



Southampton Safeguarding Children Board Serious Case Review – Child F Action Plan Update February 2014

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Recommendations	Action	By when	Responsible lead	Progress
<p>1. Southampton SSCB should ensure that where there is care order or supervision order on a child who is placed with parents or where there is a pre-birth assessment on a child where other children in the family have been subject to care proceedings there should be a very robust framework around the management of the case. (Information about factors which prompted the removal of other children from the family should be made available to core agencies to assist in the monitoring of the safety and well being of the children. The possibility of using Child Protection processes during this period should be considered.)</p>	<p>For SSCB to be assured by Children's Social Care of the specific approach to the supervision of risks to children.</p> <p>SSCB to be informed by Children Social Care of the outcome of audits relating to:</p> <p>Children placed at home on care or supervision orders</p> <p>Prebirth assessments</p>	<p>From April 2012</p>	<p>Chair of the Board</p>	<p>CSC have established a Case Planning Panel to improve management scrutiny of complex cases.</p> <p>Report needed to Board.</p>
<p>2. Southampton LSCB should ensure that the management of cases where the child is subject to a supervision order takes full account of the powers available to them under such a court order.</p>	<p>A multi-agency policy on Supervision Orders will be developed</p>	<p>June 2012</p>	<p>Chair of Professional Issues Sub Committee</p>	<p>Supervision order has been revised by Children's Services and will be presented to the Board in Nov 2012</p>
<p>3. Southampton LSCB should require all agencies to use the escalation policy when challenge to an agency fails to result in protective action.</p>	<p>Reminder to all agencies to that the escalation policy must be used to resolve professional difference</p>	<p>March 2012</p>	<p>Chair of the Board</p>	<p>Complete.</p>
<p>4. Southampton LSCB should ensure that guidance to professionals about abuse and neglect reflects the fact that some children express distress and difficulty in over compliance, eagerness to please and an over concern for others.</p>	<p>Review policy and practice guidance on neglect to ensure that these issues are made explicit</p>	<p>June 2012</p>	<p>Chair of Professional Issues Sub Committee</p>	<p>Complete. Neglect Toolkit.</p>
<p>5. Her Majesty's Prison Service is advised by Southampton LSCB of the need to develop a means for communicating release dates of violent offenders to local Police forces.</p>	<p>Report the concern to the Prison Service and request consideration of a national system of</p>	<p>March 2012</p>	<p>Chair of the Board</p>	<p>Complete Letter sent 21st October 2012</p>

Recommendations	Action	By when	Responsible lead	Progress
	notification			
6. Southampton LSCB should ensure all core agencies have systems in place to assess the risk that domestic violence poses.	All agencies to assure the Board on their process for assessing risk in domestic abuse	May 2012	Chair of the Board	Completed. Pippa service launched and presented to Board in 2012
7. Southampton LSCB should ensure that there are clear referral pathways to specialist services when risk (of domestic abuse) is high.	LSCB to produce guidance on referral pathways for high risk domestic abuse cases	June 2012	Chair of Professional Issues Sub Committee	As above
8. Southampton LSCB should ensure that all agencies understand the links between MARAC and Child Protection Conferences and what their respective roles and responsibilities are and the expected outcomes.	The LSCB to produce a briefing paper for all adults and children's services on the respective roles and responsibilities of MARAC and child protection conferences	June 2012	Chair of Professional Issues Sub Committee	P&P (PISC) discussion September 2013, document circulated to agree if necessary as not all MARAC cases will be CP.
9. Southampton LSCB should advise the Southampton Drug action team of the findings of this SCR in relations to safe storage and disposal of methadone and request a revision of the guidance and a clear protocol outlining which agency is primarily responsible for providing advice and guidance and whether there is a secondary responsibility for agencies visiting the family home to check on arrangements	LSCB to ensure that all agencies have clarity about their role in advising on the safe storage and disposal of methadone	June 2012	Chair of the Board	The safe storage and the safe disposal of methadone is discussed at each new referral to drug services with the service user.
10. Southampton LSCB should ensure that substance misuse services are fully compliant with the LSCB safeguarding standards for commissioning.	The Commissioner to report to the Board on the extent to which the Board's commission standards are being complied with an action plan to remedy any lack of compliance	May 2012	Chair of Professionals Issues Sub Committee	It has been agreed that the standards will be adopted when services are re-commissioned.
11. Southampton LSCB should ensure that all agencies working with children and families where substance misuse is a known risk factor provide practitioners with information	All Board agencies to report on the information and training available to	May 2012	Chair of the Multi-agency safeguarding training strategic group	Completed.

Recommendations	Action	By when	Responsible lead	Progress
and training in understanding the effects, prescribing options, and safe/lethal doses of commonly used drugs and being able to identify prescribed methadone.	their staff on understanding the effects, prescribing options, and safe/lethal doses of commonly used drugs and being able to identify prescribed methadone, and to report on action to remedy any deficits			
12. Southampton LSCB should require agencies to provide assurance that when there is a critical incident such as a death, accident or serious crime involving people who are actively using drug treatment services, that information is shared with substance misuse services to ensure that they can take action to protect children and vulnerable people with e.g. supervised dosing.	All Board agencies to report on the current guidance to staff on multi-agency notifiable incidents, and to identify and rectify any deficits	May 2012	Chair of the Board	Item on future board agenda around whether notifications of incidents to senior managers are robust – did this come?
13. Southampton LSCB should conduct a systematic review of how agencies identify and respond to chronic neglect	The Board to commission a multi agency review of neglect	September 2012	Chair of the Board	Chair to conduct a review of what training agencies are providing and the tools used to assist in assessments, and to what extent the toolkit is being used.
14. Southampton LSCB should ensure that commissioners are engaging with and ensuring dentists have appropriate safeguarding arrangements in place and are able to identify their role in identifying neglect.	Commissioner to report to the Board on their approach to ensuring dentists understand their role in identify and responding to neglect	July 2012	Chair of the Board	Health to be asked to report to the board on Dentistry and Child Safeguarding.
15. Southampton LSCB should consider how it can monitor progress in relation to the inclusion of information about the child's experience in all assessments and plans.	Include the extent to which 'the child's experience' is captured in all audits undertaken by the Board	On going	Chair of Monitoring and Evaluation Sub Committee	Audits in August 2012 identified that more work is to be done in ensuring that the 'child's experience' is

Recommendations	Action	By when	Responsible lead	Progress
				captured and recorded well. Mon & Eval group to monitor

Single Agency Actions:

Agency: South Central Ambulance Update provided by: Anthony Heselton Evidence: Written updates dated 25 th May 2012, Oct 2012		
IMR Recommendation:	Update:	Evidence
1) SCAS staff member who raised verbal concerns learns from this incident	Staff member has undertaken reflective practise and the Trusts statutory training has been changed to ensure that safeguarding concerns are appropriately reported.	One to one meeting – written confirmation
2) All SCAS staff learns from this incident	Training has been updated for all staff to ensure that safeguarding reporting standards are to the highest level. There is also a system in place that all referrals are reviewed by the safeguarding team and any required feedback is completed at the time of the referral.	Peer group led training – Written confirmation
3) Evaluate lessons learned from the West Berkshire pilot scheme	The sharing of action plan registers is being rolled in to the new 111 project as they will be holding these registers. Oxfordshire 111 service has their action plan registers on their system and its running live now. This will be integrated with the 999 service as soon as possible. This will also be the case for Hampshire 111 also. SCAS has the contract for Hampshire 111	Written Confirmation work is being carried out to merge the two systems this year
Overview Recommendation:	Update:	
1) Ambulance crew should always be interviewed by Hampshire Police should they have been involved in an investigation into a suspicious death in the home.	Already in place as part of SCAS policy	Written confirmation

Agency: IDVA

Update provided by: Linda Haitana

Evidence: Minutes of SCR Sub Committee Meeting 19th June 2012, Written update November 2012

Summary Update:

Safer Communities have been working for some time with the domestic violence sector specialist services including IDVA. A group called Pippa has been established, which is a domestic and sexual violence alliance bringing together specialist services to work together and improve non police referrals to domestic violence services. This will produce a clear pathway for referrals. Many of the recommendations are covered by Pippa.

IMR Recommendation:	Update:	Evidence
1) As part of the strategic co-ordination of multi-agency responses to DV in Southampton ensure all core agencies have systems in place to risk assess DV and knowledge of appropriate responses based on that risk – including referral pathways to specialist DV services.	Complete	Details of training programme and training course outline
2) As part of the strategic co-ordination of multi-agency responses to DV in Southampton ensure and facilitate awareness between core mainstream services and specialist DV services of respective roles and functions when working with families where DV is a risk factor	Complete	Pippa leaflet, guidance for IDVA staff
3) Ensure MARAC systems are in place and meetings conducted in a way that leads to clear, SMART and accurate risk identification and actions that are clearly recorded – including details of attendees at each MARAC	Complete	New minute format
4) Ensure safety planning and measures to reduce risk to victims is not based around or dependent upon offender custody release dates where custody is short-term and timely information about release dates	Complete	E-mail evidence

is highly unpredictable.		
Overview Recommendation:	Update:	
1) Southampton Safe City Partnership should review systems in place for sharing information about domestic violence incidents across the city.	Complete	Written Confirmation

Agency: DAT Update provided by: Jackie Hall Evidence: Minutes of SCR Sub Committee 19 th June 2012; written update dated 17 th May 2012, written update dated 17 th September		
IMR Recommendation:	Update:	Evidence
<p>1) That the Drug Action Team (DAT) will ensure that safeguarding is built into the commissioning agreement and that all future service specifications include the key policy that drug treatment providers will focus on the families where parents misuse drugs, intervening early to prevent harm to children, prioritising parents' access to treatment where children are at risk and sharing information appropriately with other treatment providers and statutory agencies as required under the Joint Working Protocol (see 4lscb website).</p>	<p>Completed. Safeguarding is built into the tender process and potential providers safeguarding policies will be measured against the 7 commissioning standards.</p>	
<p>2) Service specifications will include the 7 standards for treatment services working with adults as set out in the Southampton Safeguarding Board Standards for Commissioning:</p> <p>Standard 1: Written policy on keeping children and young people safe. Standard 2: Putting policy into practice Standard 3: Recording and Reporting Standard 4: Safer recruitment Standard 5: Managing allegations Standard 6: Training for keeping children safe Standard 7: Agencies contribution to and learning from serious case reviews.</p>	<p>Completed. As stated in 1 above, potential providers Safeguarding policies will be judged against the seven standards and questioned if they appear to fall below the standard expected.</p>	<p>New commissioning guidance</p>
<p>3) That Southampton Drug Action Team (DAT), together with all commissioned drug</p>	<p>Completed. The substance misuse Safeguarding group continues to meet periodically in order to:</p>	<p>Minutes of safeguarding group 13.12.11 and 09.02.12</p>

<p>treatment services for Southampton City, agree a joint protocol outlining the processes and responsibilities to be undertaken by each service when dealing with service users who are parents, carers or who live in a household where there are children or vulnerable adults</p>	<p>a) Review actions from Child F to ensure that lessons learned are becoming fully embedded in practice. b) Discuss issues that have arisen in practice and ensure a multi agency approach to resolve any difficulties. c) To provide a forum for discussion and to ensure that we maintain points of contact between the agencies.</p>	
<p>4) That drug treatment providers will review the current paper based case recording systems and agree protocols for the appropriate sharing of case records in advance of re-commissioning of existing services.</p>	<p>Completed. Current providers continue to share information and case files appropriately. Safeguarding and Hidden Harm are a regular topic at the Joint Clinical Meeting. The tender for new substance misuse services requires new providers to share information and communicate appropriately and to operate a joint IT case management system.</p>	<p>Written confirmation</p>
<p>5) Southampton DAT to work jointly with drug treatment providers and with Southampton Children's and Adults services to share good practice in working together and improve communication.</p>	<p>Completed. The DAT continues to work jointly with Children's and Adult services to identify and disseminate good practice. The DAT has engaged with training and workshop sessions on drug awareness for children and adult services.</p>	<p>Minutes of SM safeguarding group 21.06.12</p>
<p>6) Southampton DAT will work with drug treatment providers and with Children's services to ensure that drug treatment staff, whether statutory or voluntary services, are invited to CPC's where appropriate, and to ensure that key workers and/or care co-ordinators attend Child Protection Case Conferences.</p>	<p>Completed.</p>	<p>Minutes of SM safeguarding group</p>
<p>7) To review the use of DICES as a tool for risk assessment and actively investigate the availability of alternative risk assessments that are fit for purpose.</p>	<p>Completed. The Models of Care Co-ordinator was able to devise a Risk Assessment template, but unfortunately was unable to get broad agreement on the format from provider organisations. There was some concern regarding a further assessment that would require time and training for staff. As a result this work has been halted. The substance misuse service specifications require a new Risk Assessment</p>	<p>DICES meeting minutes 15.06.2012</p> <p>Service specifications</p>

	<p>format to be agreed between the new provider and the commissioners and so the objective WILL be achieved by 1.4.13.</p> <p>5.2.14 – The timescale for the commencement of new treatment services has now changed to July 2014. Commissioners will agree the new risk assessment processes with the provider during the lead in period.</p>	
8) To identify appropriate training approach for whatever risk assessment tool is chosen for use. The approach must be sustainable in the long term and must enable staff to be confident in asking service users challenging and difficult questions, practising “respectful uncertainty” and developing an investigative approach.	Linked to above action.	DICES meeting minutes 15.06.2012
9) To work with drug treatment providers to ensure that staff are offered regular and challenging supervision which will enable them to develop their interview skills in relation to asking difficult and challenging questions of service users.	Completed. Safeguarding is also discussed at the weekly Joint Clinical Meeting held with all providers to discuss cases and actions required as part of the service users Recovery Plan	Minutes of SM safeguarding group 21.06.2012
10) DAT to purchase on a “one off” basis lockable boxes for the safe storage of methadone and leaflets to inform parents/carers of the dangers of methadone to children and ways in which methadone can be stored and disposed of safely. Thereafter, the provision of lockable storage boxes to be built into the service specification of prescribing services.	<p>Completed. Southampton DAT purchased lockable wooden boxes for the safe storage of methadone on a one off basis earlier this year.</p> <p>Provision of safe storage boxes will become the responsibility of the treatment providers in the newly commissioned services in 2013.</p>	written confirmation
11) DAT to implement a series of quality audits of drug treatment services.	An audit was held in March 2012 as part of the strategic review. Although the audit was not focussed solely on Safeguarding, this was a significant driver for the audit, and	Written confirmation

	<p>the audit team was alert to the need to identify any poor practice in relation to safeguarding issues.</p> <p>Treatment providers have held their own internal audits of cases and have strengthened their practice as a result.</p> <p>Treatment providers are fully aware of and in agreement with the need to work within the Joint Working protocol. There have been no further audits held by the DAT to date. However, this programme will be implemented after new service providers have been appointed as part of the work of the new Integrated Commissioning Team.</p>	
Overview Recommendation:	Update:	
1) The safe storage and the safe disposal of methadone must be discussed at each new referral to drug services with the service user.	Completed	written confirmation (in action plan update)
2) Commissioners of substance misuse services should ensure that drug treatment services provide a timely response in terms of drug testing in cases where a child is subject to child protection processes or care proceedings and that arrangements are detailed in local protocols and procedures.	Completed. Treatment services have responded positively and have provided drug testing when a request has been made from Children's Services. The DAT Manager has still to agree a formal local protocol for the provision of drug testing in these circumstances. However, as detailed above, in practice this has been provided wherever required.	Minutes of SM safeguarding group 21.06.12
3) Commissioners should ensure that Southampton Drug Treatment Services are able to fully engage with child protection activity and are confident about the use of local protocols and local safeguarding procedures, knowing who to contact and who to seek advice from.	Completed. This has been the focus of the Substance Misuse Safeguarding group. Drug Treatment services have engaged fully with child protection activity and have been pro-active regarding communication with colleagues in Children's services.	Minutes of SM safeguarding group 21.06.12

Agency: Hampshire Constabulary

Update provided by: Kevin Walton

Evidence: Minutes of SCR Sub Committee 19th June 2012, written update November 2012, Written update August 2013

IMR Recommendation:	Update:	Evidence
1) Training to all frontline staff in risk to children and CYPR submission should be updated	Decision made by Training Dept that learning best delivered through practical training rather than e-learning. Frontline training started Monday 7 th Jan. Training Department are using Child F as a case study to highlight issues around children of parents who use alcohol and/or drugs. Also encompasses wider issues of vulnerability and internal processes on form completion – content, quality and purpose and process following submission to CRU. CRU intranet pages are updated and guidance is available.	E-mail evidence, training project brief
2) The force should have in place processes to identify repeat victims and serial perpetrators and identify a method of managing these problems.	Action complete	Written confirmation
3) Police to be considered as participants in core groups if they are actively engaged with the family.	Role profile completed and approved. Appropriate pay scale now identified. Recruitment process to be progressed.	Senior Management Team meeting minutes,
4) Any proactive police intervention such as an unannounced visit should be part of the documented child protection (or MARAC) plan.	Action complete	E-mail Evidence
5) Police to monitor closely actions arising from meetings and ensure they are completed in a timely fashion.	Action complete	Written confirmation
6) That a review is conducted of minute taking at MARACs and improvements should be made to better reflect discussion and actions taken.	The CAADA endorsed MARAC self assessment process has been successfully completed. It involved a mixture of self assessment and observed visits by a CAADA MARAC Development Officer. The outcome of the analysis is attached.	Written confirmation
7) That all minutes and notes from MARAC	Action complete	Written confirmation

meetings are available on the police Records Management System to be available and searchable in a retrievable format.		
8) CA12 forms should either be legibly written or typed.	Action complete	Written confirmation
9) Police should participate in training/awareness raising about parents who misuse drugs and the risk to children.	Frontline training started Monday 7 th Jan. Training Department are using Child F as a case study to highlight issues around children of parents who use alcohol and/or drugs. Also encompasses wider issues of vulnerability and internal processes on form completion – content, quality and purpose and process following submission to CRU.	Screenshot of intranet
10) MARAC administration should be reviewed with a view to gaining support from all MARAC partners	CAADA are conducting assessed visits at our MARACs as part of the Home Office funded assessment process. The next Management Group meeting in February will deal with actions arising from the assessed visits. This includes quality of minute taking which is now very much day to day business with good checks and balances in place as well as independent assessment of the same through CAADA. Update 19/04/13 from Supt Snuggs The CAADA endorsed MARAC self assessment process has been successfully completed. It involved a mixture of self assessment and observed visits by a CAADA MARAC Development Officer. The outcome of the analysis is attached (to the action plan).	Written confirmation CAADA report
Overview Recommendation:		
1) Hampshire Police and social care must ensure that appropriate discussions are held following an unexplained death in a household where there are young children to share relevant information to inform plans to safeguard them	FPP's have now been updated	Confirmation from Kevin Walton at SCR Sub committee 19 th June
2) Senior Management in Hampshire Constabulary should ensure that there is sufficient capacity within the service to support processes which provide information	Action complete	Confirmation from Kevin Walton at SCR Sub committee 19 th June

and analysis of risk in respect of repeated incidents of domestic abuse in the same family.		
3) MARAC action plans must address the need to progress target hardening as soon as the need for them is identified and not wait for the notification of release from custody of an offender. Panic alarms should be installed within clear timescales.	Action complete	Confirmation from Kevin Walton at SCR Sub committee 19 th June

to promote the focus on the inclusion of men.	Scheduled training to be delivered by NCB in January 2013 did not take place.	
3) Senior Managers to consider the embedding of a specific approach or methodology to support assessment practice and include this in training.	<p>'Strengthening Families' approach to be integrated across children's services but launched initially in 'Family Matters' and now to be used in CP Conference practice.</p> <p>One 'single assessment format' being developed to support the improvement plan imperatives which are linked to the wider transformation of the service. Multi agency training across all agencies will be required to support this.</p> <p>"Brief solution" approach training in Family Centre service complete and pilot in place, decision to be made about further roll out of this model (which fits with the wider strengthening families; model)</p>	Written confirmation
4) A comprehensive training package for social workers around parental substance misuse alongside treatment workers and its impact should be commissioned and be supported by the joint protocol and by ongoing group supervision/action learning groups.	<p>30 staff trained in 2012 .23 staff trained in 5 half day workshops delivered in Jan/Feb 2013.</p> <p>LSCB also delivering training and action learning from Munro money.</p>	L&D Training Calendar
5) Social Workers should further engage in domestic violence training and procedures within the Safeguarding Children Procedures Support offered through IADAP programme / Hampton Trust. Ongoing discussions in MARAC forum around resources in this area.	<p>Multi-agency training brochure is running 2 courses.</p> <p>34 staff from CSC attended courses this year.</p> <p>Additional courses purchased from PIPPA. Guidance launched at Safeguarding Conference 26.09.12.</p> <p>PACT teams received additional half day training input around MAPPa and DV issues from external Police trainer (35 staff).</p>	L&D Training Calendar
6) Training should be provided on an on-going basis regarding working with the child, both in assessment and in social work intervention skills, that is based in forming	Training relating to Voice of the Child has been completed with 37 SW in the past year. A further 27 have attended training on 'Communicating with Children'. Further training has been commissioned to be delivered in the next 6 months offering a	Written confirmation

supportive and 'therapeutic' relationships with children living with their families	further 80 training places on these 2 courses.	
7) Explicit consideration should be given in supervision and in planning meetings to the nature of engagement by families.	<p>Supervision training for all manages and senior practitioners delivered in 2012.</p> <p>Management Appraisal Event includes supervision. Managers have completed this in 2012.</p> <p>Supervision Policy updated and re: launched in February 2013.</p> <p>Comprehensive audit of supervision completed in January/Feb/March 2013.</p> <p>Systematic baseline audit of all CIN cases completed in Summer 2013 which included analysis around frequency and quality of supervision.</p> <p>Quality Assurance around supervision will continue with regular audits.</p> <p>Managers attending 'Reflective Supervision' at Bournemouth University for a professionally accredited course.</p> <p>Managers and Senior practitioners to chair more critical meetings including Core Groups and Legal Planning meetings.</p> <p>Additional Administration in place to support minutes and organisation of meetings</p>	Written confirmation
8) Social Workers should be given time to access and familiarise themselves with new procedures and guidance.	This has been achieved through the Policy and Procedures Manual. Work continues to develop the website. Training as described.	Written confirmation
9) The supervision policy should be revised to allow a more reflective style of supervision for each worker as per CWDC model for NQSW's and Early phase	<p>Supervision Standards have been set and distributed to all staff and managers in the Safeguarding Division.</p> <p>Comprehensive audit of supervision completed in</p>	Supervision Standards

development social workers.	January/Feb/March 2013 by external consultant.	
10) That group supervision is held regularly and in a planned way to reflect on practice improvement and achievement.	Supervision has improved in terms of regularity. Reflective supervision is covered in the Learning and Development programme. Dedicated space and equipment was made available within Marland House in March 2013 to ensure environment for quality supervision is now available. Monthly reflective group supervision will be held for all Newly Qualified Social Workers during their Assessed and Supported Year of Employment.	Written confirmation
11) That the ongoing development of senior practitioners as managers and decision makers continues.	PQ training in areas of Supervision, and Practice Education are available to Senior Practitioners and Managers commencing November 2012 and ongoing. New Health Visitors, Social Workers and their managers are working together to improve joint working practice (see 1 above for detail).	Written confirmation
12) That transfer points and policy for recording and receive management instruction is reviewed.	Protocols in place. Highlighted in last Ofsted confirming it's in place. Will need to be reviewed in light of structure and management changes which are required as a result of 'CSC improvement plan'.	Written Confirmation
13) The case decision of the weekly transfer / allocation meeting that is e mailed to managers be placed on the child's PARIS file and read by SW's.	In place and embedded.	Written confirmation
14) That practice guidance is issued by Senior Managers to ensure that the child protection system and PLO are used when appropriate.	In place but recently revised (July 13) to take in to account the new PLO and Adoption ADM expectations which will be implemented locally in September 2013. Training in place to support this for 90 staff to commence in September 2013.	Written confirmation
Overview Recommendation:	Update:	
1) Southampton children's social care	Compliance with ensuring chronologies on all open cases	Written confirmation

<p>should ensure that the rich information about risk factors that is available from the care proceedings of older siblings/other children is used to formulate care plans for other children/unborn children of those parents.</p>	<p>continues to slowly improve.</p> <p>However still significant work needs to be done to ensure critical historical information is recorded and USED EFFECTIVELY to inform case work decision making. (Issue for both managers and practitioners).</p> <p>Courts have new requirements regarding chronologies which are currently being implemented.</p> <p>PARIS recording system does not easily support the generation of chronologies to the court standard or to the standard required by CSC.</p> <p>Current systems result in double data entry and chronologies not being held in one place.</p> <p>Practitioners have been advised of the requirement for risk assessments and plans that are informed by the case history. Some evidence in care planning panel that case files are being read/histories have been taken into account when planning.</p> <p>Further training around chronologies, compilation and use is required. This will be partially achieved through training for new PLO requirements. (See above)</p> <p>The potential to develop shared multi agency chronology as part of the wider transformation must be considered.</p>	
<p>2) Southampton Children's social care should improve management oversight of complex cases.</p>	<p>Supervision completed within timeframes - now consistently over 80%.</p> <p>Management decisions routinely recorded on PARIS. However this still requires improvement. Spans of control being revisited as part of CSC improvement plan to ensure Managers make decisions are accountable and have the capacity to do this properly.</p>	<p>Written Confirmation</p>

	New arrangements TO BE PUT IN PLACE to ensure clear lines of accountability and decision making which includes an opportunity for reflection and scrutiny of more complex cases. As part of improvement plan in place by December 2013 and fully implemented by end of phase 2 of implementation plan Autumn 2014.	
3) Southampton Children's Services must ensure that whenever cases are closed and where there is a management project to close cases which are open and inactive, that robust criteria for closure are applied which include giving particular attention to cases where there have been Care Proceedings, child protection plans and a combination of significant risk factor and should ensure that in such cases, there is consultation with those agencies working with key aspects of risk.	Recent review (June/July 2013) of 500 CIN cases identified a number of cases to be closed and or properly transferred to CAf/ Tier 2 services. This generally occurs but occasionally some agencies are missed. This is subject to regular audit.	Written Confirmation
4) Hampshire Police and social care must ensure that appropriate discussions are held following an unexplained death in a household where there are young children to share relevant information to inform plans to safeguard them	In cases which are not open to Social Care the new Triage system on Police CYPs identify such cases. The Triage team decide whether an IA or Section 47 Enquiry is appropriate. The Triage pilot is subject to regular review. Purpose and function of current Triage operation to be reconsidered in light of potential to move to MASH type model which would include a mutli agency first point of contact scrutiny/decion making function which included CP.	Written confirmation
5) Children's social care should always ensure that drug treatment services are advised of any significant or serious events concerning drugs in any open case and consult them as to any relevant safeguarding issues such as the need for supervision of methadone doses.	Training delivered through multi-agency core training safeguarding programme. Further training to be delivered in 2012/2013.	L&D Training Calendar
6) Southampton Children's Services should ensure that all assessments and reports to	Child Protection Case Conference report format has been amended to take into account this recommendation.	Child Protection Conferences report template

Child Protection Conferences address issues of children's attachment, the impact of domestic abuse and parental substance misuse		
7) Southampton Children's Services should ensure that social work staff are equipped to undertake such assessments.	A Learning & Development Programme that reflects this issue as a core competency with specific training in place. Graded Care Profile training and 'Dealing with Safeguarding Concerns' training part of L& D calendar	L&D Calendar
8) Southampton Children's Services must ensure that Child Protection Plans for children subject to neglect, address the need for high quality dental care.	Robust Child Protection Plans in place. CPC Conference chairs aware of importance of this health related issue.	Written confirmation

Agency: Health Overview Update provided by: Lindsay Voss Evidence: Minutes of the SCR Sub Committee 19 th June 2012, updated August 2013		
Summary Update: Actions relating to DAT will be taken forward by DAT		
IMR Recommendation:	Update:	Evidence
1) NHS Southampton as a partner in the Drug Action Team should review commissioning arrangements of substance misuse services to ensure the use of consistent assessment processes which routinely and reliably consider all children and clients who may be at risk.	See summary update	See DAT action plan
2) NHS Southampton City should review commissioning arrangements to Substance Misuse Services to ensure that an appropriate and child friendly facility is available for children when they attend appointments with parents.	See summary update	See DAT action plan
3) NHS Southampton City should require all substance misuse services (not just those named in this overview report) to review their arrangements for advising clients on the safe storage and disposal of prescribed and as far as is possible, other medication or 'street' drugs.	See summary update	See DAT action plan
4) NHS Southampton City should ensure that all providers are aware of the requirement to provide child protection or safeguarding supervision, and that this requirement is included in contract monitoring arrangements.	Solent supervision has been picked up by Ofsted and CQC. The organisation is working on this. The requirement is included in contract monitoring arrangements.	August 2013: this requirement is included in all NHS contracts and is monitored. Evidence= NHS contracts

<p>5) NHS Southampton City should ensure robust arrangements for regular liaison between General Practitioners and health visiting teams through the establishment of link health visitors who meet practice safeguarding leads on a regular basis to discuss families causing concern</p>	<p>Three practices have set this up and are monitoring it. Of the 3 committed GP practices, one is still struggling to understand this process. Ali Robins is offering support with this and CQC have put pressure on achieving this. CAF training has been undertaken, but more action is needed.</p>	<p>August 2013: Link health visitors are identified. Variable performance across the 36 practices in terms of liaising with health visitors. GP practices continue to be supported by CCG safeguarding team in using Read codes to identify vulnerable children. Most recent audit showed improved compliance but this is ongoing work. Feb 2014 completed. All practices have a link health visitor identified. Performance is being monitored by CCG and Wessex Area Team. This will be the focus of an ongoing improvement plan for general practice.</p>
<p>6) NHS Southampton City should work with Solent NHS Trust should ensure capacity in the health visiting service for effective liaison with General Practitioners</p>	<p>See recommendation 5</p>	<p>August 2013 Increased numbers of health visitors in post and link health visitors identified for every practice. Evidence= staffing levels.</p>
<p>7) NHS Southampton should reform systems for providing support to GP practices in relation to safeguarding children standards. Intensive support should be provided to enable practices to achieve auditable compliance with Care Quality Commission and Royal College of General Practitioners standards by April 2012.</p>	<p>See recommendation 5</p>	<p>August 2013: Intensive support has been offered to every practice Every practice has been trained to the required levels, and all have a safeguarding lead GP. Standards are audited and practices are being targeted for additional support where necessary. Overall improvement in standards but on going work to maintain progress is needed.</p>
<p>8) NHS Southampton City primary care team should work with the safeguarding children professionals to ensure there is</p>	<p>See recommendation 5</p>	<p>August 2013: This function has largely transferred to NHS England. But the CCG</p>

sufficient capacity within practices to enable GPs to effectively fulfil their safeguarding responsibilities.		Safeguarding team continue to work with GP practices, NHS England and the Local medical Committee to ensure standards are met.
9) NHS Southampton City should ensure that health services are developed and commissioned to ensure that arrangements are compliant with Department of Health Guidance 'commissioning <i>NHS services for women and children who are victims of violence or abuse – a guide for health commissioners</i> (2011).	Southampton CCG has developed a domestic violence strategy that is currently being implemented that reflects the DH best practice guidance. Strategy is to be approved by Governance Group October 2012.	August 2013: The CCG Domestic violence strategy is approved. IRIS project was commissioned by the CCG and has trained 20+ practices.
10) NHS Southampton City should require local health providers to submit the findings of their annual audit of record-keeping and identify the proportion of records which have ethnicity recorded.	NHS providers will be asked to submit audits of Quality and Diversity ethnicity recording.	August 2013 This process is being established through clinical quality review processes.
11) NHS Southampton supports the continuing development of multiagency triage of CYP reports	Multiagency safeguarding hubs appear to enhance safeguarding for children and therefore the principle of integrated processes underpins all commissioning intentions in NHS Southampton.	August 2013: complete – now moving towards MASH
Overview Recommendation:	Update:	
1) NHS Southampton should ensure that where patients present with serious injuries allegedly inflicted by someone else and where children are present during such incidents, the Walk in Clinic and GP practices contact the Police.	Police and children's social care are informed under current procedures (social care have a duty to inform the police under Working Together to Safeguard Children) and so no new actions have been taken in response to this recommendation.	No new action needed
2) NHS Southampton should ensure that all GP practices are addressing issues of chronic asthma in young children through providing a chronic conditions management	This is part of the contract monitoring and quality assurance process. There will be a greater focus on quality assurance in primary care in the new NHS structure.	Quality monitoring for primary care is still being developed. The CCG has two GP quality leads who will develop processes. Completed – this will

service.		form part of quality assurance visits by CCG and Wessex Area Team to Southampton GP practices.
3) The safe storage and the safe disposal of methadone must be discussed at each new referral to drug services with the service user.	In place and ongoing	See DAT action plan- (Not CCG)
4) Commissioners of substance misuse services should ensure that drug treatment services provide a timely response in terms of drug testing in cases where a child is subject to child protection processes or care proceedings and that arrangements are detailed in local protocols and procedures.	In place and ongoing	See DAT action plan and new guidance for commissioners. (Not CCG recommendation)
5) Commissioners should ensure that SSMS are able to fully engage with child protection activity and are confident about the use of local protocols and local safeguarding procedures, knowing who to contact and who to seek advice from.	In place and ongoing	See DAT action plan – not CCG.
6) NHS Southampton should provide guidance and support to GP practices in the establishment and monitoring of standards of practice re safeguarding children. This should provide clarity about the expectations regarding safeguarding supervision/consultation.	In place and ongoing	August 2013 expectations are included in training and have been uploaded onto Wessex LMC website. They reflect national requirements.

Agency: Solent Health
Update provided by: Trish Newcombe
Review provided by: Katherine Elsmore 13 Feb 2014
Evidence: Minutes of the SCR Sub Committee 19th June 2012

IMR Recommendation:	Update:	Evidence
1) Walk in Centre / Unscheduled care service documentation to be amended to include a new 'children's view' / assessment section	An audit carried out on use of the domain indicated that staff are using this, but more work is needed around the way of using it.	Audit Report 13.2.14 Standard practice to use paperwork including "child's view" section/assessment. Re auditing of consultation documentation (includes Child's view) within service (Q4).
2) Raise awareness among staff of protocol for transition of children of concern from health visiting to school nursing service	Audit carried out that indicated the majority of cases have been transferred over. One action from the audit was for the team to go back to practitioners where this did not happen to insure it happened immediately. A further audit will be carried out in autumn, to benchmark against the December audit.	Audit report 13.2.14 Service have process in place.
3) Continue to embed use of neglect toolkit in practice	Embedded in practice. Not all workshops have been held, but this has started and has been useful in getting staff to use the tool and score neglect. It has also been highlighted where evidence in records is not good enough to do this. There is a further workshop in December.	Workshop presentation 13.2.14 Offered as part of Solent annual training programme.
4) Complex substance misuse training to be provided to health visitors and other key groups of practitioners	Colin McAllistar from DAT has been identified to provide specific training in September. This will be a one off workshop, however if successful it can be repeated.	Training strategy 13.2.14 Element of Solent training programme.
5) Review safeguarding supervision for health visitors and ensure that agreed actions have a time limit identified	A first evaluation of Health Visitor supervision identified a need to ensure outcomes for children are child focused and timely. The supervision model will change to include group supervision, as part of a	Supervision Evaluation 13.2.14 Group supervision model continues to embed within Solent.

	wider supervision safeguarding model. This should be in place in autumn.	
6) Initiate pilot of enhanced communication system between GP's and health visitors	Happening in identified surgeries. GPs are identifying a link person which is positive.	Verbal confirmation captured in minutes 13.2.14 City wide HV/GP link.
7) Raise awareness of system for managing professional disagreements/ escalation policy	Embedded within training programme and aware of this being used. Ofsted picked up that there is currently a high level of escalation. DM stated that when the Social Care work force stabilises he would hope that there would be a lower level of escalation.	Training strategy 13.2.14 Online incident reporting and escalation process.
8) Common assessment process that may be used across all Solent NHS Trust services to be developed	LV and TN are involved in a working group piloting an anti-natal assessment tool. The document is being finalised and this will be piloted in July. From this outcome training will be set up.	Workshop presentation 13.2.14 RiO antenatal assessment / universal booking form.
9) The non engagement protocols for each service in Solent NHS Trust should be audited	Audited in December. Some services responded and some did not due to the restructure. Re-audit in July.	Phase 1 of Audit. 13.2.14 Completed for all Solent Services.
10) Ethnicity (and relevant cultural religious information) should be routinely recorded on all Solent NHS Trust records.	Ethnicity and Culture should be routinely recorded across all services: incorporating ethnicity / disability as part of the trust wide record keeping audit programme.	Written confirmation. 13.2.14 Noted in recent IMR. IG / audit team aware of requirement.

Agency: UHS
Update provided by: Sarah Steele
Evidence: Minutes of the SCR Sub Committee 10th July 2012, written update November 2012, updated August 2013

Summary update:
The action plan is working well. All actions have been achieved, except for the upcoming ED audit which is planned for August.

The action plan has made a difference to the Emergency Department, in terms of staff focus on adult parents and carer issues. The pick up rate is significant and differences have been made to the mechanics of process which are working better. The audit will also be helpful in reviewing this.

IMR Recommendation:	Update:	Evidence
1) Ensure that for all adult parents or carers who present to ED where there are risk factors present, ED staff will complete a child protection/safeguarding risk assessment, or refer as a child protection case if at that threshold.	Action complete	Training presentation and dates Copy of Memo
2) That all ED staff access a) the SUHT child protection/ safeguarding Topic Specific training on risk factors or/and b) the ED targeted awareness raising training sessions on risk factors.	Action complete	Training presentation and dates
3) That ED undertakes a review of the Concern Form system and associated administrative processes.	Action complete	E-mail evidence. Guide to completing Concern Form Concern form template

Agency: Southern Health

Update provided by: Jo Lappin and Cathy Barnes

Evidence: Minutes of the SCR Sub Committee 10th July 2012; Written update dated July 2012

Summary update:

The action plan has given Southern Health an opportunity to refocus on children, as a service who works with adults, and make staff more aware of child safeguarding. Due to the nature of the services provided by Southern Health, the risks that clients pose as parents or carers cannot always be mitigated, so the agency needs to recognise these issues.

A lot of work has been carried out around providing awareness of Domestic Abuse and storage and disposal of Methadone. Storage boxes are now issued to clients with a priority to those with children.

Commissioning arrangements form part of the DAT action plan.

There has also been work to improve the understanding of other agencies that Southern Health interact with. CB attended a meeting with Society St James at New Road, and found them to have a very board focus around risk, thinking differently to drugs services in the past.

The profile of the Social Work role in the New Road team has increased and more work has been carried out to broaden this link between New Road and Social Work. The role is developmental, helping to skill others in terms of their knowledge base. The role also has links with Maternity Services.

IMR Recommendation:	Update:	Evidence
1) Ensure the role of the Drug Worker Lead for Child Safeguarding co-ordinates jointly with Southampton Children's Services to share good practice in working together and develop ways in which improvements can be made to communication.	<p>The lead for safeguarding children (who is a social worker employed in the team) has developed good working relationships with children's services. Good practice and areas for improvement are discussed regularly and actions taken to continue to improve areas identified for improvement.</p> <p>Currently this good practice model is evolving to include all members of the team to ensure that the established links do not fail when one individual is not present.</p> <p>Jackie Holmes from Children's Services attends the Drug Teams Clinical Meeting on a monthly basis.</p> <p>All members of the drug team have completed Hidden Harm training.</p> <p>Evidenced by Team Meeting Minutes and Training Records.</p>	Written confirmation

<p>2) SHFT to provide awareness for all staff groups of the recently developed Domestic Abuse Policy, including the availability of domestic abuse training throughout SHFT.</p>	<p>All staff have been provided with copies of the Domestic Abuse Policy.</p> <p>Domestic Abuse training is available to all clinical staff.</p> <p>Evidenced by email trail sent to staff.</p>	<p>Written confirmation</p>
<p>3) The use of DICES risk assessment tool is reviewed and replaced/amended to consider the risk of domestic abuse and the effects domestic abuse may be having on any children of the service user.</p>	<p>The task and finish group is established with representation from SHFT, SSJ and DAT.</p> <p>The task and finish group are continuing to review the DICES risk assessment and proposals will be made for consideration by the relevant sub committee of the SSCB.</p> <p>Evidenced by task and finish group minutes.</p>	<p>DICES review minutes 15.06.2012</p>
<p>4) SHFT Care Co-ordinators and Doctors will provide information to service users regarding safe storage, consumption and disposal of both prescribed and illicit drugs, focusing particularly on the following groups;</p> <ul style="list-style-type: none"> - Those care co-ordinated by The New Road Centre, involved in situations where children may come into contact with their drugs. - Those care co-ordinated by The New Road Centre, who request 'holiday prescriptions'. - Other service users whose lifestyles, health problems or disability may mean there is a heightened risk to children from unsafe storage, taking or disposal of drugs. 	<p>Information regarding safe storage, taking and disposal of all drugs is provided verbally at the commencement of treatment.</p> <p>Information regarding safe storage, taking and disposal of all drugs is provided verbally at every review of treatment.</p> <p>Information leaflet has been produced and is provided at the commencement of treatment.</p> <p>Home visits are undertaken for patients who are parents or who are of concern for an assessment of safe storage and the provision of safe storage boxes.</p> <p>Evidenced by documenting in each patients records that a home visit has been completed, that safe storage has been assessed and discussed and that a safe storage box has been provided.</p>	<p>Keep your child safe in the home leaflet</p> <p>Children at the Bridge / DIP policy</p>
<p>5) When one part of a couple is care co-ordinated at The New Road Centre and the partner is in treatment at The Bridge/DIP and they are in a household with children or</p>	<p>Meetings have been structured jointly between SHFT and SSJ to facilitate the regular sharing of information around patients who are partners or of the same household. The taking of minutes in meetings has been formalised to ensure the</p>	<p>Written Confirmation</p>

<p>one of them is pregnant, that there will be joint meetings held between the 2 organisations, at the point of assessment and regularly afterwards, in order to consider risks.</p>	<p>information captured is available to all staff.</p> <p>Complex cases are monitored via individual supervision, peer group supervision and through record keeping.</p> <p>Evidenced by Clinical Team Meeting Minutes, Supervision Records and Audit.</p>	
<p>6) The Team Manager at The New Road Service will review all key workers Child Protection and Domestic Abuse training records and develop a bespoke programme that allows for development of staff with multi agency training in accordance with Intercollegiate guidance (Royal College of Paediatricians, 2010)</p>	<p>All existing training has been reviewed and an analysis of the gaps in training provided.</p> <p>Domestic abuse is now covered in the generic safeguarding training at all levels of training. This includes identification of risk factors, assessment tools and specialist support.</p> <p>Beyond mandatory training, a programme of professional development is in progress to ensure staff have the skills, knowledge and expertise required for their particular role.</p> <p>Evidenced by training records.</p>	<p>Written Confirmation</p>
<p>7) The quality of assessments received by SHFT Care Co-ordinators, are considered as part of the caseload supervision and that missing information is identified and challenged with the referrer if needed.</p>	<p>A referral form to request assessments and a fixed meeting to discuss the appropriateness of referrals is established. Completeness of information is then checked and additional information, access to records can be obtained.</p> <p>Evidenced by Supervision Records and Audit.</p>	<p>Written Confirmation</p>
<p>8) Key workers will ask service users at review if there are any changes to family situation (inc. new partners), that may have an impact on any children in the household.</p>	<p>Comprehensive assessment asks what has changed since Triage (Initial Assessment), about current relationships and about contact with children.</p> <p>Weekly team meetings have a section for discussing changes in family situations.</p> <p>Evidenced by Assessment tool and team meeting minutes.</p>	<p>Assessment tool</p>
<p>9) The Team Manager at The New Road Service to review the attendance of Care</p>	<p>The weekly team meeting has a section for discussing up-coming child protection meetings. Decisions are made</p>	<p>Written confirmation</p>

<p>Co-ordinators at Child Protection Conferences and Planning/Core Group Meetings and to identify what prevents them from attending, working with Children's Services to increase attendance.</p>	<p>regarding attendance and submission of reports. Evidenced by team meeting minutes.</p>	
<p>10) That this IMR and recommendations are reviewed by the SHFT Head of Safeguarding Adults, to see if lessons learnt for children, also apply to vulnerable adults.</p>	<p>The recommendations and actions have been discussed regularly at the SHFT Safeguarding Committee. The action plan is monitored via this Committee. Evidenced by Committee minutes. The Head of Safeguarding has discussed the learning from this case with the Safeguarding Adults Manager for the City to ensure where there are wider implications this learning is shared with the Adults Board.</p>	<p>Written confirmation</p>

Agency: Housing

Update provided by: Nick Cross

Evidence: Minutes of the SCR Sub Committee 10th July 2012; Written update dated June 2012, Written update October 2012, updated August 2013

Summary update:

Most of the actions were put in place during the review. As an overview, all points in all actions have been pursued and carried through as per intention. A key point was spending time with staff running through a number of briefings around information sharing. There was an issue around case work audit checks. Since the business planning day, a member of the team has been nominated to join the Monitoring and Evaluation Sub Committee, to assist with audits and also to bring back learning around case management audits. The impact of the SCR has been significant, not only regarding specific actions, but considered beside the Child G SCR it has highlighted elements of case work that have been carried out in isolation, and a need to better connect with other agencies. The two SCRs have demonstrated to staff that safeguarding is not a theoretical matter, and has direct impact on Case Management.

IMR Recommendation:	Update:	Evidence
1) Staff working in homelessness to flag up on the housing computer system risk factors that affect the management of a tenancy.	Homelessness Manager has been through with Officers to update them on information required and sample caseloads are reviewed for compliance on a regular basis	Written confirmation that review took place
2) To make sure that Housing Management Officers and Income Officers are sharing information on known support needs and risk factors	Steve Smith (Housing Services Manager & Helen Prophet District Housing Manager & IMR Author carried out briefings with staff in Autumn 2011 and is now being picked up in regular quality checks of case files	Written confirmation of Session dates
3) Staff working in homelessness to be reminded of the importance of completing pre-tenancy assessments	Homelessness Manager has completed review and monitoring ongoing	Written confirmation that review took place
4) To review the sign up procedure and the level of appropriate follow up work by Housing Management Officers following the completion of the personal checklist / vulnerability form.	All Housing Management Officers received a briefing in Autumn 2011 and District Managers have been following this up with teams. Where a new tenant has an identified social worker the HMO will email the SW to establish case contact	Written confirmation of agreement and session dates
5) To remind Housing Management Officers to generate a pop up box on IWORLD at the time of sign up to indicate that a tenant is vulnerable.	A briefing note was sent to all appropriate Housing staff and this was followed up in the staff briefings in Autumn 2011.	Written confirmation that briefing took place
6) To remind Housing Management Officers	Settling in Visits is a Housing KPI and performance is actively	Written confirmation that briefing

<p>of the importance of completing settling in visits, particularly where there are vulnerabilities</p>	<p>monitored quarterly. Importance of SIV's in vulnerable cases was highlighted in staff briefing in Autumn 2011</p>	<p>took place</p>
<p>7) To carry out a briefing session with staff on the Income Team explaining the MARAC process and wider issues around domestic violence.</p>	<p>Specific briefing session was held for the Income Team in October 2011.</p> <p>In addition all HMO's have now received CAADA training and from 1 July 2012 a full risk assessment checklist is undertaken on all DV cases.</p>	<p>Written confirmation that briefing took place</p>

Agency: Society of St James

Update provided by: Trevor Pickup

Evidence: Minutes of the SCR Sub Committee 10th July 2012, Written update November 2012, updated August 2013

IMR Recommendation:	Update:	
1) That better records of interagency meetings are produced and retained	SoSJ are now holding regular meetings with New Road regarding new cases and high risk cases. Minutes of these meetings are now recorded and held by both agencies.	Written confirmation
2) That the Society will develop a overarching client database to track children at risk across projects	<p>Since the Society's original action plan was written 2 years ago, there have been a number of improvements and changes which are making the original action plan less relevant.</p> <p>The Awareness of safeguarding issues amongst staff has continued to increase, and the Society's processes for monitoring safeguarding concerns and ensuring these are followed up has improved greatly. Relationships with Childrens Services have also improved, making communication more effective.</p> <p>As previously reported, the Society has been improving the management of ex-client records and was using a database system for this, recording client details with more detail being available in the paper files. However, over the last 6 months further changes have been implemented, with a program of scanning old files into a digital format, to improve distribution of records across the Society. This will require a new database system to be purchased to enable the electronic storage of 320,000 pages of records, which is currently underway.</p>	Report on use of the database

Agency: CAFCASS

Update provided by: Shelagh Butler

Evidence: Minutes of the SCR Sub Committee 10th July 2012; Written update dated June 2012

IMR Recommendation:	Update:	Evidence
<p>1) The Child Protection Manager should refer the issue of the contract management arrangements of Self Employed Contractors to the Director of Policy with a view to establishing whether these are sufficiently robust; and, if not, how these are to be strengthened.</p>	<p>There is a new operational framework regarding Self Employed Contractors, who have been phased out completely in some areas.</p> <p>The Cafcass Operating Framework (March 2012) stipulates that SECs should be subject to quarterly contract management meetings.</p>	<p>Written confirmation only</p> <p>No self employed contractors are used by Hampshire & Isle of Wight Cafcass</p>
<p>2) <i>The use of the CAADA/DASH risk assessment tool should be mandatory in all cases where domestic abuse is a feature</i></p> <p>I recommend that the Child Protection Manager should refer the issue of the use of the CAADA-DASH checklist to the Director of Policy to ensure that this is appropriately implemented within practice.</p>	<p>The benefits and risks tool (based on Sturge-Glaser) has been revised and is being piloted in an operational area. A paper is in preparation for submission to CMT which proposes that this should be the 'default' tool for the assessment of risk posed to children by contact.</p> <p>The core training modules include DV and the use of CAADA/Dash and Sturge/ Glaser – attendance tracked and is mandatory. New starters must complete within 9 months.</p> <p>All in place and embedded in practice. Further audit in September will check this again and identify any gaps</p>	<p>Risk Tools guidance</p> <p>Safe contact indicator tool</p> <p>Training Programme</p>
<p>3) Ensure that all teams receive training incorporating key learning derived from this IMR, to include:</p> <ul style="list-style-type: none">• The dynamics of parental substance abuse.• The timeliness of decision-making for children.• Risk assessment and the role of the	<p>Team developments days -February 2012 included learning from the IMR.</p> <p>Also mandatory training on the impact of substance misuse on parenting capacity – 27 April 2012 – attendance tracked</p> <p>Risk assessment training tracked. Timeliness of decision making addressed in team meetings and is a live issue with the Family Justice Review and Adoption Action Plan</p>	<p>Training Presentation</p>

<p>Children's Guardian in influencing care planning.</p> <ul style="list-style-type: none"> • Understanding family/professional dynamics – e.g. 'mirroring' and the rule of optimism. 		
<p>4) Ensure, through supervision and audit, that the management arrangements in respect of Self-Employed Contractors are robust; and that work undertaken by Self-Employed Contractors is of the required standard (i.e. at least 'met')</p>	<p>Audit of supervision notes undertaken by Head of Service of 2/3 managers. Observations of practice in place for Enhanced Practitioners.</p> <p>Supervision skills training on 26 June – attendance tracked</p> <p>Use of SECs has been phased out in Hampshire & Isle of Wight with an increase of employed staff in the service area</p> <p>Use of SECs has been phased out in Hampshire & Isle of Wight with an increase of employed staff in the service area</p>	<p>Audit tool</p>
<p>5) Ensure that staff attendance at Core Training is tracked through review of the training calendar at monthly management meetings.</p>	<p>Attendance at core training is now tracked.</p>	<p>Training programme</p>

Agency: Education

Update provided by: Varina Emblen

Evidence: Written update presented to SCR Sub Committee 14th August 2012, Written update September 2012

Summary Update:

The actions that have emerged from the initial action have been around heightening awareness of how neglect can present, particularly with a young work force, and how this is recorded. Schools are mindful that a range of staff were not being included in this evidence base (e.g. lunch time staff). This moved the action plan into how to skill up CPLOs to cascade information and awareness across staff. CPLOs are now monitoring information sharing, chronology building and general neglect awareness.

The Neglect booklet has been used in primary school professional development meetings and this raised the issue of sharing confidential information. A Senior Education Welfare Officer is working with a cluster of schools in Swaythling around sharing information with secondary schools. If this model is successful it can be used more widely. Schools have also requested a safeguarding audit tool. The Education Welfare service is working with a separate cluster of schools to produce a tool, with a view to proposing the resulting tool is made available to all schools.

DM queried whether any schools within Southampton will not be engaging with the action plan. VE stated that all schools will be engaging and she has not met any resistance.

IMR Recommendation:	Update:	Evidence
1) Termly training for Child Protection Lead Officers (CPLO) includes training on the importance of contextualised records in relation to the child's demeanour, well being and all issues related to safeguarding, particularly for those children subject to a Child Protection Plan	Education received one formal action from the SCR which was to raise awareness for CPLOs about the importance of contextualised records in relation to all safeguarding issues. There has been police input into training for CPLOs on how to build up a chronology, and what evidence is significant. The action was completed at the end of the summer term.	Written confirmation

Agency: Primary Care (GP)

Update provided by: Ali Robins

Evidence: SCR Sub committee minutes 18th September 2012; Written update August 2012

IMR Recommendation:	Update:	Evidence
1) Increase awareness issues of Domestic Violence, potential effects on children and families.	DV now part all level 1 – 2 training to ALL practice team. DV literature prepared for Primary Care and Safeguarding Adult Policy written to include DV Specific DV training by specialist team in Level 3 leads training days and multiagency training days The IRIS project went live in August, with 7 practices booked in for training.	IRIS Summary Domestic Violence toolkit for GPs Guidance around GP's Domestic Violence responsibilities
2) Increased knowledge of the joint working protocol and increased implementation within daily practice	Now integral part Level 1 – 2 training to all practices and Level 3. Incorporated into information sharing forms between CDS and Primary Care. More work is needed to encourage GPs to share information.	Information sharing in primary care guidance Information sharing request form
3) Increased knowledge of the CAF process and increased implementation within daily practice. Increased awareness and interaction with other key agencies.	A study day in March was attended by 10 GPs and a second day is planned. A summarised CAF paperwork has been developed which will be circulated to GPs when approved.	CAF form CAF framework process diagram Guide to completing CAF for GPs Tier System guidance
4) New patient registration forms to have an additional section requesting information on over the counter medications, alternative medication and illicit drugs.	This is advised as is good practice but it cannot be insisted upon.	Written evidence
5) Improve performance management of Primary Care services.	Read codes being highlighted as performance issues and training now integral for all practices. Uniform read codes circulated and also now on LMC website	Safeguarding Assessment tool

	<p>Safeguarding audit circulated and completed.</p> <p>Concerns over the lack of authority that PCTs will have over GPs when the new commissioning arrangements re introduced.</p>	
6) Increase awareness GP role and responsibility in engaging in child protection conferences.	<p>Development and implementation of information sharing form and also a uniform form for Child Protection Conferences.</p> <p>GP attendance at case conferences has dropped again according to a recent audit. The audit looked at 10 cases, of which GPs attended none, and sent reports in 2 out of the 10 cases.</p>	Information sharing guidance
7) Practice undertaking methadone prescribing should ensure ALL practitioners have a basic knowledge and understanding of the client group and potential side effects of the medication including those of overdose.	<p>Methadone patient and prescriber leaflets developed as well as a Safe storage contract for clients.</p> <p>Methadone prescribing LES now includes above.</p> <p>Practices that prescribe methadone will not receive their enhanced payments unless have had the appropriate safeguarding training.</p>	<p>Prescriber leaflets</p> <p>Safe Storage Guidance</p>
8) Ensure regular robust communication systems are in place between health visitors and practices.	<p>Health Visitor pilot developed and running. Feedback positive. This system of regular meetings will begin for all practices in November.</p>	Written confirmation

Agency: Probation

Update provided by: Maria Galovics

Evidence: Minutes of SCR Subcommittee 14th August 2012; Written update dated August 2012

IMR Recommendation:	Update:	Evidence
1) HPT to incorporate revised on Home Visits to offenders who live with or who have contact with children subject to a Child Protection Plan or where there are other concerns or evidence that a child(ren) may be at risk. Future Mandatory safeguarding training will reflect these changes.	Done. Policy updated including guidance on Home Visits Mandatory Child Protection Training Register introduced and monitored.	Updated Policy Complete
2) Where there is information or evidence of domestic abuse behaviours, irrespective of the age of evidence, Offender Managers will ensure the evidence informs risk assessments and risk management.	Adult Safeguarding policy updated and includes guidance to Offender Managers that evidence informs risk assessment and risk management.	Written confirmation Complete
3) HPT to improve the recording of any contact with children and/or offender family members.	Policy updated including guidance on Home Visits. Mandatory Child Protection Training Register introduced and monitored.	Updated policy Complete
4) HPT to improve the recording of all case discussions and meetings held with other agencies concerning child safeguarding.	Done. Policy updated including guidance on Home Visits. Mandatory Child Protection Training Register introduced and monitored.	Updated Policy Complete