining and improving the quality of work with individual children and young people. Keeping them safe is a vital ingredient in this. *People Like Us* said 'There is little doubt that the 'best' homes (or schools, or hospitals) are also the safest. Safety is a function of overall effectiveness. If the child is not safe, the home is achieving objectives neither for the child nor for itself as an institution. Quality protects.'

In this presentation I will remind you of the reasons for the recommendations made in *People like Us: The Report of the Review of the Safeguards for Children Living Away from Home* and of what was said in the Government Response. The report covered a wide range of situations in which children live away from

home and I will cover the recommendations relevant to children's homes and foster care. However much of what I have to say is applicable to other situations such as independent boarding schools, residential special schools and health settings. I will also raise some questions which are emerging from my follow up study of the Report for the Joseph Rowntree Foundation.

Background to the Utting Review

Sir William Utting was asked to undertake his review in 1996, in the wake of allegations about abuse in children's homes and foster care in North Wales. He reported a year later and described the experience of the Review as 'a crash course in human

(predominantly male) wickedness and in the infallibility of social institutions.'

People like Us described the problem graphically:

"The Review was precipitated by the past activities of sexually and physically abusive terrorists in children's homes. Such offenders may be a small proportion of those who harm children, but they create havoc with their lives. A single perpetrator is likely in a lifetime's career to abuse hundreds of children, who suffer pain, humiliation and incur permanent emotional damage.

Becoming associated with residential work as an employee or volunteer provides the abuser with a captive group of vulnerable children. Entrapping them involves deceiving and disarming adults also. Abusers may be good at their jobs, winning respect, affection or fear from their colleagues and admiration from the parents whose children they corrupt. They are adept at avoiding detection and disciplinary or criminal charges – in which they are inadvertently assisted by the assumptions and values of our social institutions. They are very dangerous people.

It is important in the first place to keep them out of work with children and, secondly, to investigate carefully any suspicions that arise about members of staff; even the best organisations are not immune to infiltration by determined abusers.

Below this level are large numbers of adults who fall into abusive behaviour in circumstances ranging from personal weakness to the influence of a malignant institutional culture.

Finally, there are children who abuse, who present a serious danger to the safety of other children." (*Summary*, pages 5-6).

During the course of the Review, the Home Office published some research results on rates of sexual offending against children which provided important information on the incidence of the problem. It showed that:

in 1993, 110,000 men aged over 20 had convictions for a sexual offence against a child. That equates to 1 in 150 men. This did not include figures for rape since data on the age of rape victims had not been collected at that stage. Subsequent work that I did with the Home Office for the Code of Practice on Foster Care showed that once figures for rape are included the ratio becomes about 1 in 140 men over 20.

Other important elements to remember in this context are that conviction rates for sexual offences against children are low and have been declining. It is increasingly being recognised that women, as well as men, abuse children sexually. And children and young people abuse each other too. Criminal statistics and research indicate that they account for about a quarter of sexual offences. However, at the *Stop it Now* conference in March 2003, Carole Howlett, Deputy Assistant Commissioner of the Metropolitan Police, said child sexual abuse affects 1 in 10 children under

13. 30–40% of sexual abuse on children and young people is by other children and young people. This is evidently based on victim studies. The recent publicity about Operation Ore which involves the investigation of about 7,000 UK citizens who are alleged to have downloaded child pornography from just one internet site also serves to remind us of the magnitude of the problem.

The Utting Prescription for Change

Sir William's prescription for a protective strategy against abusers included:

- a threshold of entry to paid and voluntary work with children which is high enough to deter abusers;
- management which pursues overall excellence and is vigilant in protecting children and exposing abuse;
- disciplinary and criminal procedures which deal effectively with offenders;
- an approved system of communicating information about known abusers between agencies with a need to know.

The Report went on to list the processes needed to keep these risks in check, all of which should focus on the safety and welfare of the children. These were: selection of staff, volunteers and residents; assessment of need; choice of placements; supervision, training, management; inspection; alertness, openness; investigation, detection, disciplinary and criminal procedures; treatment for abuser and abused.

On children's homes, the Report said that:

- 'The persistent deficiencies in children's homes are symptoms of a lack of commitment by political and service managers to unpopular, expensive but necessary provision.'
- 'residential care is an important option for looked after children ... it feels that residential child care has shrunk to below that which provides a realistic choice of placement for each child.'
- urgent action was needed to raise standards, but the sector now lacks enough providers of sufficient size to organise and achieve this from within. Government action is needed to implement a strategy to drive up standards all round. (*Summary*, page 2)

On foster care, the Report pointed out that about two thirds of looked after children are in foster care and that the needs of these children are more complex than hitherto.

It welcomed the, then [1997], current policy interest in foster care, which had previously been neglected. Given the relative isolation of foster care and the young age of many of the children involved, it urged that priority should be given to safeguards. Issues relevant to the wider welfare of fostered children were discussed, including the need for an adequate choice

of placement, and that education and health matters and proper after care needed to be given priority.

On private foster care, the Report said that 'Private fostering is clearly an area where children are not being safeguarded properly, indeed an unknown number are likely to be seriously at risk ... This is a situation that cannot be tolerated. These must surely be the most vulnerable children living away from home'. It said that the current arrangements for private foster care clearly do not work, that attempts to improve the level of notifications appear to have little effect and that the situation should not be allowed to continue.

Five of the 20 Principal recommendations in the Report – which are both important in themselves, and affect large numbers of children – relate to children's homes and foster care. These were:

- The Department of Health/Welsh Office should establish and resource a dedicated group to develop and maintain a comprehensive strategy for residential child care.
- Local authorities should secure sufficient provision of residential and foster care to allow a realistic choice of placement for each child.
- Local authorities must observe the Regulations governing the placement and supervision of children in foster care.
- The Department of Health/Welsh Office should commission a Code of Practice for recruiting, selecting, training and supporting foster carers.
- And on private foster care, The Department of Health/Welsh Office should secure legislation requiring local authorities to register private foster carers and making unregistered foster care a criminal offence.

Other Principal Recommendations are relevant to all settings in which children live away from home. Notably, applying the *Choosing with Care* recommendations in relation to the selection and recruitment of staff and volunteers; whistle blowing; making use of children's experiences in developing policy, practice, training and services.

What Happened Next

The *Government Response to the Children's Safeguards Review*, published in November 1998, rejected the recommendation on private foster care saying that a new system of regulation was unnecessary and that compliance would be improved within existing regulations. Steps were to be taken in 1999 to enforce the current regulations more effectively, including an awareness campaign targeted at the most vulnerable groups of children. A Code of Practice for language schools was to be drawn up. However it did promise a considerable amount of action on most of the other recommendations in *People Like Us*. It is clear that much has been done, and is being done, to address the problems identified. An exhaustive list is not possible here but key developments include:

- the Quality Protects programme and the resources associated with it;
- legislation on small children's homes and independent foster care agencies;
- the production of minimum standards;
- the creation of the National Care Standards Commission and the post of Director of Children's Rights;
- the changes to the law on the sharing of information on those who are a risk to children, including the Protection of Children Act list, establishment of the Criminal Records Bureau, the new arrangements for assessing risk and managing offenders in the community etc;
- and now Choice Protects and the Choice Protects grant.

There are clearly still not a sufficient number of placements in residential care or foster care to allow a realistic choice for each child – but we do now have Choice Protects.

It appears that the regulations on foster care are still not being fully implemented. The SSI Chief Inspector's 11th Annual Report for 2001-2002 said the inspection of foster care services raised 'concerns about the overall condition of foster care services' and found 'serious deficits' in some councils in relation to the quality of supervision for carers, investigation of complaints about carers and the quality of statutory visits, care planning and reviews.' A Code of Practice on the recruitment, assessment, approval, training, management and support of foster carers was produced in 1999. However, the Code and the UK National Standards have been somewhat superseded by the Minimum Standards on Foster Care which are narrower in coverage than the National Standards and miss out some important safeguards which are included in the Code of Practice.

On private foster care: more than 5 years on I think few would claim that compliance with the existing regulations has been improved. An SSI inspection in 2002 found it difficult to find councils to inspect that had enough privately fostered children.

The awareness campaign came 2 years late and appears to have just been a letter aimed at professional staff. As far as I am aware there has been no Code of Practice on language schools despite research by Avon and Somerset police which discovered a significant number of cases of abuse of language school students both here and abroad.

Conclusions

My conclusion, as far as children's homes are concerned, is that whilst some important recommendations in *People Like Us* have been acted upon, such as the regulation and inspection of small children's homes and the introduction of minimum standards, residential childcare has been a relatively neglected policy area.

Despite the further fragmentation and realignment of local authority social services, there seems to have been no attempt to develop a national strategy for residential child care to ensure sufficient places for those children and young people for whom this is the best option.

In March 2002, Choice Protects was announced as 'a major review of fostering and placement choice which aims to provide stability for looked after children and a better framework of reward and support for foster carers.' But whilst Choice Protects seeks to address the problem of the shortage of placements available for the range of children, the only reference to children's homes was tucked away in a list of 'innovative placements'.

There is, thus, no evidence that there is more commitment on the part of politicians and service managers to the residential childcare sector. There also appears to have been relatively little SSI inspection in this area pending the transfer of this work to the National Care Standards Commission. Nor has there been a concerted effort to raise the standards in this sector though it is to be hoped that the National Minimum Standards will help to do so.

As far as foster care is concerned, the policy focus on foster care, which *People Like Us* welcomed, was short-lived. Following a promising start it, again, became a relatively neglected policy area and, following the publication of the UK National Standards and the Code of Practice, it quickly took a back seat to attempts to increase the use of adoption. There was something of a hiatus until the arrival of Choice Protects. Some important recommendations in *People Like Us* have been acted upon, such as the production of the Code of Practice and the regulation and inspection of Independent Fostering Agencies.

But it appears that local authorities may still not be fully implementing the safeguards for children in foster care that the Children Act intended. The UK National Standards and Code of Practice may have been undermined by the Minimum Standards. Foster care inspection has been the weakest area in the first year of operation of the National Care Standards Commission and this may have led to the registration of unsuitable agencies. The refusal to implement the recommendation that private foster carers should be registered remains a major omission. The call for registration has been re-iterated by a number of others since the Utting Report in 1997 – not least the UN Committee on the Rights of the Child and Lord Laming. I hope that the forthcoming Green Paper will provide a positive response to this at last.

Choice Protects seeks to address the problem of the shortage of placements available for the range of children which was identified as a major problem in the Utting Report which said 'Choice is safety ...' (para 2.3) So, it is possible that, with the advent of Choice Protects, foster care may now get the priority it both

needs and deserves in order to meet the many challenges that it faces.

Some questions that I would like to leave you with are these.

On Children's Homes

- Is there now more political and managerial commitment to providing sufficient good quality places in children's homes?
- Will the Choice Protects Review give sufficient attention to the need for placements in children's homes and produce the national strategy that is needed?
- What programme of work does the National Care Standards Commission have for inspection in this area, particularly in relation to small children's homes?

On Foster Care

- Will the policy interest in foster care be sustained this time?
- Can effective action be taken to increase both the number and type of foster care placements?
- Will the new Commission for Social Care Inspection be able to provide the quality of inspection of foster care necessary to ensure that all registered independent providers provide an appropriate standard of service and safeguards?
- Will registration of private foster care be introduced?

And, last but not least, are the views of children and young people being sought and listened to in relation to children's homes and foster care?

Discussion

In the discussions after these presentations it was noted that the need for clinical supervision for senior management in Social Services Departments, recommended by Mike Leadbetter, would help in the recruitment and retention of good staff, but not many local authorities were willing to pay for it. But Mike felt that some progress had been made, and that professional staff themselves considered it an extremely important goal.

Commenting on joint training, a questioner asked what happened when people who had undergone inter-agency training returned to agencies which were poor at collaboration. It was felt that at ACPC level joint working tended to be good, and that Children's Trusts could be expected to promote the process. But inter-agency events for management on subjects like drugs misuse may be necessary, because if there is no commitment at management level, then inter-agency work will be undermined. It was essential that voluntary sector staff, too, should have access to inter-agency training.

Participants felt that changes in budgeting practice were required so that local authorities would be able to

see the comparisons in the cost of placements for looked-after children. Currently accounting practices did not allow such comparisons to be made. Mike Leadbetter felt that most local authorities would know, but that it was difficult to make direct comparisons, because the private sector costs in therapeutic and educational help is not included by local authorities.

Concern that the voice of the child was not sufficiently championed in the Utting recommendations, and that children were still not being properly heard, was expressed. Advocacy, especially for disabled children and those with special needs, was required, and

Marian Stuart is currently carrying out a study for the Joseph Rowntree Foundation to discover whether there has been real development on this front, and whether it is making any difference for the children concerned.

A question was asked on how a good foster care service can be maintained when the numbers of adopters for children was diminishing and when small residential homes were also disappearing. People were not coming forward for children. A wider strategy was needed, which detailed the total need for different kinds of foster care and adoption across the country.

12. Children's Trusts

Carole Bell, Section Head, Department of Health

I have a passion for partnership. Children's Trusts are a simply idea about providing an organisational vehicle for partnership. What we have heard already has been about trying to work across organisations and organisational boundaries. Children's Trusts are a formulation of ways you can enable that to happen effectively across functions and responsibilities.

So they are simple, but partnership is immensely complex. It sounds easy, but in reality it is always quite an unstable alliance between organisations which have very different perspectives. Therein lies the difficulty.

The Context for Children's Trusts

I want to tell you about the theory of Children's Trusts, where we are up to and where we want to go. They are a natural conclusion of several themes: public service reform and user-focused services, which has been around since the beginning of this government. The context for their development has been of people working together in Children and Young People's Strategic Partnerships, local preventive strategies, the National Service Framework, the Victoria Climbié Enquiry. The Green Paper which is imminent is also infused with the idea that partnership is the way to manage things better.

Organisational barriers create difficulties for operational staff on the ground, for budget managers at a senior level and for the people who make the decisions at the top. That analysis has been around for a long time. The ADSS put it forward in 'Serving Children Well'. It makes it difficult for people to do things in a child-centred, user and family focused way. The aim is to get to those better outcomes that we know are possible. Children's Trusts provides the possibility that services will be sited and provided in different places by different organisations, and will therefore become more accessible to children and

families who do not use them, or do not want to use them at present.

The plan is a single entity bringing together all of the services, with clear accountability, – clear to everybody, the local population and the staff – about who is ultimately responsible for all the services. Professionals from LEAs, from Social Services, from Community and Acute Health, from Youth Offending Teams, Connexions Teams, Sure Start, voluntary organisations and other independent organisations will be better able to work together.

What is a Children's Trust?

Statutory responsibilities of local authorities for children mean that local authorities are best-placed to lead this combined and integrated work. So they are led by local authorities. They should have clear objectives which fit into the broader local strategy, and clear accountability, as I have mentioned. They will have a single commissioning function. There is an issue about bringing together skills in commissioning and building capacity for that to work effectively. At a strategic level it is important to join things up, so the commissioning function, potentially with a pooled fund, can support that direction of strategy by apportioning money in the right directions. And at the other end there will be integrated provision and multi-disciplinary teams pulling it all together. Finally, a way of ensuring that a large number of the services can have a formal, written agreement about how they work together and delegate functions and funds, is using the power of Section 31 in the Health Act 1999. That is a formal device that can cement partnership arrangements.

The following features occur in all the local applications to become Pathfinders for the Children's Trust programme. People wanted co-location of staff, because when you know one another you work better

together and become more accessible to children and families. Multi-disciplinary teams, common assessment processes, information-sharing were common to all. There are major differences in the ways different professions see information-sharing working. So teachers in a school may share information very openly about the needs of individual children, whereas social workers may be much more cautious in how they share information. So within existing frameworks there are different cultures. Effective safeguarding arrangements are crucial: child-protection is central. All pathfinders will be working with services outside the Trust.

There are thirty-five Pathfinder sites with a wide range of plans. The announcement was made by Margaret Hodge and Steve Ladyman. Although Margaret Hodge has responsibility for a lot of services, Child Health remains with the Department of Health. That ensures that the Health Service recognise the extent to which child health has to be seen as a priority within PCTs and NHS Trusts. Just as we have to work jointly at the centre, people have to work jointly at a local level. Three phases of Trusts were identified.

We intend to have a network of sites so that all the Pathfinders can share good practice. The good ideas will emerge from the local practice, but we want them to be shared quickly and effectively. We will have a small number of advisers who will be available to help with expertise on finance, issues about education and health policies. They will put people in touch with others who can help. And we have recently published the specification for the three-year evaluation, which will look at three key things: the sorts of processes that are important in getting Partnerships to work effectively and some of the barriers, and the outputs and outcomes which result from joining things up.

The sorts of Pathfinders we have:

- a Whole Systems Commissioning model in Sheffield, bringing all resources together and understanding how the money is currently being spent and how it might be spent in a slightly different way in future;
- Hampshire has gone for a commissioning of CAMHs services of all the tiers. They have interesting ideas of how they want to multi-disciplinary team-working work between tiers 1 and 4;
- Part of the partnership in Redbridge is Leisure Services, and they are using community organisations, like the churches and mosques locally, to support them;
- Gateshead has concentrated on a Trust for children with disabilities, and CAMHs, with very strong user involvement;
- Blackburn with Darwen came up with a completely different model: they have 12 sites with

integrated Children's Centres planned. They include private and local authority nurseries, lower schools, in health centres and other places deemed by a very mixed ethnic population to be accessible.

The issues faced by the Pathfinders include the way in which Health has responded and will respond to Partnership, and Partnership that will be led by a local authority. Clearly Community Trusts and Primary Care have been used to joint work, but we are concerned about how far the acute sector feels it is part of the Partnership. At the other end are schools, and how far they feel themselves involved. They have had it drummed into them to concentrate on the curriculum. It will take quite cultural shift for them to absorb this partnership agenda. Some places have schools on board, some have a way to go. It is clear that keeping three different services at the table is hard. You can often keep two together, but three is harder.

Among the issues facing Children's Trusts as they develop are:

- Human resource issues;
 - Performance Assessment;
 - Child Protection Arrangements;
 - Legal Barriers;
 - Involvement of the Acute Sector;
 - Relationships with schools;
 - Boundaries;
 - Partnership work;
 - Potential for Bureaucracy.
-

I hope we are not being too ambitious, but at a strategic level we hope that there is an impact on bringing things together and understanding them from a whole systems approach, in a way that will result in a much more user-focused approach to services. At the end of the day this is about better outcomes for children and families.

What Children's Trusts will Do:

- Improve performance at strategic and operational level and focus on delivery
 - Give impetus to strategic partnerships and preventive strategies
 - Have the status to lever change
 - Formalise existing joint work
 - Produce innovative ideas that can be disseminated
 - Test the system
 - Lead to better outcomes for children and families
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13. Sheffield Children's Trust

*Penny Thompson, Executive Director responsible for Social Services,
Sheffield City Council*

For me Children's Trusts are a vehicle for taking forward what we want to do in Sheffield. I have been twenty eight years in social work, twelve of them as a practitioner. I have been a Director since January 1998, which makes me long-serving. I am co-Chair of the ADSS Children and Families Committee, my other half being Jane Held, who is the Director in Camden, and we are managing to job share reasonably effectively.

Local Commitment

You have already heard from Carole what the government expects from Children's Trusts. I will be talking in terms of Sheffield, and why we sought to be a Pathfinder, and are excited about being chosen. We have a background of a commitment to working across boundaries. An example of that is that our Health colleagues actually chaired the Joint Planning Group for Children's Services for a number of years, and that was the forerunner of our Strategic Partnership. We have an Education Directorate but it is focussed on inclusion. We have not had the dilemmas of whether we are going for attainment or inclusion. Our Education colleagues understand that the way to attainment is through inclusion. Our members in the local authority are very keen to see schools as community resources and so the initiative from the government for Extended Schools fits very well. We have been managing a lot of change in Sheffield, and our emphasis has been on people and process, rather than structure, and for my part, I tend to see structure as the last thing you put in place, not the first. That has stood us in good stead and the philosophy underpins the approach to Children's Trusts. We also have in Sheffield just about every major government initiative: we are a crucible for government initiatives. There is a confluence between our local thinking and the government agenda.

We have a strategic approach to Children's Services, using the tiered model of need and the work of Pauline Hardaker, you'll be glad to know, is very influential in Sheffield. I did a presentation to our childcare providers, almost all private and voluntary, and asked if they recognised the triangle of need – and bar none they did. For me that is great. We are seeking to support as many children and families as we can through our universal services, and very reluctantly we'll move to Tier 4. Clearly some people will need them, but the desirability and volume of them must be less. We use the tiered model of need in all our services now.

Sheffield – the Context

Sheffield is a city of contrasts. The east side of the city has areas of high deprivation and we also have one or two wards that are the most well-off outside Westminster. We have a population of half a million and the latest census is telling us that our BME population is about 8.8%, – slightly higher, around 10% for children and young people. We have c. 700 children looked-after, and about 250 children on the Child Protection Register. We have 4 PCTs, and 98 GP practices. We have about 200 schools, and I think about 116,000 children and young people. It is a big place to be a crucible for all these initiatives and to be taking forward something bold.

But we are bold. Our Children's Trust is focusing on all children 0 – 21. We are using the language of Sheffield Children's Services, and we talk about them to apply to all services. Our interest is making children the focus not the organisation, and the workforce relating to why we want to improve outcomes for children. We are interested in entitlements to preventive services. We are trying to get a focus on the minimum amount of coherent assessment and delivery. We do have a protocol for assessment across the agencies. We are interested in a core knowledge-base and value-base for everyone who works in Children's Services: teachers, school nurses, social workers, registered childminders –everyone. They need a common base. And I think what you have heard about the ACPC training gives you a sense that it will not be difficult to extend that into interagency training for Children's Services.

We want a common identity for Children's Services. I'd like to pinch the NSPCC idea of the Green Spot. I'd like us all to have a logo, designed by young people, and we'll all have badges so that whoever we work for we will have Sheffield Children's Services badge. We will focus on outcomes and we are going to focus on seven indicators that everyone in the Trust is intent on achieving, and we do want to focus on universal services, especially schools and Children's Centres, as the basis for delivery.

Our overall objective is a step-change in the health, attainment and well being of Sheffield's Children and young people. At the moment we have a Partnership Board for the Trust which is within the Local Strategic Partnership, reporting to an Executive Level Board. It is important to say that we have the local community and voluntary sector on this Board and we have had elections to get those representatives. We got a lot of people wanting to be on the Board, which was very

important. Our independent chair of the ACPC sits on the Board. Child Protection is everybody's business on our Board. The YOT is represented, the Police are there. We are in the process of putting in place a Programme Director and team to be the engine room of the Trust. At the moment the Trust reports to the Council through Cabinet and our Scrutiny Board, and also through the NHS Boards.

Indicators of Success?

We have seven proxy indicators of success. Everybody has to sign up to them. If there is one that is pre-eminent it is school attendance. We are all signed up to saying that if kids are in school, they are both safe, they are likely to be getting some other form of sustenance as well as academic, and they are more likely to achieve. I have shared with my Education colleagues that we must stop talking about percentage increases in attendance because we celebrated an increase in attendance of 1.4% and 0.7%, which sounds under-whelming, but calculated in pupil numbers and days, it is a big improvement, but we need to say it in numbers we can all recognise.

In future the Trust will be dealing with the recommendations from the Enquiry report. I hope that we see ACPCs going onto a statutory footing. We operate as if that were the case already in Sheffield. We look forward to the Green Paper on Children at Risk and hope it will take on board the work we have done nationally Tomorrow's Children and also the thinking that is underpinning work like ours on the Children's Trust. We are keen to keep children as a focus for the NHS. Our work programme is the development of one plan for children: we are working to one common strategy. We want a joint commissioning team. Commissioning tends to be bits of lots of people's business. There are issues in Education and Health about this, but we will get there. We want more joint accommodation. I am currently jointly managing one of the Heads of Service in Education, and have joint sessions with her – because it makes sense. We are trying to adapt in that way rather than going into a whole structural review. We hope to see out senior managers coming together and 'homed' in the same place.

The Challenges

A key plank of our first year of operation is our workforce development across the Trust, focusing on what sort of bodies we need, and what development and training they need. Children with disabilities is one of our early wins: an integrated service. We have done a lot on CAMHs already: in Sheffield it is managed by the Children's Hospital Trust. We hope to have proposals in the next month for a Joint Child Protection Advisory Service, across Health, Education and Social Services into one team.

The issues and challenges are about the increasing number of children with disabilities. Our informa-

tion-base on this is good in the City. Substance misuse is probably the biggest issue: largely parental misuse and the affects on children, as well as misuse by children. I do the adoption panel decision-making for one of our panels, and there is almost no case where substance mis-use isn't a major factor. We are getting into third generations: children born with heroin addiction whose mothers and grandmothers are addicts. We have an issue about inequality – but we also have parts of Sheffield there are bright people who can help. We intend to involve them. Obesity and lack of exercise is concerning the medics on our Trust.

The issues of resources remain a real challenge. The costs and capacity for caring for vulnerable children is a real issue that has been touched on today. A tremendous amount is going on to completely change our placements for children. But the costs are increasing. And as we get better at prevention and at supporting children in their homes, those who need to be in Tier 4 will require a lot of expenditure. It is scary how much those costs are moving up. And when children need to be looked after, there has been a tendency to see that as Social Services business. What we are trying to do, through the Trust, is say that it is everybody's business. Through the Trust we have the opportunity to make significant difference.

We are making changes now with the potential for long-term impacts. It is a problem, because government want short-term results. We are managing a system. Capacity, and the development of an able, capable workforce right across Children's Services is our biggest challenge. And finally there is the issue of how we mainstream short-term initiatives? We are also a trailblazer for IRT (Identification, Referral, Tracking). The aspirations of information sharing are what we must focus on here. We got that money, now we have to mainstream it.

We are taking a whole system approach in Sheffield because we want to improve the well being to all of our children. It would be perverse to focus only on one element of our triangle. We are committed to seeing all our children, including the most vulnerable, in the wider context. We do need to develop a common language and shared objectives: which is where our outcomes are important. There are some that came from health, some from education, some from health and the police. We will manage our performance on the achievement of those outcomes. We are trying to create a framework that will be responsive to new developments and won't require yet another restructuring. I expect the Green Paper to be in tune with what we are doing!

Discussion

In response to a question, Penny said that the YOT in Sheffield was included in the Children's Trust Partnership. It had been a great success in terms of achievements in Sheffield, and it also exemplified how

to get the benefits from different disciplines without turning them into a ‘mush’ worker. You need to preserve the skills of different disciplines. Carole Bell said that YOTs were not always included in the Partnerships

of all Pathfinder Children’s Trusts, but may become so as the Partnerships develop. In Sheffield, besides the YOT, Sure Start and the Children’s Fund are also part of the Children’s Trust Partnership Board.

14. Policy and Practice – Get the Small Things Right

Nigel Richardson, Director of Social and Housing Services

North Lincolnshire Council

I am going to give a brief summary of some aspects of Victoria Climbié’s life. The emphasis will be on doing the simple things better, and then I will be talking about some of the issues around those simple things that the Enquiry brought up, and later Dave Basker and Ellen Chant will give you a practical example later of how we turned that policy aspiration into a practical way of working.

If you look at the Enquiry Report there are three themes I want you to think about. The first one is to do the Simple Things Better. This would have made a fundamental difference to the outcomes for Victoria, we as an Enquiry Panel were convinced.

It is the simple things that make a difference in any organisation. Perhaps we concentrate too much on complicated things and get drawn away from the simple day-to-day practice of safe-guarding children.

The second theme is that the child is the client. It is easy to see that people have forgotten that and allowed the adult who happens to have a child to become the client. If you look at the agencies which were involved with Victoria while she was in this country, health were involved because she had alleged injuries, and she happened to be a child; the police were involved because there were allegations of crimes being committed against Victoria and she happened to be a child; social services were involved with Victoria because she was a child. It is easy to forget who the client is. The child is the client.

And this is the job: to safeguard and to promote the welfare of the child. It is as simple and as complicated as that.

Victoria was born on the 2nd November 1991. She was the fifth of seven children. We now know that she died after suffering horrific torture and deliberate physical harm at the hands of her great-aunt and her aunt’s partner. The date was the 25th February 2000 and Victoria was 8 years old.

Lord Laming’s Report is quite rightly dedicated to Victoria’s memory and I think it marks a watershed in terms of the history of child welfare services. I hope that the Green Paper picks up significant aspects of the report and is bold and brave enough to do Lord Laming’s Report justice. It has triggered a great deal of debate.

What that debate should be about is simple: implementing the Children Act. Lord Laming found that the legislation is fundamentally sound, the issue is about its implementation. When you look at the failings in Victoria’s case and others, they are about interpretation and implementation of the Children Act 1989.

Some of the damaging debates that we get into about children in need and child protection, the status of Section 47 over Section 17 or vice versa, are not the essential debates. The simple debate is the implementation of the Act.

Victoria’s Story

Victoria’s journey began in Abidjan, in the Ivory Coast. She was a bright and intelligent little girl and that is why she was picked by her great-aunt to travel with her to Europe in search of a better education. A sad indictment of us in this country – she never set foot in an educational establishment when she arrived here. What we run in this country are re-active services. They are dependent on something happening which triggers a response. When you look at Victoria’s story, that is what lies behind the fact that she never set foot in a school.

In 1998 she left and ended up with her great-aunt on the outskirts of Paris, and there her health deteriorated, things began to go bad for Victoria. A simple thing that we need to do something about, and Lord Laming’s recommendations address this – in 1998, in Paris, people were worried about Victoria. The school she was at was worried: she kept falling asleep in class, she missed large episodes of class, she came to school with unexplained marks, wearing a wig. The GP in Paris was worried; Victoria had a social worker in Paris in 1998 and was on an at risk notification. Yet nobody in this country knew about that until Victoria’s death. Just think what would have happened when she walked through the door of Ealing Social Services if they had known that information? Would it have made a difference?

If today a family walks through the door into a Social Services referral suite, and you know that that family has just arrived from Manchester, Liverpool or Portsmouth, what does the referring officer do? They

use the fax, pick up the phone or write and e-mail to colleagues in this country and ask what information they have about the family that has come in asking for services. Why is it so different when someone arrives from overseas? Within days of Victoria's death the police had found that information out.

Victoria arrived in London. Her aunt, Marie Therese Kouao, wanted to move, perhaps because the pressure on her was increasing in Paris. They arrived in April 1999. Victoria ended up in Somerset Gardens, the home of Carl Manning, the aunt's new partner. There was a Health Centre a matter of yards from the house where Victoria was living, but at no point did Victoria set foot in the Health Centre – instead she ended up in the bath in Somerset Gardens.

Although the Report on this death has now been published, as I and colleagues from the Enquiry travel the country to talk about it, we are not actually convinced that people fully understand exactly what happened to Victoria. Unless you understand it, you cannot understand what the Recommendations demand. People talk in terms of what they have to do to get through the Victoria Climbié audit, what they have to say to show they are meeting its requirements. What Lord Laming was after was an open and honest debate about the state of children's services in this country. I am not convinced that we got that, in terms of the way the audit was framed and distributed. Although it was prompt and efficient and it has been collated, I am not convinced that we have been as honest as we could.

As I read this section I want you to imagine that you are eight years old, in a foreign country, without your family, without your friends, where you've nobody to talk to, you've no toys, you don't do much during the day and you are being looked after by two people you don't know that well, but they don't seem to like you. A new partner has suddenly appeared and he certainly doesn't like you. And he hurts you:

"Manning said that Kouao would strike Victoria on a daily basis with a shoe, a coat hanger and a wooden cooking spoon, and would strike her on her toes with a hammer. Victoria's blood was found on Manning's football boots, and Manning admitted that at times he would hit Victoria with a bicycle chain. Chillingly, he said 'You could beat her and she wouldn't cry. She could take the beatings and the pain like anything'.

And Victoria spent much of her last days in the winter of 1999/2000 living and sleeping in a bath in an unheated bathroom, bound hand and foot inside a bin bag, lying in her own urine and faeces. Not surprising then that, towards the end of her young life, Victoria was stooped like an old lady and could walk only with difficulty.

When Victoria was admitted to the North Middlesex hospital on the evening of the 24th February 2000, she was desperately ill. She was bruised, deformed and mal-nourished. Her temperature was so low it could not be recorded on the

hospital's standard thermometer. Dr Lesley Alsford, the consultant responsible for Victoria's care on that occasion said, 'I have never seen a case like it before. It is the worst case of child abuse and neglect I have ever seen'. Despite the valiant efforts of Dr Alsford and her team, Victoria's condition continued to deteriorate. In a desperate attempt to save her life she was transferred to the Paediatric Intensive Care Unit at St Mary's Hospital, Paddington, and it was there that tragically she died a few hours later on the afternoon of 25th February 2000.

At the end, Victoria's lungs, heart and kidneys all failed and Dr Nathaniel Carey, a Home Office Pathologist with many years experience carried out the post-mortem examination. What stood out from his evidence was the extent of Victoria's injuries and the deliberate way they were inflicted on her. He said, 'All non-accidental injuries to children are awful, and difficult for everybody to deal with. In terms of the nature and the extent of the injuries, and the almost systematic nature of the inflicted injury, I certainly regard this as the worst I have ever dealt with and it is just about the worst I have ever heard of.' In his evidence he recorded no fewer than 128 separate injuries to Victoria's body, saying 'There is really no anywhere that is spared, there is scarring all over the body.'

Lost Opportunities for Intervention

A simple thing is the fact that the most painful of all the distressing events in Victoria's short life in this country, is that even towards the end she might have been saved. In the last few weeks before she died, a social worker called at her home several times and she got no reply when she knocked at the door, and assumed that Victoria and Kouao had moved away. It is possible that at that time Victoria was lying just a few yards away, in the prison of the bath, desperately hoping that someone might find her and come to her rescue before her life ebbed away. In the end she died a slow, lonely death, abandoned, unheard and unnoticed.

That is the message people need to understand when we are trying to develop child welfare services in this country. If you don't take it seriously, if you don't invest properly, if you don't organise things around the simple matters, then things can go wrong. Lord Laming is not naïve enough to think that this report will stop children being killed in this country. He will tell you that this evening himself. He will say that you cannot legislate against sudden violent outbursts. But we must be able collectively to stop the prolonged suffering of children who are known to agency after agency after agency. That is the challenge of the transference of policy into practice.

Victoria was not hidden away. Lord Laming points out that as well as her initial contact with Ealing Housing Department's Homeless Persons' Unit, she was known to no less than two further Housing Authorities, four Social Services Departments, two

Child Protection Teams of the Metropolitan Police Service, a specialist centre managed by the NSPCC; and she was admitted to two different hospitals because of suspected deliberate harm. These services knew little or nothing more about Victoria at the end of the process, than they did when she was first referred to Ealing Social Services by the Homeless Persons' Unit in 1999.

And the final irony was that Haringey Social Services finally closed Victoria's file – No Further Action Needed – on the day she died.

If you follow the catalogue of events through Victoria's case, the same catalogue may not occur again, but every single local authority in this country would recognise circumstances where those kinds of events could happen. They are all depressingly simple things. There were many more than twelve missed opportunities, but if you look at those twelve, they take you through our current child welfare system. Read them and question your own practice.

Two examples. When Victoria went to the first hospital admission, people were concerned about her. They referred the case to Social Services. Social Services responded, in terms of dialogue with the Police. But people dealt with that referral as though it was a referral from the doctor, but the referrer was actually the childminder's daughter, who had had the courage to take the child to hospital because she was worried about her. Nobody spoke to the childminder's daughter.

The second example: social work visits to Somerset Gardens. The social worker would say she was duped, that the visits were set up events to stimulate progress on Kouao's housing application. But the issue is that the social worker thought she was doing a good job. She was a young, enthusiastic social worker, who wanted to do a good job. What is it that allows a young, enthusiastic social worker to accept such low standards of practice? No preparation for the visit; no thought about what questions to ask? What is it I'm looking for? Nobody, nobody, the social worker included, could answer a simple question for Lord Laming: what was a day in the life of Victoria Climbié like? How did she spend her day?

Four numbers stick in my mind: 211 allocated social work days to Victoria as a Child Protection case. Yet Victoria was only ever seen on 4 occasions. She was only seen on her own twice. The total amount of time spent with Victoria by the allocated social worker – and she admitted that Lord Laming was being generous – was thirty minutes. Just think about that.

There was no evidence to suggest that Victoria's case was being dealt with in any way that was different from any other case in this Social Services department. It is an insight into the organisational attitude, culture and behaviours that are delivering our child welfare services.

And one issue that came up time and time again: the Green Paper must end this myth about Section 17

and Section 47. The issue is this: there are concerns about children. There should be multi-agency responses to those concerns. It is a simple and as complicated as that. Somehow we have got into a situation where, if you are lucky you get into Section 47, and if you're not you'll be in Section 17 and not much will happen. This was not the intention of the Children Act, or of people working in child welfare, but we heard evidence about this myth every day: things could not be done because Victoria wasn't in this category etc.

There are two very useful pieces of Guidance: the National Assessment Framework and Working Together – two cornerstones of our child welfare system. There should be one document, one approach, one common language that drives through the response to concerns about children. These are simple issues that we raised in the Enquiry Report and I hope the Green Paper addresses them. The idea is not to add new layers of bureaucracy, we need to start removing some of them. Look at the number of initiatives we have now! Let's be brave. If an approach works, let's go with it, let's give it the time to work. We need to strip down our over-complicated responses. Do we need Local Preventative Strategies? What was wrong with Children's Services Plans? Would a Local Preventative Strategy have made a difference to Victoria? Answer no. We saw evidence of strategies on shelves all the time. The issue is how they make a difference.

We need to bring all our services for children together. If we do not, the picture will remain confusing and the simple things will not get done.

Here are three things from the Climbié Enquiry I should like to leave you with.

1. It was clear there was no common language across the agencies. If you have a common language, and a common way of working, and a common set of beliefs, principles and values, you get better diagnosis.
2. There should be a professional mindset of 'respectful uncertainty'. You must have respect and work in partnership with children and their carers and the influential factors around the children. But the professional responsibility must be to remain uncertain. Are we sure? Can I check?
3. Whatever systems are set up, they must ensure that if a concern about a child comes in, people never do nothing.

And three things which I would like to see in this country, but am afraid are not in place yet. Wouldn't it be nice if we could confidently say that all professionals working with children and young people in this country:

- understood child and adolescent development?
- were capable of conducting and completing an assessment?
- could talk, listen, respond to children?

If the simple things had been done at all, let alone better, then Victoria would be alive today. If the child had been seen as the client, then Victoria would be alive today. If people had had a responsibility to explain what they were doing in order to protect this child, then Victoria would be alive today. Lord Laming would say, shame on us all that those simple things did not happen in Victoria's case. Let us try

and put things right for the future. I hope that the Green Paper does not fudge the issue, but takes the core messages from Lord Laming's report and begins to free up professionals to stop looking upwards and allows them to turn towards day-to-day practice with vulnerable children and families. That should be Victoria's legacy.

15. Practice Model I: Children's Centres

Linda Uren, Sure Start Unit

Some of what I will say has already been raised, especially matters like keeping it simple; pro-active rather than re-active services; and translating policy into practice. I am going to be talking about Children's Centres. I have been involved in translating government's ambitions for there to be a Children's Centre in every disadvantaged area to reach all 0-5s and offer them a combination of early education, childcare, family and health services. What is it that we want people on the ground to deliver?

I will take you through some of the tensions and challenges there are in implementing this service on the ground so that it makes a difference for children and families.

Children's Centres are a response to what people are saying about the number of initiatives coming from the government to which local people are required to respond. We do not see Children's Centres as another initiative, project, programme. They should build on what has been done over the past years. We hope to see integrated services for young children embedded so that an integrated Children's Centre will be a commonplace and familiar as a school in an area. That is our aspiration. Whether we achieve it will depend in part on the effectiveness of closed centres and whether they deliver what we want to see.

We did not want to prescribe from central government what a Children's Centre would look like everywhere. So we said there should be a core offer in every community, and that a child and family should expect to find these services, though the way they are delivered will vary. The core offer is simple:

- early education integrated with child care; These have been offered separately in the past. In future they must be Combined.
- family support and outreach services; These will be pro-active services, going out to contact families.
- child and family health services;
- links with schools and Childrens' Information Services.

Centres will be based in local communities, able to offer help and advice to parents or signpost them

to other services, and should make links with services which children will need as the grow.

- links with Job Centre plus employment services, so that parents can find help if they want to work and train.

If these services are to be delivered in an integrated way, what does it mean?

The service we have come up with includes these features, all responding to the question: how will the service look from the point of view of child and family?

Integrated services will be:

- available at the point of access;
- provide continuity of support for children;
- planned in an integrated way, so that local practitioners can make sure that the families who most need services are able to get them;
- strong leadership arrangements at local level;
- plan for integration of services over two years; (recognising that integration is a process and joined up services will need to be continually worked at.)
- all workers in catchment area for a Children's Centre should regard themselves as part of the same team, working together to achieve good outcomes for children and families. Includes those not funded by Sure Start. In some Sure Start local programmes we have had experience where those funded by Sure Start feel they are part of the team but other professionals, also working in services for children and families, do not see themselves as a part of that team.

We have explained to local authorities that this is what we would like to see in disadvantaged areas and we want them to begin planning to develop such centres.

They know better than we do what exists and what facilities and services need to be built upon. We have not tried to manage it from the centre, or rolled it out in waves or rounds, we have simply said that local authorities need to plan for this, thinking about integrated services for children and

families long term. Government hopes to see them in all areas.

All the elements that need to be present in an operational Children's Centre tend to be in tension with one another. There are natural tensions which pull in different directions. They need to be kept in balance. Unless you get all the elements in place, it will not balance and the tensions may become such that the Centre does not achieve the desirable outcomes. To take examples, there is a natural tension between strategic planning and local flexibility. That is liable to occur in Centres themselves as they try to plan services but also give staff teams flexibility to deliver services. And it will also exist between the local authority and the Centres and between us at the centre and local authorities. Because we want to provide local flexibility but on the other hand we want to know what is happening, and evaluate so that we can tell ministers what progress we are making.

The other huge tensions are around community ownership and professional practice, good quality services and evidence-based practice. One of the things we know about Sure Start local programmes is how very difficult all the governance arrangements have been for them, and one of our concerns has been about the amount of effort and time that gets devoted to management and decision-making. But a huge success of local programmes has been the element of parental involvement. Parents who can access decision-making processes feel very empowered to say what they want to see. We don't want to lose that, but we think that you may need much simpler governance arrangements for Children's Centres. But community participation and ownership is a whole challenge in itself. If you talk to a head teacher, for example, the idea of participation and ownership is very different from the sort of thing you can see in Sure Start local programmes.

Another tension is around high quality services. It is crucial that we provide these in Children's Centres. On the other hand, when you are providing a wide range of services, there is always the fear over time that focus will be lost on the quality of an individual service. Certainly there have been concerns that the quality of early education may suffer as staff concentrated on work with parents. And as a social worker I am sometimes concerned about the quality of work with adults that takes place in social programmes. There is a constant need for balance there. There is also a tension between evidence-based services and community ownership. For example, how many Fun Days can you run and resource, and does this reach the parents who do not want services but really need them.

There is another tension around partnership working and professionals. When we talk about working together, we are not talking about professionals doing one another's jobs. But in my experience of delivering

services together there can be difficulties about who does what. For example, in a Sure Start local programme, addressing one of the targets, the promotion of breast-feeding, I remember a debate about the services that should be provided and the resources required on a council estate where hardly anybody was breastfeeding. Suddenly, from nowhere, we had Health Promotion, health visitors, midwives, the local NCT debating who owned this issue, who should provide these services. In the room were parents, who preferred a buddying scheme, provided by other parents. Other debates occurred around parenting courses, a subject which almost every professional group feels it should be involved in. Some of those debates are very time-consuming and it doesn't really matter who delivers these services, as long as they are high quality and reaching those who need them. And as long as there is no duplication.

We have a lot to learn from local programmes, and from those who have been providing services for a long time, about the practical implications of integrated working. With Children's Centres, the level of resourcing means that to deliver the objectives there has to be re-shaping of existing services – it will not be possible to do it by adding new services. There are tensions and pressures. Not all local authorities and PCTs are as committed as they might be to these services. So there are lots of difficulties at a local level. The other tension is between children and parents. We need to keep the focus on small children who will not always be able to say what they want and need. In the middle of all this work with families and communities, that can be hard.

I would like to end by noting the inter-action of Children's Centres with the education and school system. Schools will be providing extended services for children and families. A lot of our early centres have education status, having developed out of nursery schools. We made a policy decision some years ago to put nursery schools on the same legal and financial footing as schools, which means that from next April they will all have to formally delegate budgets and set up governing bodies. The introduction of that has coincided with introducing Children's Centres as a policy. That means that at the same time as we want to see nursery schools developing into Children's Centres, there is another process going on where they have to set up governing bodies to manage the education part of their service and the education element of their funding. There may be very complex governance arrangements. We hope the energy does not go into those management arrangements rather than giving the service to children and families. It will be a challenge to develop something as flexible as a Children's Centre alongside something as rigid as a school. We must stick to the focus of developing services for children and families and not the complex inter-relationships between agencies. It will be hard work.

16. Practice Model 2: Behaviour Resource Service

Sue Allen, Service Manager, Southampton Social Services Department

From the point of view of the service I am going to describe it is almost irrelevant whether I come from Social Services, Health or Education, though I own up to my roots. I am going to present a model of service delivery of a Tier_{3/4} CAMHs service.

It is integrated, it is multi-agency and I think it is a microcosm of the Children's Centre approach in terms of structure philosophy, and it also has resonance with some of the emerging findings of the NSF. I have one complex slide. I thought I had made up the triangle. The problem with these is that the Universal Services at the bottom should be the most huge chunk, and they don't look big enough on this.

I wanted to locate the Behaviour Resource Service within the map of CAMHs services in Southampton. We have our local variations. Within a pilot area all our CAMHs referrals go into a new community CAMHs service which is called Saucepans, for one reason only, which is that it does not have mental health in its title. It is a very accessible, preventative service. It is multi-agency: it includes health visitors, school nurses, social workers, family centre workers, community support workers which are Children's Fund funded. And it takes in all the referrals from all of the agencies which used to refer to our specialist CAMHs service. It has reduced the need for referrals to that service by something between one third and one half. It has been enormously successful at providing services where there were none before, and in stemming the deluge of referrals that our specialist CAMHs service could not cope with.

The Behaviour Resource Service was a response to a local pressure, and was made possible only because it was funded through the CAMHs innovation programme. We were one of 24 pilot projects and were the largest of them. The funding allowed us to have both a residential or in-patient unit as well as a supporting community team. So it is a significant, substantial service that sits diagrammatically on top of specialist CAMHs and the challenge for us has been to get real integration between the service and specialist CAMHs. I think we are a long way towards doing it.

The service was set up because our specialist commissioning was proving to be expensive and ineffective, with bickering over individual children between those three partner agencies. We were not providing good outcomes, we were using a lot of money, and we were grabbing with the same children, characteristically at weekends and after hours, and the young people were ricocheting, ending up in either adult psychiatric, youth justice provision, children's homes, crisis intervention.

The partners are numerous, especially when you reach the Saucepans level, but what gives it all possible is that we are all accountable to a multi-agency management board, which is the senior managers from the three agencies. That accountability means that all the strategic thinking, the policy and arrangements for running the service goes through the one board. That is also responsible, incidentally for spending the CAMHS grant, so it is all very tied up.

We opened in January 2000 before the emerging findings of the NSF, but there are all sorts of links with what we are doing. The Behaviour Resource Service is a systemic approach based on networks. The service itself is a network in that there are nine disciplines and three agencies within it. But it works by co-ordinating professional networks in the wider system, children's own networks in the community and family networks. And increasing we are linked into the CAMHs system.

We were jointly planned, with the driving force being for the residential provision, a four-bedded residential unit, which is equally staffed by learning disability nurses, mental health nurses and social workers. I think we are unique in that configuration in any provision anywhere, whether in-patient or registered children's home, which is what we are, and the learning from those three groups of staff has been fantastic. We are jointly funded, half by the CAMHs grant, where we are in the final year, and we are struggling to find the funding but I believe we will do so. And we are joint staffed, with all staff co-located and managed by a single manager. The residential staff are based alongside the community-based team, which started with 9 disciplines, but it changes. It has included psychiatry, psychology, social work, learning disability nursing, mental health nursing, we have a teacher, educational psychology, community support workers.

It was designed for children who are acting out. We estimated, and I think we got it right, about 50 children a year, who really cause all the agencies real problems in terms of effective service provision. They are the greatest concern. We were awarded CAMHs Beacon Site status early on, which was a mixed blessing because it has meant from the beginning that we have been evaluated, and required to prove ourselves.

Those 50 children do not function in mainstream or specialist local provision. They are most of them out of school or on part-time timetables when they come into the service. They tend to be displaying extreme acting-out behaviour, aggressive behaviour or sexually aggressive behaviour. We have had quite a debate as

to whether these are mental health or emotional difficulties and have decided it does not really matter. They are at-risk of significant harm either to themselves through self-harming or to others. And they have either experienced family breakdown or are on the cusp of it. About 50% are looked-after.

This is the group of children who have never engaged with traditionally-organised CAMHS services, and the way that we have reached these children and young people – and our level of engagement is extremely high – is by taking a very assertive outreach approach towards them. They have long histories of offending, substance abuse and peer group influences. We go to where they are. We had a young man who was a persistent absconder from care, whether residential or foster care, and hung out every day in the mud under the Itchen Bridge, and that is where we did the work with him. And we did the work with his peer group, because they were there too.

We use a Single Assessment format. When it is being carried out by a wide range of different staff, standardisation issues become very difficult. The format which we have devised and constantly refined is an amalgamation of the Framework for Assessment and the Salford Adolescent Needs Assessment Scale. It is holistic and wide-ranging. We expected that the assessment of parents and siblings would be significant, but we found that the incidence of parental mental health difficulties and learning disability is overwhelming.

Our interventions take place either in the residential unit, which is an assessment unit, where young people stay for two months to start with, though that can be extended. We are finding that certain types of intervention can be delivered most effectively in that setting. Otherwise children and young people remain in their homes of settings and receive the intervention there. And of course we have a range of specialist workers in the team, who can apply a specialist interventions when needed, but we are finding that they are not always needed, and more effective often, is coordination, and getting people together to look at the child as a whole. It is not necessarily about specialist work.

The team came together, and although there had been a great deal of preparatory work before that, it was not done by team members. So when the 12-13 from the community team and 24 from the residential team came together, they did not know one another, by and large, and there were slight and significant differences between them. That was challenging. There was no understanding within all the agencies about the characteristics of other agencies, or of different roles and disciplines. You cannot pre-empt the work that a team has to do itself, to work out its own objectives and working model. We had, on the one hand the Social Services fear of an entirely medicalised model, and we had some health professionals worried that they were going to be sucked into Social Services

chaos. In the middle we had to thrash out a rational working model.

There can be tensions between specialisms and there has been a need, over such a big service with residential and community teams, to create common standards of good practice. Language is interesting. We had patients, pupils, offenders, service-users, clients. They all mean something slightly different, and we had jargon and all the abbreviations as well. Accountability and supervision is absolutely fundamental to any multi-agency team. We have four different types: line management by the discipline of the worker; workload management by the social services manager; peer group supervision and psychotherapeutic consultation. Getting that right was difficult. But if the manager of one of these services is responsible for service quality, that person will be engaging with all the team about what they are doing, and that trespasses on clinical supervision. These issues are not clear cut.

We opened with a huge level of local expectation. People were there with their cases, ready to dump them on us and run, but that was not what we were there for. It made the team's own expectations pressurised, and in that situation there is a tendency to blame everything on other professional disciplines. Then you can be in the same position in multi-agency working as you would have been in separate agencies. Watch out for that. Over-arching generalisations about what agencies need to be banned. You cannot allow destructive claims that are destructive. One team member, in the presence of a social work team member, said to a visiting social work student, 'You seem too intelligent to be a social worker'. There is nothing you can do about pay and status. There is nothing you can do about it.

There are benefits. They mirror the emerging findings of the NSF. We have achieved:

- a coordinated and integrated service across partner agencies;
- work across agency boundaries;
- engagement with children and young people who have difficulty in accessing services;
- services based on multi-agency assessment of need and inclusive of children with learning difficulties, autistic spectrum disorder, offending behaviour and in-patient/residential care. CAMHS services often exclude children with learning disabilities and autistic spectrum disorders, and they definitely did so in Southampton. There was also no psychiatry time for learning disability – but we have no exceptions to our service. If they meet the criteria we do not exclude children.
- effective commissioning moving towards pooled budgets. We will have these very soon.
- 24-hour cover to meet urgent needs;
- clear supervisory, accountability and clinical governance arrangements;
- multi-professional training and consultation – our

- training programmes are open to all staff;
- structured evaluation to provide evidence of a sound, ethical and safe service. We have been fairly rigorously evaluated by the University of Southampton, and we continue to have an eco-

nomie evaluation going on, and the team is now doing a self-evaluation.

We are a Beacon site and delighted to receive visitors and show them what we are doing.

17. Practice Model 3: Common Assessment

Dave Basker, Principal Child Care Manager and

Ellen Chant, Common Assessment Co-ordinator, North Lincolnshire Council

Our system of Common Assessment in North Lincolnshire has taken seven years to implement. It is a way of assessing children and families which cuts across all agencies, statutory and voluntary sector.

We started with the aspiration, seven years ago, of developing such a system. Nigel Richardson had said that there were three key simple steps needed: a common language, a common knowledge base and a common threshold for assessing all children and families in need. We have managed to implement this system and we now average about 300 completed written assessments from all agencies, and from the voluntary sector in North Lincolnshire.

To get to this stage we had a whole layer of things to do: making sure we had a safe and re-focused Child Protection system, with multi-agency confidence in it. That took two or three years to work through. Ellen has been the coordinator of the system for a while now, and she was previously a health visitor. That has played a big part in other agencies trusting what we are doing.

No Quick Fix

When we have talked about the Common Assessment in other areas, it is clearly seen as a quick fix, and people feel if they could just get their hands on copies, it will sort everything out. But it won't work like that. The Common Assessment is one part of a system that has taken over seven years to develop. There was enormous fragmentation both within and between agencies. We had a history of multiple assessments and no service. Families were asked the same questions time and time again. And each assessment was essentially describing a different child. Any anxiety went Social Services. As a health visitor, if I was anxious about a family, in the absence of any framework that I had for my assessment, I would immediately refer to a social worker. Then I had covered my back and it wasn't my face on the front of the paper if anything went wrong.

We also had a lack of transparency in who was getting a service, and something of a lottery depending on where a child was living and which practitioner was working with the child. Depending on who was

on duty, I knew what the response would be before I made the call. Difficult transitions between different services and also between different ages – we had many children experiencing difficulties in the transition between different stages at school, for example, and there was a great deal of professional rivalry. All of this got in the way of our delivering children's services, and prevented us from seeing the child as being the reason for delivering our care.

What should be there to support the services – and we have been working hard to find it – is some compatible and complementary legislation. That can be difficult. We all wanted to improve things for children but we all talked about it in different ways, and this meant that families were not sure what we were about, we as individuals were not sure either. Because we were looking for a form of assessment that all practitioners in North Lincolnshire could use, many practitioners became very protective about their own level of assessment. The Common Assessment works within the Assessment Framework model, and we have a level of assessment, and any further work does not repeat that level, it builds on and adds layers to the initial gathering of information.

All agencies collect data in different ways: that is something we are continually working on. And we are all led by different performance targets. Everytime an Ofsted comes into one of our schools, Common Assessment becomes a lower priority. So you have to continually re-focus agencies to the needs of the child rather than the hoops they have to jump through.

What Makes it Difficult?

There are obstacles to successful working: poor understanding of one another's roles; lack of confidence in the judgement of colleagues, which can lead to the hyping up of concern into Child Protection, because the referrer would not trust the social worker to do anything unless they said they were really gravely concerned. But the social worker did not trust what the health visitor was saying, because they knew that they always hyped it up anyway. We had further differences in standards of education and training and levels of accountability,

and we had many areas where work was being unnecessarily duplicated at the expense of other areas.

We needed to have common agreement over standards if we were going to have one assessment process that every practitioner could work to. We needed to develop a trust in one another's definition of need and assessment, and also we needed to ensure that if we were to broaden that perspective, we did not fail to protect the children who needed protecting, while making sure that children who needed supporting services got them. The main question was whether we could reach an agreement on the concept of 'good enough' parenting; could we come up with key indicators that show us when families need additional services; how could we distinguish these from other indicators of concern; how could we be clear that children were receiving services at the appropriate level; how could we translate these into a needs assessment that was acceptable to all practitioners in North Lincolnshire as well as to children and families themselves.

How the Common Assessment Works

Our Common Assessment is a single assessment that is developmentally age-banded according to the age of the child, but within it there is a holistic assessment. One practitioner will be looking at all the child's needs. It is not a teacher looking at the education section, a health worker looking at the health section. It includes indicators of need, which have been agreed across all the agencies and the children and families. We all agreed those indicators, and because we all agree and work to the same principles, that is where the trust comes in. We know we are working to the same thresholds.

The Common Assessment is a structured assessment of indicators of need/concern. There are separate assessments for each child in the family. Some practitioners have struggled with this, particularly in large families. They must be completed in the home, as far as possible with children and parents. This has proved a big change for practitioners who do not usually home visit. It has been a big change for teaching staff, and it has taken a lot of courage for them to do it. They often learn a lot when they visit a home.

Respondents have to provide very specific factual information to avoid the value judgements that can happen within assessment. Family strengths as well as difficulties are identified. The family are given credit for what they are achieving, often in difficult circumstances.

- It has been possible to construct an assessment tool, based on the new Department of Health assessment framework and the looking-after children developmental dimensions, that is appropriate for and acceptable to the range of inter-agency child care workers.
- Care has been taken to ensure that the inter-agency assessment links closely with the content of the Department of Health initial assessment and that

wherever possible the format of the tool is common.

- The inter-agency assessment tool is age-banded for children aged under 5, 5–9, 10–14 and over 15. There is also an assessment for the unborn child.
- Parents, professionals and children have been consulted and involved in the development of the assessment tool
- Common assessment is now part of the ACPC child in need and child protection procedures and applied to *all* services that come into contact with children and families.
- The interagency assessment can be completed in around one hour as part of a single home visit. Where an assessor does not undertake home visits as part of their role, partnership arrangements are established with allied home visiting professionals.
- The inter-agency tool is largely self-guiding for assessors, who have been able to complete assessments following training.
- Completion of the tool requires assessors to clearly record and provide evidence of an individual child's needs.
- Examples of key indicators of need are provided for each assessment dimension. These are not a complete list of all possible indicators, but are provided as a guide for assessors to show the sort of questions that should be asked in order to determine whether or not a child is in need.
- Key indicators of need have been tested with a total of 641 inter-agency child care professionals (212 within North Lincolnshire), as well as with parents and children to ensure that they are written clearly and categorised correctly. We found that the indicators tended to be categorised in the same way by parents, professionals and children.
- Key indicators are categorised as indicative of mild, moderate or serious on the basis of whether services should be provided at all, at some point in the future, or made available immediately.
- The tool allows assessors to use the categorisations of need flexibly where there are clear mitigating factors.
- Completion of the assessment requires work in partnership with parents and, whenever possible, children.
- There are opportunities for parents and children to express their views about each of the assessment dimensions.
- When the assessment has been completed, assessors have 5 options :
 - 1) No further action required
 - 2) Identified needs to be met by the assessing agency
 - 3) Referral to Social Services
 - 4) Referral to agencies other than Social Services
 - 5) Call a child in need meeting
- Where referral to another agency is the outcome of the interagency assessment, it is not necessary for

the process to be repeated, provided that the work has been completed to an acceptable standard.

- It is important to note that the interagency assessment does not empower referring agencies to commit the resources of agencies to which referral is made.
- The interagency assessment encompasses areas of family strength in addition to areas of need and difficulty. Consequently, at the conclusion of the assessment, services will only be provided to those areas where it has been identified that support is needed.
- Initial concerns that interagency assessment would greatly increase referrals to social services have proved to be incorrect. During the pilot period overall child concern referrals to social services reduced by 64%, with child protection referrals down by around 49%.
- Results from the pilot of the assessment tool suggest that a substantial proportion (56%) of completed assessments do not result in referral to social services.
- If information is disclosed during completion of the interagency assessment suggesting that a child is at risk of significant harm, it is vital that assessors are clear about their existing child protection responsibilities.
- For social services departments working in partnership with colleagues and families raises a potential for role conflict, taking the lead in developing and supporting an inter-agency system of assessment while also seeking to build genuine inter-agency partnership.
- Good inter-agency channels of communication are essential to the working of the Common Assessment.
- At a strategic level the expressed commitment of principal officers to the Common Assessment has been given, and has been essential in establishing the success of the system.
- At an operation level the involvement of inter-agency senior managers is ongoing in order to establish negotiate and develop working practice.
- It is unlikely that the key indicators used in the pilot authority could be transposed to other authorities. Local geography, social and professional culture may impact on selection. Indeed, the process of consultation and testing of indicators has proved to be a powerful factor in building interagency participation and a shared sense of ownership of the system.

Impact So Far

We have seen massive improvement on joint working and joint assessment. Most of our assessments now occur over two different agencies. We had an example last week of a school nurse and a police officer jointly assessing the needs of a child one evening. It does establish children in need as the responsibility of *all* agencies. It is not social services alone, it is everyone,

and it is at the fore-front of everyone's agenda, every day. It ensures that professional assess all aspects of child need, not just their traditional remit. That has taken a lot of training and work, but we are talking about fundamental child development and child welfare principles, which most agencies possess. It enables professionals to make an informed decision about what they need to do, what question they need to ask next, who they need to talk to. So it guides professionals through it, so they are not left feeling isolated with a problem or concern for a family. It provides a vehicle for engagement and exploration of need and concern. Many of the assessments go beyond recording and become the engagement with the child and the family. Throughout the assessment, parents and children are asked for their views. Practitioners are beginning to build the skills of asking children, and realising they have a different perspective from their parents.

The impact for children and families has provided powerful evidence. They welcome the reduction in duplicated assessments. They know that if they have had an assessment the next person isn't going to come and ask all the same questions again. The recognition of family strengths has been tremendous. Families in our original consultation told us that agencies were goof at telling them where they were failing but were terrible at telling them where they were achieving. Imagine how you would feel about somebody coming into your home and criticising the very essence of your family life. The family retain involvement in the planning after the assessment: the first question is about what the family or the child can do to bring about change. It is only when the resources can't be found within the family that we will look at what other support input is needed from other organisations. Referrals become appropriate, and a lot of time is saved if children and families are going to the most appropriate agency first time. Services are timely and the gaps in provision are now becoming more evident. So we are beginning to change how we commission and deliver services.

The keys to success have been achieving this common language across agencies. It does require senior management support; investment in support and coordination, development of a sense of ownership. We have had to work hard to accept others assessment of need. Social workers had to work hard to appreciate that assessment doesn't begin with a referral to social services – that is way down the line. Recognition of an individual agency's pace of change is important – some have taken longer to come on board than others, and we have had to give them the time to do that. So there is a lot of flexibility required within this common approach.

The process has been championed by a senior management group taken from managers of all the agencies. It has been a constant refrain in everything we do.

Discussion

A question was asked whether the Common Assessment in North Lincolnshire extended to Youth Offending Teams? The local Youth Inclusion and Support Panel (YISP) which is funded by the Children's Fund, has been debating with the Common Assessment team, and it has now been agreed that the referral basis for YISP will be the Common Assessment. This has meant a lot of work, because the YOT works to different legislation and guidance and is clearly offence-oriented.

On Children's Centre, it was noted that the requirements of the Children Act for the provision of family support had resulted in a very good network of Family Centres, which had offered a base for the range of agencies and a context for common assessment, and yet many were now closing down and disappearing.

Research from the Department of Health had shown that these were a gateway to services and preventive family support that was acceptable to families. Wasn't the Children's Centre re-inventing a wheel that had been unnecessarily jettisoned in many areas? Linda Uren felt that Children's Centres might well be based on existing Family Centres, many of which had a good local profile. There was concern that the voluntary sector should be involved in Children's Centres, although local authorities were the vehicle for developing the plans. She felt that such involvement would be encouraged. Others noted that much was already known about what worked from the experience of the Children Act, there was nothing new, it was not necessary to keep re-inventing services, it was a question of letting people get on with the job.

18. The Michael Sieff Memorial Lecture

Lord Laming

It is a great honour to be invited to be with you this evening and, in particular to give the annual lecture in memory of the late Michael Sieff.

I had hope to share some thoughts with you about the Green Paper, but as it has not yet been published, I am taking the liberty of giving you my views on ten items which I believe need to be addressed if we are to learn the lessons from the awful suffering and dreadful death of Victoria Climbié and other children like her. Unlike some I do not take comfort that the present arrangements serve some children well. The stark reality is that throughout my time as Chief Inspector I cannot recall a time when I did not have on my desk some tragic case involving both the terrible suffering of a child and the alleged failure of the services to provide effective protection.

I have said elsewhere that I well recognize that the frontline services have a tough and demanding job on behalf of society. Adults who deliberately harm, neglect or exploit the vulnerability of children often go to great lengths to try to conceal their actions. They can be deceitful, menacing and intimidating to staff employed at the front end of the services. These staff have to treat a difficult line between respecting the right of parents to bring up their children in accordance with their values or acting to protect a child from harm. It is work that involves conflict and pain.

That is why every organisation should have in place effective supervision and support for frontline staff. These staff are all employees and it is the organisation, and its leaders, which are accountable even though all too often it is the hapless frontline workers who appear to suffer most when things go wrong. Is

it any wonder there are problems of recruitment and retention?

When I was persuaded to Chair the Victoria Climbié Inquiry I was aware of the numerous Inquiries which have gone before, and it is thought that there are about 80 'Serious Case Reviews' (Part 8) each year. Now I imagine that most Directors of Social Services try to avoid such reviews, so it is my view that they represent only a portion of the tragedies which would justify investigation. Even whilst we were taking evidence there were media reports of the suffering of Lauren Wright and Ainlee Walker. In am not qualified to speak about their experiences save to say that there did seem to be certain similarities with what happened to Victoria. What we can say about all of these children is that they were known to the authorities, they were not hidden away, they suffered long and the ordeal they endured was dreadful. No one can eliminate the possibility of a sudden and unpredictable assault on a child, or protect a child hitherto unknown to the services. But in all of the cases I studied over the years, the warning signs were very clear. So any defence of the current arrangements strikes me as complacency and does not command my support. I was not surprised by the evidence of a Senior Police Officer during Phase 2 of the Inquiry when she told us she had been involved in several Part 8 Reviews and on each occasion, when all of the information held by the different agencies was put on the table, they were all shocked. Had any of them had the full information they would have taken immediate action, but none had, and a child had died. Indeed I hope the Green Paper will herald a fundamental shift in our thinking about child care in this country.

So I want to touch upon ten key issues.

1. *The first is how do we ensure that in each of the key agencies the well being of children is given a much higher priority?*

In the evidence to the Victoria Climbié Inquiry it seemed clear that in the Police service, the Health Services and in Social Services the needs of adults had much greater precedent. We need to demonstrate that every child is precious. To do that there must be a fundamental shift in the way in which we value the well-being and development of children and support the family unit, however that is constituted. The referral of a child to social services in no way minimises the responsibility which each of the key agencies, and indeed the wider community, carries for the well being of that child. Inter-agency work will continue to be essential but it cannot compromise the unique responsibilities carried by each of the different services or reduce their separate accountability. A failure by any one agency reduces the effectiveness of all and increases the danger to the child.

2. *How do we ensure that all agencies break free from the vice-like grip of child protection?*

I was deeply disturbed by the persistent evidence of agencies trying to redefine a referral under Section 47 'child protection' to one of Section 17 'a child in need'. This went on between agencies and within agencies. Children were shuttled between teams within the same agency because of this kind of dispute. What was worse, it happened often before the child was seen and sometimes on nothing other than a brief telephone message from a lay member of the public. My view is clear, that Parliament recognised that the services deal with children from a wide variety of needs and social circumstances and therefore the legislation provided different routes to ensure the right kind of intervention. It never intended that unless a child came with a label of child protection it was unlikely to get a service. I hold strongly to the view that we have a responsibility for all children, whatever their needs or circumstances. Parliament did not introduce eligibility criteria, and evidence to the Inquiry illustrated well the lengths local teams were going to, in order to deflect work or erect barriers.

3. *How do we ensure that a 'child-centred' service becomes a reality?*

The practice contradicted the policy. Too often it was the needs of adults which were being addressed, however badly. Too often no assessment of the child and its needs was taking place. Too often the child was hardly spoken to, even though the referral was under the Children Act. Too often it seemed as if staff in each of the agencies acted as if they could not believe an adult would harm a child and were therefore willing to accept other explanations for injuries,

not matter how illogical they were. We must have in place not only staff skilled in this work but their decisions subjected to close scrutiny. We must ensure an analytical approach to this work based upon effective gathering and recording of information.

4. *How to ensure staff are properly trained and are confident in their practice to listen to children, especially in traumatic circumstances?*

Children may not have votes but they have rights as citizens for protection under the law. But more than that, we must find new ways to help every child fulfil its potential and become a positive member of society. We pay a high price for neglecting the well being of every child, not least because remedial work is costly and not always effective. Staff need to be able to spell out clearly the nature of their responsibilities and their way of working. A great many of the issues about confidentiality would disappear if every member of staff in every agency was open about their role, their judgements and their actions. I reject any notion of absolute confidentiality where the well being of a child is concerned. Staff in public agencies operate on behalf of the States and they provide neither friendship nor confessionals.

5. *How do we ensure that referrals, especially to social services, are always handled by staff with specialist training and experience?*

I have never accepted the concept of a generic worker and it is time that once and for all we underlined specialist knowledge and skills in both training and practice. In my view we need to do very much better in developing the practice skills in training, and that training should genuinely be a part of the annual work programme for everyone.

6. *How do we ensure that all of the agencies adopt a proactive approach to their work on behalf of the community?*

Working in partnership with others and the wider community highlights other ways of supporting children and families and may well reduce referrals. We must move away from an embattled, defensive, isolated approach which in my view influences the behaviour of other agencies. An outward-looking partnership with the community and with parents is essential. Public service is about serving the public by working with the wider community. Often it is about working with people rather than doing things for people.

7. *How do we ensure that all staff understand and practice the values that should permeate throughout the organisation?*

Frontline staff are the human face of the organisation. Every contact with a member of the public or of another agency should reflect the values which underpin the work. Sadly, all too often the basics of

reception, respect, open-ness and dignity are neglected. The more painful the action, the greater the care about dignity that must be used. Service users should be amongst the greatest advocates for the agency.

8. How do we ensure that at every level in the organisation every member of staff has effective supervision so that senior managers actually know the strengths of the work force, the volume of work in each team and the quality of the work delivered.

I make no bones about it that whilst I was Chief Inspector I became weary of confronting leaders of Councils with the information gained during an Inspection of their services, only to be told by them that they had no idea things were as bad as our Inspectors had found. The evidence to the Victoria Climbié Enquiry reinforced my concerns.

9. So how do we ensure that senior managers are judged by one criterion above all others, which is the quality of services delivered at the front door?

I do not seek ruthless managers, but resourceful managers who recognise what the point of the service is, can inspire staff, support staff, take difficult decisions and be brave enough to accept responsibility if things go wrong. They also need to practice open-ness and honesty and recognise that their first responsibility is not to defend the agency, right or wrong, but to be an advocate for vulnerable people who are the users of services.

10. How do we ensure a commitment to 'Corporate Responsibility'? What is it? How should it work? Do we believe in it? Does it matter?

I have tried to make clear my views on this. I have a very strong commitment to public service. But I do not believe public service has to be either inefficient or bureaucratic. I like to think public service can be a model of effectiveness, a source for good in society. It ought to be a cherished part of our community life. There remains a gap to be bridged.

Ladies and Gentlemen, I do not wish to end on a depressing note, not least because I remain optimistic about our great services. They contribute to the quality of life of us all. The challenge is not to do away with them but to hold out the highest expectations of them. We need to be more ambitious for our services. To celebrate the achievements. To be committed to the best and impatient about poor practice. We need to be

intolerant of deliberate bad practice and for the sake of our children we should seek the best. You are all very important people in this. The work you do day-by-day sets an example for others to follow. It sets a standard. I congratulate you on all you achieve and wish you success on behalf of the precious children of our society.

I wish you well.

Baroness Howarth, in thanking Lord Laming, hoped that the passion that his Enquiry and its Report had raised could be translated into action. She believed that another group of children who were in particular need of help were young girls who were caught up in the prostitution circuit between Africa and Eastern Europe, Italy and English cities. These girls were children in need.

Lord Laming added the children who were growing up in households where the carers had alcohol, drug or mental health problems. And Ofsted had discovered that 10,000 15 year olds were missing from school registers. These, too, were children in need and we had a responsibility to them.

A questioner admired Lord Laming's Report, but had been concerned at the adversarial nature of the Enquiry. And though the report told us of the things we should be doing, it reminded him of other enquiries – that into the death of James Bulger, for example, and too often they suggested that key staff had been disengaged from the pain that children were suffering.

Lord Laming hoped that there would be no need for another such enquiry. He said that they were extremely painful experiences to sit through, week by week. The adversarial tendencies depended on the witnesses. In many cases witnesses had had to be traced all over the world, some had to be summonsed and in one case a witness had to be prosecuted. He was exercised about the training of staff when harm to children was an issue. It could be very difficult for staff to face the implications. Courage was often required. Professional staff sometimes have to make the judgement that people are not capable of looking after a child. They needed the capacity to move a child to another situation and to understand why they were doing it. People should not be left in muddled situations and staff themselves needed to be clear about their responsibilities. This was a particular kind of relationship with another human being. A social worker was not a friend, but an employee of the state, with responsibilities given by law.

19. Children's Voices

*Judith Timms, OBE, formerly Chief Executive of the
National Youth Advocacy Service*

Barbara Esam, who was going to be here to give this presentation with me, has been taken ill. She is very sorry indeed that she cannot do so. It marks the culmination of over two years work on the NSPCC Review of legislation relating to children and young people. I know how sad she will be and how hard she tried to be here. I want to convey her thanks as well as mine to Lady Elizabeth Haslam and the Conference Committee for giving this opportunity to talk to you and to end the Conference where it began, and where it has maintained its focus right through: on the child.

I want to talk about the NSPCC 'Your Shout' research, which June Thoburn and I have carried out together. June Thoburn was one of the panel of advisers for the NSPCC Review. We started off thinking we were going to do an adult review of socio- and legal professionals involved in services and the law relating to children. I was very concerned, right from the beginning – we all were – that it should be a child-centred review and that we should hear the voices of the consumers of the Children Act. We wanted those voices to form our recommendations.

As often happens when young people are given an opportunity to be involved, they took it. We had over 200 responses, wonderful responses from adult professionals. But the children absolutely astonished us by producing over 735 very full responses to our questionnaire. One of the most moving things is to read their testimonies, their statements in the Report of research which you have. Over and over again you are struck by the clarity, vision and insight of those responses. It has been a privilege to have been given those statements, which is why we have reproduced them in full. Our commitment to the young people was to make sure their statements were seen by people who made policy and carried out practice in relation to the Children Act. I hope that today is part of a process which will be on-going in that the recommendations from the Review will be taken into consideration as part of the Green Paper consultations. We will do all we can to make sure that happens.

Purpose of the Review

Has the Children Act achieved its aims? Are there areas in which it could be amended or improved? Which provisions are working well?

The overall message was, like that of the Climbié Report, that it is an excellent piece of legislation that has never had the human or other resources to achieve its full potential.

The Adult Questionnaire was for a multi-

disciplinary group of social and legal professionals, to which there were 204 responses. Among those were 40 responses from members of the judiciary (with terrible handwriting). They had written with great passion with fluency. We have had 736 responses from children and young people to date. The Report is based on 706 responses.

We are carrying out this Review now because it is eleven years since the implementation of the Children Act, there is imminent the implementation of the Adoption and Children Act 2002, which will bring into force a substantial group of amendments to the Children Act, and also, when the Children Act was implemented we did not have the Human Rights Act 1998, and that it beginning to make itself felt in court and policy in relation to children.

Four Key Themes

With the young people's questionnaire we wanted to address some aspects that had not been well trodden before. For example, everybody I consulted as we devised the questionnaire said, 'Do not ask them any more about education, they are sick of it'. We all know that the education of looked-after children leaves a great deal to be desired, but it is being addressed. Also, we know that children have too many placements while they are being looked-after. So there is no point in revisiting that. And we didn't want the children to get fed up with questions, and they would be too intrusive.

So we chose:

1. Young people's experience of the Act and their involvement in the decision-making that affects their lives. I have picked out three of those: Courts, care plans and their perception of corporate parenting; in other words, who did they think was their parent? Who did they see as the person who was making decisions about them when they were in care. Guiding those questions were the requirements of Article 12 of the UN Convention on the Rights of the Child. That the child should be consulted, involved in decision-making and given a voice in proceedings in and out of court which affect their lives.
2. The second thing we addressed was safety and security because the whole rationale for removing children from their own families is that they are not safe. We wanted to find out how safe they felt when they were in care.
3. We also wanted to look at contact. We put aside a lot of work that is being done on contact in private

law proceedings and in taking a closer look at the contacts children are maintaining and are being allowed to maintain once they are looked after, and how important those contacts are. And I must say that I think the findings on contact are staggering. If we don't go away with any other messages we really have to re-think those contact provisions once children are in care.

4. Finally we asked the children to look back and look forward, to see what their regrets were, what they would like to have had done differently and what their aspirations were, to give us an idea of where they saw themselves moving forward.

The Responses

We circulated a questionnaire through the good offices of the Who Cares? Trust, and I would like to thank Susannah Cheal and her colleagues there for facilitating the dissemination of these questionnaires. They were sent out with the Who Cares? Magazine, which goes to local authorities which pass them on to young people who are looked-after in all sorts of residential provision, foster care, and even placed at home. And the sample produced some young people in YOIs and secure accommodation. We don't know how many people received the questionnaire, so we can't give a response rate, but we do know that Who Cares? Magazine has a circulation of 30,000. Our responses have been coming in for a long period, way after the deadline of September 2003. We were pleased with that method, not only because it reached a large number of children, but also because the were self-selected, they filled in the questionnaires because they felt they had something to say, and it seemed to be relevant to them. The questionnaire is reproduced in full at the end of the report. The one that went out in Who Cares? Magazine had really good graphics and looked very punchy. The young people clearly found it easy to fill in.

The first nine questions were tick box. The last two and part of question nine gave an opportunity for additional comment. In the first nine questions, where they were not given the opportunity for additional comment, many of them wrote real mini-essays in the margins. We will analyse that additional material in the next few months, but what was really significant about it was that at every opportunity, wherever there was a space on the page, they reinforced their views about the people that they wanted to see. 'I want to see my mum more', 'Please help me to find my dad', 'I want to see my brothers and sisters'. So not only were the contact responses very strong, but also there was additional content, and the young people, at every opportunity reinforced that fact of how much they felt the loss of those relationships.

Of this analysis of 736 responses, 40.7% were from males, 59.2% from females. The youngest to fill in a questionnaire was 6, the oldest 20, with a mean age of 13. For every age group there was a significant sample

of responses. There is a lot of rich material here. The total who filled in the section about their ethnic origin was 698. The majority, 86% were white British, but we did have 15% of the sample who were from ethnic minorities, and that is against an overall % in the care population of about 18%. So we were a little below, but not too far from a representative sample, and we did have a pretty good representation from each of the ethnic minority groups. Also there were 12% of the sample who by their own identification identified themselves as having disability or long-term health problems. It was have been interesting to have got behind that and understood that group in more detail.

Key Findings

Who did they think was looking after them? Nearly half the sample could not name their care authority. That begs the question: who did they think was looking after them? Who had replaced their carers, father and mother? It was clear from the comments they made elsewhere about the difficulties of getting permission to stay overnight with friends and so on, what happens is that some of the big decisions are not made by the people who have the day-to-day care of the children. They have to be referred back to the key worker or the head of home or even further up the line. And sometimes the young people perceive those decision-makers as being pretty anonymous. So when you say 'Who is your care authority?', we find that the substitute parent, the local authority, is a very fragmented parent. Many children in care were wearing shoes that were two sizes too small, one study found: what a birth parent does is a quick audit of their mental, physical, emotional health and whether clothes fit. That is what is missing for these children with their fragmented care which is not put together in a full picture in the way it would happen at home.

What involvement had they had in court proceedings? Almost a quarter of the children had attended court, and that was higher than expected, but in the sample they may have been some who had committed offences. We didn't ask them where their residential setting was. Only one quarter of these had an opportunity to speak to the judge, but that may be quite high given the well-known reluctance of many members of the judiciary to speak to children. I think there is a changing culture in the judiciary here, and there were a lot of children who would have liked the opportunity to speak to the person who was making the decisions, not just to write a letter. If they have no avenue of communication to the person making the decisions, it compounds the feeling of powerlessness.

More than a quarter of the children didn't know what their care plan was. Another reason why this is timely is that after Quality Protects every child should have known what their care plan was. Some of them had not been involved in writing it. There were a worrying number who did not know what was in it. Yet, interestingly, 80% said they agreed with what was

in the care plan. Although presented as a fait accompli, they appear to have gone along with the decisions that had been made. But they should have been involved in those discussions. We need to look at that.

Well over half the respondents did not see enough of their father. This was palpable in the comments: 'I want to see my dad, I only see him once a year.' More than a third did not see enough of their mother. A third did not see enough of their siblings. A lot of the findings on contact are replicated in the adult part of the study, as adult professionals picked up their concerns from the young people.

Nearly half the children said they did not see enough of other family members (including grandparents, who are an important source of security when there are no other fixed points). Over a half did not see enough of former foster carers who were important to them. If you have had twenty placements, what are your thoughts about all those relationships, often with people who encouraged you to call them mum or dad, or auntie. And then they are moved and never see them again. It's very hard to understand that. We need to understand which of the foster carers are important to a child. One quarter did not see enough of their friends – for teenagers the peer group is often more important than the family much of the time. It is part of their maturation process. Do we take their friendships seriously?

There may be reasons for separation from siblings may be understandable, but if contact stops, that is dreadful. Government targets will not help with these situations because there may well be a push for the young members of the family, who can be adopted, while older children mourn the loss of those young brothers and sisters. In many cases they have been responsible for their care, and they are not seeing them. You can't say that the limitation on contact has been justified in all these cases. We have to re-think this.

And one in five children said that being in care did not make them feel safe. We tried to analyse what the components of safety were for young people, and we came up with some:

- violence and the fear of violence or bullying within the residential setting and the uncertainty that that created. Quite unsolicited, there were 87 separate incidences of violence reported by children in this research and we didn't ask them a specific question about violence;
- key attachments – safety was linked to these, especially mother and grandparents. 'I do not feel safe because I'm not with my mum'. 'To feel safe is not to be looked but to be looked after by the right kind of person'. And then a positive view of the local authority: 'I do feel safe because nobody dare touch you because you're in care. They know that your people will get the police involved. But I don't feel safe when you fallout with residents or

friends, or when someone new comes in'. But sometimes the power of the local authority is overwhelming: 'Sometimes I feel too safe and as though I can't do anything without someone watching me'.

- there were many positives about social workers. We asked who had helped most during the court proceedings and 30% of young people said that it was the social worker who had given them most support and who they turned to as the first port of call. One young person commented, 'I am so grateful for social services support. In the end they only wanted what was best for me and what would keep me safe. If it wasn't for their correct judgement I'd be dead'.

So what could have gone differently?

'Separating from our loved and cherished brothers.' June and I were very moved by much of this and desperately wanted to get out there and find these children and finding out why they were not seeing their siblings. It was very frustrating not to know. Some young children displayed anger and hurt, some had a very passive response to what had happened to them. But I don't think we really know how to estimate the impact of loss and bereavement on the lives of these children. It is not being taken seriously enough.

'I am only allowed to see my dad every fortnight Friday and at the moment I have not seen for six Fridays and knowing that my dad has cancer and I worry a lot about my dad I always think he is going to die.' The contact arrangements for some children are extremely complicated and are always changing. For this child it was cancelled for six Fridays. Why? You feel it is more to do with adult pressures. And here's this man, he has cancer, she's worried to death about him and she hasn't seen him. That will be with her for the rest of her life and she will feel guilty, upset and angry. Will that be turned on herself, or outwards, towards the rest of us. There is legitimate anger here.

'I have only seen my mum since I was four, and I only found out I had three brothers when I was ten. I would of liked to of known my family before.' How can you form your identity if you don't know what you family is? 'I wish I lived with my mum cos we get on now and I miss my baby brothers. I miss them that much that sometimes I want a baby myself.'

The strength of these children's' voices has really been over-powering and I think it has contributed to what I hope will be a truly child-centred Review, in that their voices have illuminated our findings. The recommendations I won't go through, but you'll find them on page 109 of the publication *Your Shout!* We are making a number of specific recommendations, including an Amendment to Section 34 which would include an assumption of reasonable contact with siblings. I hope you will bear those recommendations in mind as we develop our recommendations from this

conference. I hope some will resonate with those that come from the discussion groups here.

Why must we listen to the voices of the children? It isn't just to tick the box that says 'participation'. That isn't enough. It is what you do with it. It is because, if you look at the outcomes for young people, the outcomes are better when you listen to them, when they have had a voice in the decision-making and some-

times, just sometimes, they do know better than the battery of adult professionals about what is best for them in the long run. I want to end with the words of one young man, who said 'Trust me, I've been everywhere. See what decision the child wants to make before you jump to things. Think about what the child wants. It could come out good in the long run.'

20. Summary of Recommendations

The following recommendations were drawn from the discussion groups and open forum.

The Conference agreed that:

With regard to children themselves

- the design and delivery of all services for children should be based upon the framework of human rights and children's rights enshrined in the UN Convention on the Rights of the Child and in human rights legislation. Practical help and guidance is needed if this approach is to be adopted at every level;
- because services are addressing long-term outcomes for the child's whole life, changes should enable services to be developed which offer stability, security and consistency of provision;
- as the use of schools as centres for the delivery of joint services for children and families proceeds, the DfES will need to consider how the culture of schools will reflect all the disciplines involved. Schools will need to demonstrate a commitment to the whole child, including as a stakeholder in education, as well as parents' choice and society's needs. Inspection procedures will need to examine this commitment, and children will need to be represented in matters which affect them, like exclusion and SEN hearings;
- a restorative justice approach should be promoted in residential settings for children and young people, and protocols and support established so that minor incidents are managed without the criminalisation of the young people involved in them;
- Lord Laming's enquiry into the death of Victoria Climbié should be the last conducted on this scale and alternative approaches to learning lessons from such tragedies should be considered. (For example, the establishment of regional teams to review the sudden Children who need assessment because of their offending behaviour should receive a holistic assessment. If the assessment shows they should be regarded as 'children in need', and given services accordingly.

With regard to social work staff

- the front-line social workforce should be valued and ways identified by which the status of practitioners involved in delivering services can be raised, for example, through remuneration, training, support, time for reflection and reading and career development. The aim should be bring social work into line with other professions, as recommended in the Laming Report;
- the key elements of the social work task should be identified and measures taken to establish professional standards and training;
- the successes of social work professionals should be publicised and positive portrayal in the media encouraged;
- reports have shown that social workers have to make difficult choices with insufficient supervision: there must be a system in place to oversee individual casework with children.

With regard to joint working with other agencies

- Government should give high priority to identifying and removing any legal, structural or funding obstacles to joint working.
(Examples given included differences between Education and Social Services legislation; difficulties of developing joint operations with Youth Offending Teams; problems with CAFCASS);
- an interdisciplinary mandatory training programme in core competencies, core skills and a common language, with mandatory continual professional credits, should be developed for all those working with children, young people and families;
- the focus on improving inter-agency working should be balanced against the rights and wishes of children and families, with structures to support the involvement of users in developing services that are relevant;
- research into the impact of joint working on outcomes for children should be commissioned. (American research suggests better intra-agency working is more important than arrangements between agencies)

With regard to the development of good practice

- the desire of Government to introduce changes should be balanced against the existing body of evidence about 'what works' in social care for children and families. (e.g. family centres and kinship care);
- a good practice protocol on confidentiality and disclosure in work with children and parents is required. Those working with them need to communicate the meaning and effect of such a protocol to children and parents in order to secure consent for information-sharing where appropriate.
- Government is already in receipt of a great deal of information from various agencies. Proper analysis of existing data would help services to target individual children and families. (For example, Australia uses a comprehensive data-base and has been able to identify a core group of families who need the greatest support.)
- Government takes responsibility for identifying good practice and addressing the subject of diversity in child care and child protection. An open and safe discussion of issues of race and culture in child care is needed and has not yet been properly explored.
- More effective links should be developed between research, training and policy and practice – and the research should include the meaningful involvement of children and young people.

List of Participants

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