



Centre for Abuse & Trauma Studies::

Research, Practice, Training and Knowledge Exchange

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Route Map for Children's Social Care Safeguarding Services

Monday 11th May 2009

House of Lords

In response to the question: Safeguarding not scapegoating, professionals in children's services. What is required to improve the work conditions, recruitment and morale of professionals involved with child safeguarding services to ensure better joint working practice and a reduction in child maltreatment and deaths?

SUMMARY REPORT

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Summary

This report is a summary of findings of a Route Mapping event, held at the House of Lords on 11th May 2009 and introduced by Baroness Glenys Thornton, to inform services and the Social Work Task Force in relation to the current crisis in children's services. It was organised by the *Centre for Abuse and Trauma Studies (CATS)* a new centre for research, training and knowledge exchange in health, social care and criminal justice services across two universities in London (Royal Holloway, University of London and Kingston University). The Route Mapping format is a highly structured and active problem-solving approach to provide solutions in a one-day meeting of key experts, a method pioneered and mediated by experts from the University of Cambridge¹.

The one-day event included 20 experts in the child safeguarding field from academia and a range of professions and children's services, including statutory, voluntary and service-use. It aimed to provide practical solutions to current problems in Child Safeguarding services, based on the knowledge and expertise of participants. The question asked of members was:

Safeguarding not scapegoating, professionals in children's services.

What is required to improve the work conditions, recruitment and morale of professionals involved with child safeguarding services to ensure better joint working practice and a reduction in child maltreatment and deaths?

The group highlighted a range of problems currently found in Safeguarding services. These include inefficient systems, problems with the workforce in social care, the negative image of social work and lack of resources for services. They also provided a number of solutions. These included a re-emphasis on preventative work with families, empowering Local Safeguarding Boards to improve interagency working, reducing bureaucracy with 'leaner processes', redefining or abolishing targets for 'smarter' working and improving technology systems as well as increasing training to improve assessment and risk management. Greater investment in workers is needed to increase professional empowerment which in turn will increase recruitment and retention. Additional

¹ see <http://www.ifm.eng.cam.ac.uk/ctm/trm/>

training provision is particularly required in Management and higher specialist degrees.

The greater integration of research, practice and training in services is seen as beneficial and this can be achieved through higher collaboration between universities and public services to aid thoughtful evidence-based practice and undertake action-research on service delivery and assessment. Universities, through groupings such as CATS, can work with safeguarding services to provide 'intelligence centres' which can respond on an ongoing basis to needs for action-research, improved assessment procedures and increased CPD and training. Finally CATS can work through universities and academia to aid the GSCC to be a stronger voice for the social work profession.

1. 1 Introduction

The issue discussed in the light of the recent media and government attention into children's services, was how to improve the communication, work conditions, recruitment and morale of professionals involved with child safeguarding services to ensure better joint working practice and a reduction in child maltreatment and deaths. The question posed was timely given the recent tragic death of Baby Peter², not many years after the death of Victoria Climbié in the same London borough. This occurring despite the changes in legislation and policy emerging from the Laming report. and later government research reports.^{3,4,5,6} The issue of whether Laming's recommendations provided a solution to better service working, or whether these have been implemented successfully in services, and whether the current legislation^{7,8} and practice guidance⁹ is sufficient to avert or critically

² Baby P investigation: key findings <http://news.bbc.co.uk/1/hi/uk/7758897.stm>
<http://publications.everychildmatters.gov.uk/eOrderingDownload/HC-330.pdf>

³ Laming report <http://www.victoria-climbié-inquiry.org.uk/finreport/finreport.htm>

⁴ Preventing Childhood Deaths – A study of 'Early Starter' Child Death Overview Panels in England. P Sidebottom, J Fox, J Howarth, C Powell and S Perez. DCSF Research Report DCSF-RR036 University of Warwick 2008.

⁵ Analysing child deaths and serious injury through abuse and neglect: what can we learn? – A biennial analysis of serious case reviews 2003-2005. M Brandon et al Research Report DCSF-RR023, Crown Copyright 2008.

⁶ Improving safeguarding practice – Study of serious case reviews 2001-2003. W Rose & J Barnes The Open University Crown Copyright 2008

⁷ Every Child Matters – Change for Children <http://www.everychildmatters.gov.uk/>

⁸ Children and Young Persons Act 2008,
http://www.opsi.gov.uk/acts/acts2008/ukpga_20080023_en_1

minimise child deaths at the hands of parents, is still unresolved. This is in the context of a crisis in social work recruitment and retention for child safeguarding nationwide, but particularly in London. This is associated with low morale amongst workers due to negative press attention, excessive work loads and unrealistic service targets. These have served as barriers to the swift and effective identification of children and families where risk of neglect and abuse is present. Debate is required over whether the Agenda for Change and reconfiguring of services undertaken in recent years, together with the high number of government initiatives around child safeguarding and child wellbeing including information sharing¹⁰ and multiagency working¹¹ have had the desired effect of improving lives for children. Also whether this level of service and system change has adversely taken its toll on the professionals involved.

1.2 The Aims of the event

1. To use a highly structured work plan to summarise the identification of needs and responses of all experts present,
2. To rank these in terms of importance and to prepare and agree summarised solutions and recommendations around all main topics.
3. To examine the role of universities, particularly the Centre for Abuse and Trauma Studies in providing solutions to research and training need for professionals involved in Safeguarding services.
4. To produce a report of the meeting and distribute a summary to the Social Work Task force as well as relevant government/shadow ministers and to heads of social care services.

1. 3. The experts

The experts comprised 20 professionals representing different aspects of academia and child services. These included statutory, voluntary and service-user representation; social work, criminal justice, psychiatric, psychological and paediatric services:

⁹ Every child Matters – delivering services <http://www.everychildmatters.gov.uk/deliveringservices/>

¹⁰ Information sharing <http://www.everychildmatters.gov.uk/deliveringservices/informationsharing/>

¹¹ <http://www.everychildmatters.gov.uk/deliveringservices/commoncore/multiagencyworking/>

1.4 Participant List

- Baroness Thornton**
(Chair of Committee for Voluntary Sector) - Sponsor & Introduction
- Paul Angeli**
(Manager Southwark Children services)
- Arnon Bentovim**
(Consultant C&AMH Psychiatrist, & Director of Child & Family Training)
- Antonia Bifulco**
(Professor of health and Social Care, CATS director, RHUL)
- Liza Bingley Miller**
(Social Work Consultant & Director of Child & Family Training)
- Laura Brazier**
(Research Psychologist, Institute of Education & RHUL)
- Jon Carr**
(Information technology/ internet abuse prevention expert)
- Clare Chelsom**
(Partnership and Training Unit Child Abuse Investigation Command
Metropolitan Police)
- Julia Davidson**
(Professor of Criminology, CATS director, Kingston University)
- Anna Gupta**
(Senior lecturer in Social Work, RHUL, Child Guardian)
- Lee Hopkins**
(Strategic Manager, Safeguarding services, Kingston Upon Thames)
- Martin Kalista**
(Social Worker and PhD student)
- Dipak Kanabar**
(Consultant Paediatrician, Guys & St Thomas' Hospital)
- Denise Lawes**
(Social Workforce Development Manager, Wandsworth)
- Edward Lloyd Jones**
(Solicitor, member of the Solicitors Regulation Authority's Children's Panels)
- Eileen Munro**
(Professor, Social Policy, LSE)
- Paula Nicolson**
(Professor of Health Psychology, RHUL)
- Gordon Parker**
(Children's service manager, St Christopher's Fellowship, voluntary agency for
Looked After Children)
- Moraene Roberts**
(Service-user and member of ATD Fourth World)
- Geraldine Thomas**
(CAMHS Child psychotherapist)
- Mediators and observers**
Dominic Oughton & Robert Phael
Route Mapping consultants, University of Cambridge
- Lydia Daniels**
Research & Enterprise, RHUL

The Route Mapping method and structure of the day is produced in the appendix – section 5.

2. Findings

2.1 Needs & drivers: The group identified 22 needs and drivers in Safeguarding services and these were ranked by the group and summarised in the five points below:

- **Increased social need for safeguarding** – including family breakdown, child poverty and child psychological disorder.
- **Inefficient systems in Safeguarding** - failure of the target driven culture, impacts of political interference, poor systems and inflexible technology and court system providing a barrier.
- **Workforce problems** - recruitment and retention difficult in social work, poorly trained workers, poor management, emotional demands causing 'burn out' with inadequate worker support and supervision within teams).
- **Negative image of social work** - (High levels of blame for practitioners, family fear of social workers, media negativity both about social workers and demonising of adolescents, public mistrust of professionals, low status of social work as a profession)
- **Lack of resources for services** - Shortages in resources likely to become more problematic with current 'credit crunch'.

2.2 Identifying response and policy resources – Group discussion in response to these topics identified 23 Responses & Policy Resources. These were ranked by the group and are summarised in the points below::

Child-centredness & prevention work with families

- To keep child always in mind and put at the forefront of different professional and practical issues.
- Helping families with advice and interventions at an earlier stage, reducing families fear of social workers.

Improved processes, partnerships & systems

- More flexibility of systems in relation to context of families, reduced bureaucracy and 'leaner' systems, reducing, abolishing or making

more 'smart' the targets and having these fit contextual constraints better.

- Risk management of cases improved - Clarity of boundaries around family support and child protection, systems which improve analysis of complex cases.
- Improving partnerships, joint working, joint responsibility for case management, not solely social workers, clarity over different 'thresholds' for intervention by different services.

Empowerment, status and training of social workers improved

- More status for social work to attract higher calibre workers, with better gender distribution and improved management of social work image in the media and by the public
- Better selection, recruitment and training of workers - Increasing range of individuals (including men) in social work), retaining experienced workers; training in both management and in higher specialisms in social work.

2.3 Contribution of universities and *Centre for Abuse and Trauma Studies (CATS)*

It was recognised that universities, and *CATS* in particular, had a contribution to make in research and training:

- Providing applied research working with services, untainted by specific policy or professional interest, to review models of prevention and delivery and the impact of children's centres.
- Providing action research on a rolling programme of delivery in partnership with services, these financed from central funds for greater synergy between universities and services in line with 'Knowledge Exchange' policies.
- Provide clarity and operationalised definitions around boundaries between family support and child protection.
- To provide improved training and development of professional staff at higher specialist and management level in addition to current BSc, MSc and Post Qualifying courses.

3. Delivery of solutions and recommendations

The group of experts were divided into seven subgroups who each clarified their definition of one of the problems and identified the solutions that could be delivered. These are collated into recommendations in five areas. These aim to help bring about improvements in Child Safeguarding services, to improve practitioner experience and help children and families:

3.1 Re-emphasis on prevention

- Increasing preventative work and putting social workers in local services such as doctors surgeries and schools, and thus bringing back the value of the social worker in the community. Attending to the *Every Child Matters* preventative agenda, not just in the light of the Laming reviews and the child protection issues. Maximise the potential for producing good interventions for children through working together to prevent family breakdown – multidisciplinary teams and families working together. Improve definitions of boundaries between family support and child protection. Work to decrease family mistrust of social workers and services to see social workers as there to help.

3.2 Service improvements

- **Empower Local Safeguarding Boards** – by building up multi-agency and shared learning, between LCSBs (with cross fertilisation) to develop good structures. Clarify that all agencies are responsible for child safeguarding, not just social work. Lose the blame culture and recruit/retain staff who have good leadership qualities and potential, through increased training and improved morale. Give more status to the social work profession through media and improved GSCC voice.
- **Tackle targets and bureaucracy** - replace top down dictate ('command and control' culture) with a culture of learning from experience and more qualitative appraisal incorporated – to look beyond the numbers and capture context and meaning. Reduce number of targets, either abolish them or have 'smarter' targets more sensitivity to local context and complexity of family difficulty and longer term planning. Have a better resourced improvement in infrastructure for service delivery. Abolish the blame culture

to allow for better working of social workers and increased staff retention and to decrease 'risk-aversion' culture.

3.3 Assessing and managing risk

- **Risk management** – Improvements needed in cooperative and facilitative multi-agency assessment with identification of need and intervention appropriate to need. Training and improved use of assessment tools to recognise behaviours indicative of abuse/neglect and poor parenting. Increased reflectiveness needed in the professions with a focus on strengths in families. Increased monitoring and engagement between CPR reviews and feedback on progress of cases to professionals involved in referral.
- **Improve recording systems:** Have recording systems that recognise different perspectives and can allow alternative options, citing advantages and disadvantages of courses of action. Also computer systems that have qualitative data analysis embedded so that patterns of risk (not just summation of checklists) can be recognised and identified to aid with analysis and better capture of context and risk.

3.4 Investing in workers:

- **Professional empowerment and staff retention:** greater investment in people and systems in children's services with increase status for social workers. Attract wider range of workers (eg more middle-aged people, and men, as front line workers). Further CPD and lifelong learning to improve skill-set and status. Provide funding for training centrally so available to all teams in different locations.
- **Train managers and higher specialist workers:** Improve the quality of management in departments of social care by providing specialist training. This will help to counter the recruitment crisis. Also improve specialist training for social workers and create higher levels of the profession to improve retention and keep skills and experience within teams and connected to front line work. This will also improve morale.

3.5 Integrating research, practice and training with universities:

Develop varied ways of disseminating knowledge and research findings in order to support social workers to be 'smart' users. Making the relationship between local authorities and universities one of added value. Bring 'intelligence centres' from universities into services with funding for academics to integrate more with services to aid with knowledge exchange around research and assessment. Promote academic approaches to research and knowledge exchange, untainted by self- or group-interest of particular parties, services, funders or professions. Pilot approaches to ongoing knowledge transfer in social work and social pedagogy in partnership with services. The group identified university involvement in the following areas of applied and action-research, together with training needed, as well as providing an additional 'voice' for the profession:

- **Prevention:** Review models of prevention, effectiveness and pilots to integrate with children's centres.
- **Delivery:** Set up a pilot to review model delivery – using Action Research to aid with advising on improvements around communication, systems, assessment, supervision etc.
- **Assessment – definition of boundaries:** Clarify the boundary between family support and child protection. Improve access to, and training in, standardised assessment procedures.
- **Specialist Training:** Provide and promote training of professional staff to higher specialist level and for managers. Provide a range of CPD and life long courses for social workers and other safeguarding professionals on an ongoing basis, funded centrally so this equally available across agencies and locations.
- **Promoting GSCC:** Encourage GSCC to be the strong voice of social work and join with other professional bodies and academia for increased voice and standing.

4 Conclusion

In conclusion, CATS is very grateful for the generous contributions from all the participants on the day, and from Baroness Thornton for sponsoring the

event at the House of Lords. It is hoped that the views expressed will serve to influence policy to better aid children and families in difficulty and to improve the working conditions and effectiveness of practitioners involved. The authors are available for any further discussion about the event and can provide a more detailed report of the full day's proceedings on request.

5. Appendix - Route Mapping Method

The one-day event described was planned and structured according to an existing model, previously utilised mainly in manufacturing and engineering to provide practical solutions to logistical and production problems. This is its first use in the field of social science and in relation to public service delivery. The event was mediated by Dominic Oughton and Robert Phael who designed this method at Cambridge University¹². They mediated the summarisation and distillation of the expertise provided on the day. The event involved prior preparation and 4 steps. A full description of the information captured during the day is provided in a larger report which is available on request¹³

Preparation: Prior to the one-day workshop, all experts were sent the question to be tackled, and ask to send in preparatory work to identify the key issues, and to place these on a pre-prepared chart in terms of listing their points on the dimensions of needs/ drivers; stakeholders; responses; policy resources and CATS contribution and in relation to short, medium and long term time frame. A large version of the same chart was prepared for the meeting to collate information.

Step 1: Summarising individual perspectives – needs and drivers

At the meeting each expert was asked to summarise their prepared main points to the group. Each participant then selected key points to write on 'post-it' notes. 'Each participant was then asked to select the most important point, and this was placed on a large version of the Route Mapping chart under 'Needs & drivers' and 'Stakeholders' in the relevant time frame. The exercise was repeated until each participant had selected two or more key points and there was a large selection of post-it notes containing key points attached to the chart. All members were then given coloured stickers in order to 'vote' for the most salient needs and drivers in this area. The ranking of the identified 'Needs, drivers and stakeholders' was then made and listed.

¹² For more background on the "Route Mapping" approach see <http://www.ifm.eng.cam.ac.uk/ctm/trm/>

¹³ From a.bifulco@rhul.ac.uk at Lifespan Research Group, Royal Holloway, University of London.

Step 2 – Summarising ‘responses’ and policy resources and CATS contribution

After discussion the exercise was repeated, but this time taking in to account ‘Responses & Policy Resources and CATs role in delivery’ to the needs already identified in child care services. Key points were again added to the chart, with voting taking place to rank the most salient. Again these were collated into a ranked table.

Step 3 – Group work to produce and summarise solutions.

From the ranked list of ‘Responses’, the top 8 were selected and 8 subgroups created to discuss each topic further. Each group produced a summary chart which identified 7 aspects (‘1- What is the challenge; 2- How could the situation be improved; 3- Stakeholders & perspectives; 4- Enablers: policy and resources; 5- Barriers; 6- What role could CATS play in delivery and 7-Next steps). Each group discussed and summarised their views together with a brief ‘elevator pitch’ of ‘8a- We need to...’, ‘8b-This could be delivered by..’ and ‘8c -The benefits would be....The participants then reconvened into the main group with each group presenting the summary of their discussion. All charts produced during the day were retained for use in the final report.

Step 4 – Report and final analysis

Finally, in the report writing stage, all information imparted during the day was captured, including all the summarised points made on the main Route Mapping chart, and on the subgroup charts. A larger report was produced and is available on request. This included linkages between the listing of needs/drivers; responses and policy resources/CATS delivery were then made. The current report specifically for the Social Work Task Force is a summary of key points produced by the CATS team with feedback from the participants where available.