



NOTTINGHAM CITY
Safeguarding
Children BOARD

Response Document

Serious Case Review Child C
East Ridings Safeguarding Children Board

February 2017

Introduction

Nottingham City Safeguarding Children Board (NCSCB) have worked with relevant partners to prepare this response document in relation to the findings from the Child C Serious Case Review; led by East Ridings Safeguarding Children Board.

The Review highlighted learning in the following areas:

- Service Delivery
- Assessment
- Supervision

It made 18 recommendations for those Safeguarding Boards involved to consider.

NCSCB have worked with the Local Authority; Children's Integrated Service to prepare a summary response set out in the table below. NHS Nottingham City Clinical Commissioning Group have worked with CityCare providers of local Health Visiting services to prepare a response statement which can be found at page 12.

In compiling these responses it is acknowledged that considerable operational changes have taken place in the delivery models of both CityCare and Children's Integrated Services; since the period covered by the Review. The impact of this is that actions identified are minimal; many of the key issues identified have already been addressed through delivery changes, strengthened supervision models, enhanced training, and updated Practice Guidance.

Recommendation	NCSCB Response	Nottingham City Council Children Integrated Services Response
<p>1. All agencies should consider how best to ensure that staff are able to challenge appropriately the judgments of their professional peers and colleagues. All front-line staff should know how and in what circumstances to escalate their response in light of perceived vulnerability to children. This could usefully be the subject of multi-agency training.</p>	<p>The NCSCB has an escalation process in place. This is contained within the Inter-agency Safeguarding Children Procedures. We have used a range of measures to promote awareness of this. This has included training and communication to staff across all agencies. We have continued to highlight this through for example our Designated Safeguarding Lead network. http://nottinghamshirescb.proceduresonline.com/p_conflict_res.html</p> <p>The escalation process was strengthened in a recent review of the Family Support Pathway, which is the Nottingham City Threshold document.</p> <p>One of the standard components of the NCSCB inter-agency audit tool is to consider whether a case was escalated and if so how this impacted on outcomes for the child.</p> <p>In 2015 we developed a joint protocol which looks at how agencies will work together outside of normal office hours. This contains a specific section relating to escalation in these circumstances. We undertook an audit of out of hours response in 2016. One of the cases audited had been escalated appropriately and this led to a better outcome for the child.</p> <p>In addition NCSCB delivered a set of workshops in October 2016, these included a specific workshop focusing on professional disagreements. Assisting workers to recognise the impact of this, the dangers of this not being addressed and ways to manage this in the professional network.</p>	<p>Nottingham City Council supports and adheres to the agreed escalation process. Our safeguarding webpage makes clear how cases can be escalated through to the Director or Corporate Director if anyone is concerned regarding the response to a concern about a child safeguarding matter.</p> <p>Internally we have a whistle blowing procedure, which all staff are made aware of as part of their probationary period. This is directly linked to our Code of Conduct.</p> <p>We are about to introduce a mandatory induction programme for all staff which will allow us to revisit and emphasise the importance of escalation as a way of keeping children safe.</p> <p>Our policy and procedure is supported by a range of forums which were created to enable staff to consider cases in a multi-agency context. This includes the Neighbourhood Fieldwork Management meetings, which take place monthly and involve Heads of Service and Service</p>

		<p>managers from the Council and Health Colleagues who have a safeguarding lead</p> <p>Consultation Forum, which provides an opportunity for practitioners to reflect on cases where they are encountering barriers</p> <p>Consultation line, which is a dedicated phone line for schools and safeguarding nurses to seek advice directly from a Social Care team manager about cases that they are concerned about. The plan is increase access to this facility to the wider professional network</p>
<p>2. Commissioners of Health Visiting Services should clarify what expectations apply in the case of heightened levels of service to vulnerable children, and consider whether there should in each case be a clear and agreed plan, endorsed by a supervisor/manager. All staff, including relevant staff from other agencies, should understand clearly what the different levels of service provision entail.</p>	<p>The NCSCB has received a report regarding Health Visiting services and what is expected of this staff group locally. This report indicated that the current service is undergoing a review with a view to it being re-commissioned during the course of 2017/18. This will be part of a wider integration of services for children under the age of 5. When this review is completed the outcome will be communicated across the partnership.</p>	<p>N/A</p>
<p>3. All agencies should provide clarity for front-line managers as to the latitude they have to devise and implement local team practices.</p>	<p>The NCSCB has shared core procedures, safeguarding guides and local resources with Nottinghamshire Safeguarding Children Board. This gives a clear framework for agencies to operate in with regard to safeguarding children.</p> <p>There is an agreed mechanism for reviewing and amending these procedures. They are hosted by Tri-X, a company specialising in this type of work which ensures that our policies reflect national guidance as well as responding to local issues and pressures</p>	<p>Nottingham City Council has a Policy and Procedure manual which is hosted by Tri-X. All of the policies have an owner who is responsible for ensuring that they are reviewed at regular intervals. Any significant change to Policy or</p>

		procedure must be agreed in our Heads of Service meeting, which is chaired by the Director.
<p>4. Agencies should ensure that there is an agreed minimum information transfer dataset agreed across LSCB areas. They should ensure that accurate and informed communication takes place at this critical change point. This should include:</p> <p>A clear, up-to-date, case summary, including basic historical context;</p> <p>An outline of any and all critical incidents and themes, together with an explanation of their significance to the vulnerability of the child or children and to the management of the case; and</p> <p>An outline plan as proposed at the point of transfer.</p>	<p>NCSCB have identified that further action is required in this area. They have requested that the Local Authority establish a short task and finish group to ensure that detail in the local guidance is strengthened to include Children in Need cases and that this is communicated to the workforce.</p> <p>http://nottinghamshirescb.proceduresonline.com/p_ch_fam_moving_across_la.html</p>	<p>Nottingham City Council Children's Integrated Services will lead on the request from the NCSCB to ensure local procedure is strengthened and communicated to the workforce. This will be linked to work at a regional level which has already been undertaken to produce an agreed transfer protocol for Children's Services departments. It is understood that the regional protocol will be agreed very shortly.</p> <p>Time scale: planned completion by end of June 2017.</p>
<p>5. All agencies should ensure that electronic data systems are capable of providing this minimum information transfer dataset and agree the action required where this is not available in electronic form.</p>	<p>NCSCB formally seek assurance from partner agencies in relation to electronic case management systems being fit for purpose by biennial submission of Section 11 audits.</p>	<p>The Local Authority have recently moved to a new case management database; which also serves as a document management system. This system was chosen after comprehensive research and provides a robust data set.</p>
<p>6. Agencies should consider the most effective ways of ensuring</p>	<p>Since the period of this review NCSCB have updated our local Practice Guidance for Neglect and Emotional abuse. During 2015 we delivered a series of seminars</p>	<p>Nottingham City Council have supported the work outlined in the</p>

<p>that: All staff are well trained systematically to identify signs of neglect in children; They can understand how parental experience and behaviour will affect parenting capacity in respect of each particular child, and Can appreciate the impact of neglect for young children in particular and its potential for long-term harmful consequences.</p>	<p>covering Neglect, and Emotional abuse. During 2016 the NCSCB focused on medical neglect with a train the trainer style seminar and training package for cascade across partner agencies.</p> <p>The NCSCB has worked consistently with Partner agencies to further embed the Signs of Safety approach. Signs of Safety is the overarching practice framework for all of our work with children and families. It describes a purposeful and collaborative way of working with families to secure the best outcomes for children and young people. Signs of Safety is a strength-based, safety-orientated approach. It's about family members and professionals working together to meet children and young people's needs in the best way possible. It puts children, young people and their parents at the heart of the work.</p>	<p>NCSCB response.</p> <p>We have been the lead agency in the implementation of the Signs of Safety approach. Supporting multi agency training, the development of child focussed tools, and resources for social workers and the multi-agency workforce.</p> <p>We have also worked closely with the NSPCC to pilot the Graded Care Profile 2. This is an evidence based tool to support staff in assessing the impact of neglect.</p> <p>In spring 2016 Nottingham City Council reviewed and developed a new training package for Neglect. This was written in conjunction with the NCSCB and included learning from local and national SCRs.</p>
<p>7. Front-line practitioners and managers in all agencies must be equipped with a sound understanding of the importance of early development on children's growth, in particular the development and quality of attachment relationships and the impact of early experience on the development of the brain. Agencies should ensure that staff: are equipped with the relevant skills; are provided with the time</p>	<p>Since April 2015 the NCSCB have been active in hosting signs of safety training that is accessible to all agencies across the LSCB area. (see above)</p>	<p>NCC have an agreed Core Development Standard for the Cities Nottingham Children's Partnership which clearly outlines core knowledge and skills required. This includes modules on Child Development, Neglect, Attachment and Signs of Safety. We deliver jointly with Health colleagues and offer information sessions/bite sized learning to other agencies.</p>

<p>to undertake work with children, particularly where neglect may be an issue; receive training – including through multi-agency training – in effective ways to engage with children and to understand the lived experience of the particular child (including their experience of being parented); and have ready access to specialist resources and tools when they are not themselves in a position or may need additional help to undertake such work.</p>		<p>The service specification for 0-5s integrated teams will include the expectation that front-line practitioners will be trained to understand the importance of early development on children's growth and have the skills to support children and families and the knowledge of referral procedures where this is deemed to be appropriate..</p>
<p>8. Agencies should ensure that their staff are equipped with the skills to collect, collate and interpret chronological information as a means to assess the significance of past actions and interventions on current behaviour.</p>	<p>Nottingham City Safeguarding Children Board has published guidance for staff, which highlights the importance of staff developing chronologies.</p>	<p>Nottingham City Council has recently commissioned a new electronic case recording system that contains within it the facility to automatically generate chronologies. There has been a focus on the importance of chronologies for the past year. Performance has been closely monitored and the last available figures indicated that 86% of files across the system have a chronology. We plan to do further work to strengthen performance in this area. This is linked to staff briefings which will take place over March 2017, supported by briefing for all teams.</p>
<p>9. Training for managers/supervisors needs to be provided to ensure that transactional tensions and difficulties are discussed openly with staff in supervision and in</p>	<p>See comments above regarding escalation</p>	<p>There has been significant work undertaken in relation to the issue of disguised compliance and challenging families where required. This is captured in, for example, the response to Child J.</p>

<p>order that they can create a climate in which determined and dogged challenge in working with reluctant service users is pursued appropriately. (H4)</p>		
<p>10. Agencies should ensure that staff and supervisors:</p> <ul style="list-style-type: none"> - Are alert to the problem of disguised compliance in service users; - Are able to address any issues of non-compliance or disguised compliance being experienced by professionals and understand its impact on their work with the family. - Can understand models of change; - Can assess parental motivation to change; and - Can appreciate the persistence needed by professionals to maintain a focus on this important feature in their work. 	<p>See comments above regarding escalation</p> <p>There has been significant work undertaken in relation to the issue of disguised compliance and challenging families where required. This is captured in, for example, the response to Child J.</p>	<p>There has been significant work undertaken in relation to the issue of disguised compliance and challenging families where required. This is captured in, for example, the response to Child J.</p>
<p>11. Early intervention policy should seek to ensure that family support activity and interventions are seen as part of a pro-active safeguarding continuum and agencies should ensure that their systems reflect this in the way that information is exchanged and referrals are considered.</p>	<p>As indicated above the Family Support Strategy has recently been refreshed and agreed by the NCSCB. This document acts as the agreed threshold document locally and clearly sets out the role early help and targeted support play in the safeguarding agenda.</p>	<p>There have been significant structural changes already implemented since the period covered by this review that are directly relevant to some of the key issues highlighted. There is now a single directorate responsible for all City Council services to children and families, apart from those with a direct education focus. This creates a more cohesive system and</p>

		<p>promotes more effective partnership working between previously disparate services such as children's centres, targeted support, children's social care and CAMHS.</p> <p>We have issued clear guidance to staff setting out the expectation that all cases will have a chronology of significant events. We have also developed a tool to allow us to monitor compliance with this requirement ensuring that practice is improved consistently</p> <p>Further work has been undertaken to build on our new model through the implementation of a revised operating model with "front door" arrangements and the introduction of locality hubs. This has dispensed with linear escalation processes and promoted a more needs led journey through services for vulnerable children and families. Phase two brought in wider services such as schools and provided a forum for discussion those children who agencies are most concerned about. We have introduced a consultation line focused on our schools partnership initially. This is a facility for professionals to discuss children who they are concerned about where those concerns are not fully formed or</p>
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		may not require input from Children's Social Care
12. Agencies and LSCBs should consider whether, in the light of this case, there are grounds to address and clarify for staff the current use of thresholds for recognition, cooperative partnership and mandated and compulsory safeguarding intervention	We have considered this proposal and do not believe there is a need to take any additional action, as indicated above the Family Support Pathway has recently been refreshed and agreed at Board	For City Council please refer to the above comments regarding the revised operating model
13. Agencies should ensure that they have in place clear transfer protocols to enable accurate information flow to the right sources and, where multiple agencies are involved, a properly coordinated response. (H9) (See also Recommendation 6)	See response 4	Nottingham City council has an agreed internal transfer protocol that reflects the principles of the new operating model, i.e., that children and families should have an organic, needs led pathway through our services.
14. In all cases, agencies should formulate advice for staff on when and in what circumstances to consider the value of telephone or face-to-face transfer and handover meetings, as a supplement to documentary provision, particularly in those situations where there is no formal CP framework.	See response 4	See comments above re the new operating model
15. Agencies should consider whether, in situations where significant changes of personnel are likely and expected, their processes are sufficiently flexible to allow for exceptions to generally agreed transfer protocols, in order to enable key professionals to	See response 4	See comments above re the new operating model

<p>remain involved, on the grounds of the likely impact on safeguarding of any break in continuity of named professional intervention.</p>		
<p>16. Agencies should review their supervision policy against current expected standards and ensure that it is unambiguously defined and includes reference to principles of managerial oversight, critical reflection and personal support</p> <p>17. Supervision should be provided by staff who have a clear grasp of the issues highlighted here & are trained as supervisors in the use of well audited models of reflective supervision such as Morrison's 4x4x4. (Morrison, 2005).</p>	<p>NCSCB formally seek assurance from partner agencies in relation to the support and supervision available to the multi-agency workforce, via the biennial submission of Section 11 audits.</p> <p>At the last audit completed in 2016, 8 out of 9 agencies reported 100% compliance in the area of supervision.</p>	<p>In June 2015 the City Council began implementation of a reflective supervision model. This was supported by a comprehensive training package made available to all Social Work Team Managers. This training is consistent with Morrison's 4x4x4 model.</p> <p>Our approach has been further strengthened to include a Signs of Safety approach. It will continue to be delivered through the 2017/18 training programme for children's Social Care managers, and Targeted Family Support managers. The training is supported by tools and templates to reflect the model.</p>
<p>18. Agencies and LSCB's should ensure that they have in place an effective mechanism for ensuring that staff can be appropriately informed when serious events occur in the lives of children with whom they are or have been working, and offered appropriate support and help where needed. (H10)</p>	<p>In this case the Child died out of area and contacts in relation to the death came from various sources at various times. The NCSCB will work with the local authority and other members of the LSCB to consider how better use of the Serious Incident Notification can help inform front line staff more promptly and efficiently by an appropriate member of staff.</p>	<p>Nottingham City council has had an internal Serious Incident Notification system that ensures that senior managers are informed when there is any significant incident involving a child. These reports are copied to Heads of Service across the Department.</p>

Nottingham CityCare Partnership response to Recommendations

1. All agencies should consider how best to ensure that staff are able to challenge appropriately the judgments of their professional peers and colleagues. All front-line staff should know how and in what circumstances to escalate their response in light of perceived vulnerability to children. This could usefully be the subject of multi-agency training. (G2)

Nottingham CityCare Partnership (NCCP) provides practitioners with an organisation specific Safeguarding Escalation Procedure aligned to the Nottingham City Safeguarding Children's Board Escalation Procedure and offers NCCP practitioners organisation specific guidance around escalating safeguarding concerns for children.

The NCCP Safeguarding Escalation Procedure supports practitioners by setting out examples of how and when differences/conflict in professional opinion should be escalated. In addition the Safeguarding Escalation Procedure is promoted within supervision and training of all NCCP practitioners. The NCCP Intranet pages provide a suite of tools and information to support practitioners around escalation and safeguarding. Practitioners received a quarterly update on safeguarding within their supervision setting, this is also available for practitioners on the safeguarding intranet pages. A safeguarding supervision pro forma is readily available to practitioners in preparation for supervision, the pro forma explores the impact professional relationships are having on safeguarding children and offers an opportunity to reflect on where there are issues that require escalation.

NCCP is reviewing the Safeguarding Escalation Procedure to explore the addition of the option of a group supervision session to explore polarised views and professional conflict; this would be facilitated by a supervisor independent of the specific case and would be promoted to support the multi-agency response to escalations where by NCCP practitioners and Social Care practitioners could come together to resolve their differences through reflection and conflict resolution with a child focus.

NCCP promotes working together with peers across the multi-agency spectrum to support joined up working and NCCP recognises the importance of this approach in safeguarding practice. An example of how we promote this is the Seminars held for practitioners from Social Care and health organisations to explore current themes and new learning together. In doing this there is opportunity for networking, building relationships and gaining a greater understanding of practitioner's roles and responsibilities.

NCCP Senior Safeguarding Specialists and Safeguarding Practitioners have opportunity to utilise the consultation line provided by Social Care. The Consultation Line enables them to have direct access to a Social Care Manager to discuss cases of concern where there is a requirement to consider escalation or indeed to escalate a case of concern.

NCCP Senior Safeguarding Specialists attend the monthly Neighbourhood Fieldwork Management Meeting where cases of escalation are discussed at a senior level across the social care and health network. This offers strategic oversight to cases of concern where there has been a challenge of view amongst practitioners around a safeguarding issue.

NCCP Safeguarding Practitioners participate in the Consultation Forum as part of the reflective panel hearing cases where there are particular concerns for children, often due to complexity, barriers and drift. The NCCP Safeguarding Team actively promotes the Consultation Forum as a mechanism of reflecting within the multi-agency arena to ensure assessment, analysis and planning are adequately executed to ensure the focus of interventions are child focused and meeting the child's needs.

NCCP Safeguarding Team offers a Duty Service from 9am to 5pm, Monday to Friday. This ensures NCCP practitioners have a readily available source of specialist support for safeguarding. In addition the service offer an out of hours service from 5-8 PM Monday to Friday to ensure practitioners who are working outside of office hours are able to seek support and guidance if an urgent safeguarding issue arises.

2. Commissioners of Health Visiting Services should clarify what expectations apply in the case of heightened levels of service to vulnerable children, and consider whether there should in each case be a clear and agreed plan, endorsed by a supervisor/manager. All staff, including relevant staff from other agencies, should understand clearly what the different levels of service provision entail. (G4)

NCCP are working closely with the commissioners of Health Visiting Services who have shared with NCSCB a report regarding Health Visiting services which sets out detail of how the Health Visiting service delivers to the local community. There is a review of the service and on completion the effect will be communicated to the multi-agency partnership.

3. All agencies should provide clarity for front-line managers as to the latitude they have to devise and implement local team practices.

NCCP Safeguarding Children's Policy is ratified internally by the Clinical Effectiveness Group where the policy is agreed and reviewed and amended in line with changes to process and procedure to reflect local and national guidance. The Clinical Effectiveness Group is managed by strategic leads from across the organisation to ensure policies and procedures are effective and reflect best practice. NCCP Safeguarding Team are responsive to local learning, national learning and guidance to ensure NCCP practitioners, including managers, are kept abreast of these changes and updates.

The NCCP intranet hosts pages specifically for safeguarding and this ensures front-line managers are aware of their responsibilities and scope to influence and support safeguarding practice.

4. Agencies should ensure that there is an agreed minimum information transfer dataset agreed across LSCB areas. They should ensure that accurate and informed communication takes place at this critical change point. This should include:

- A clear, up-to-date, case summary, including basic historical context;
- An outline of any and all critical incidents and themes, together with an explanation of their significance to the vulnerability of the child or children and to the management of the case; and
- An outline plan as proposed at the point of transfer. (G7)

NCCP's Transfer In and Out Policy stipulates the importance of practitioner's transfer of information to and from case holders to ensure an accurate and informed communication process occurs. The policy sets out expectations of when practitioners should strengthen this process through the addition of face to face or telephone contact.

The importance of the Transfer In and Out Policy is reiterated to practitioners within safeguarding training and record keeping training.

To support the transfer of information NCCP have developed and implemented a SystemOne Safeguarding Template. The template ensures all significant safeguarding information is located in the same place to ensure information is readily available to practitioners to inform the transfer process. The template prompts the practitioner to be child focussed ensuring analysis and critical thinking to enhance their interventions and improve record keeping.

5. All agencies should ensure that electronic data systems are capable of providing this minimum information transfer dataset and agree the action required where this is not available in electronic form. (G7)

SystemOne will readily share relevant information on the transfer of a child to another organisation also using SystemOne when a share of records has been agreed. Robust processes are in place to ensure safe sharing of records where an organisation does not use SystemOne.

6. Agencies should consider the most effective ways of ensuring that:

- All staff are well trained systematically to identify signs of neglect in children;
 - They can understand how parental experience and behaviour will affect parenting capacity in respect of each particular child, and
 - Can appreciate the impact of neglect for young children in particular and its potential for long-term harmful consequences.
- (H1)

NCCP have engaged with the NCSCB to imbed the Neglect Practice Guidance, in addition NCCP practitioners have engaged in the seminars which have linked to medical neglect.

NCCP has imbedded Signs of Safety principles across the Children's workforce. Practitioners are required to attend Signs of Safety training. The organisation has invested in training 4 practitioners who are Signs of Safety trainers. The Signs of Safety approach is imbedded in safeguarding supervision.

NCCP Safeguarding Team have delivered a medical neglect masterclass to practitioners. This explores learning from Serious Case Reviews around neglect, supporting the application of the Signs of Safety approach and specifically the use of danger statements, to support communication between agencies where there is concern that a child is being neglected.

NCCP 'Did Not Attend, No Access, No Trace Policy' has been amended to strengthen the significance of neglect within the policy. The policy also promotes using the term 'was not brought' instead of 'did not attend'.

NCCP have engaged with partner agencies to pilot the Graded Care Profile focussing on an evidence based neglect assessment tool to aid practitioners in assessing the impact neglect has on a child.

NCCP offers Birth, Bump and Baby (BBB) classes citywide. BBB promotes self-efficacy; encouraging parents and carers to make progressive choices by supporting them build relationships with their babies. The BBB programme inherently recognises the impact that a fractured attachment and, traumatic environment in utero and in childhood can have on the developing child. BBB specifically focussed on brain development and behavioural and emotional regulation.

Antenatal visiting by the health visiting service is now universally offered across the city, the approach recognises how a toxic environment impacts on brain development and subsequent emotional regulation.

NCCP's Behavioural and Emotional Health Service offers a specialist service to support children and families where there are concerns about the behaviour or emotional well-being of children, recognising these behaviours can represent the impact of abuse the children may be suffering.

7. Front-line practitioners and managers in all agencies must be equipped with a sound understanding of the importance of early development on children's growth, in particular the development and quality of attachment relationships and the impact of early experience on the development of the brain. Agencies should ensure that staff: are **equipped** with the relevant skills; are **provided with the time** to undertake work with children, particularly where neglect may be an issue; **receive training** – including through multi-agency training – in effective ways to engage with children and to understand the lived experience of the particular child (including their experience of being parented); and have ready **access to specialist resources and tools** when they are not themselves in a position or may need additional help to undertake such work. (H2)

See response to recommendation 6

8. Agencies should ensure that their staff are equipped with the skills to collect, collate and interpret chronological information as a means to assess the significance of past actions and interventions on current behaviour. (H3)

NCCP practitioners have access to the NCSCB website where there is guidance for practitioners focussing on the importance of practitioners developing chronologies.

NCCP safeguarding template supports the collation of chronologies through the safeguarding template and will support practitioners in generating critical information within a chronological format.

NCCP plans additional activities to strengthen this area with practitioners to reinforce their knowledge and understanding of the importance of chronologies; this will be delivered through a bite size learning event focussing on analysis of information, chronologies and analytical tools.

9. Training for managers/supervisors needs to be provided to ensure that transactional tensions and difficulties are discussed openly with staff in supervision and in order that they can create a climate in which determined and dogged challenge in working with reluctant service users is pursued appropriately. (H4)

NCCP Safeguarding Team have received specialist supervision to support them in providing high quality supervision to the workforce, the supervision enables the team to explore challenges faced when tensions and difficulties are present. In addition the Safeguarding Team partake in Action Learning Sets where there is opportunity to explore and reflect on complex cases where tensions and difficulties arise.

10. Agencies should ensure that staff and supervisors:

- Are alert to the problem of disguised compliance in service users;
- Are able to address any issues of non-compliance or disguised compliance being experienced by professionals and understand its impact on their work with the family.
- Can understand models of change;
- Can assess parental motivation to change; and
- Can appreciate the persistence needed by professionals to maintain a focus on this important feature in their work. (H5)

NCCP have undertaken a number of measures to strengthen the practitioner's understanding and response to disguised compliance and non-compliance; in addition to the responses provided within this report NCCP intend to deliver a bite size learning even to support practitioners working with complexity and deceit whilst ensuring a child focused approach.

11. Early intervention policy should seek to ensure that family support activity and interventions are seen as part of a pro-active safeguarding continuum and agencies should ensure that their systems reflect this in the way that information is exchanged and referrals are considered. (H6)

NCCP actively promotes the ethos that 'safeguarding is everybody's business' and this is reflected in the workforce safeguarding training strategy, activity of the safeguarding team and commitment of practitioners to ensure that safeguarding is at the forefront of all that we do across the continuum of our service delivery. This is evidenced by robust policies and procedures that are in place to ensure children are safeguarded.

12. Agencies and LSCBs should consider whether, in the light of this case, there are grounds to address and clarify for staff the current use of thresholds for recognition, cooperative partnership and mandated and compulsory safeguarding intervention. (H8)

NCCP have access to the Family Support Pathway via the safeguarding intranet pages to support them in identifying thresholds for recognition, cooperative partnership and mandated and compulsory safeguarding intervention. This is strengthened through safeguarding training and supervision.

13. Agencies should ensure that they have in place clear transfer protocols to enable accurate information flow to the right sources and, where multiple agencies are involved, a properly coordinated response. (H9) (See also Recommendation 6)

See response 4

14. In all cases, agencies should formulate advice for staff on when and in what circumstances to consider the value of telephone or face-to-face transfer and handover meetings, as a supplement to documentary provision, particularly in those situations where there is no formal CP framework. (H9)

See response 4

15. Agencies should consider whether, in situations where significant changes of personnel are likely and expected, their processes are sufficiently flexible to allow for exceptions to generally agreed transfer protocols, in order to enable key professionals to remain involved, on the grounds of the likely impact on safeguarding of any break in continuity of named professional intervention. (H9)

See response 4

16. Agencies should review their supervision policy against current expected standards and ensure that it is unambiguously defined and includes reference to principles of managerial oversight, critical reflection and personal support. (H10)

See response 3

17. Supervision should be provided by staff who have a clear grasp of the issues highlighted here & are trained as supervisors in the use of well audited models of reflective supervision such as Morrison's 4x4x4. (Morrison, 2005). (H10)

NCCP supervision strategy is currently under review and the themes that have been brought out in this review will contribute to the design of the new model.

NCCP safeguarding supervision uses the principles of signs of safety to strengthen safeguarding practice amongst the workforce.

18. Agencies and LSCB's should ensure that they have in place an effective mechanism for ensuring that staff can be appropriately informed when serious events occur in the lives of children with whom they are or have been working, and offered appropriate support and help where needed. (H10)

NCCP uses a Datix incident reporting system which is used to alert relevant strategic leads, managers and supervisors to serious incidents. Managers and supervisors work together to offer support and help to practitioners to ensure their wellbeing is promoted in often difficult and emotive circumstances. In addition all NCCP practitioners have access to Occupational Health services which are readily available in a number of formats, one of which is over the phone emotional support.