



# **The Vale of Glamorgan Local Safeguarding Children Board**

## **Report of the Serious Case Review**

### **Children C and D**

### **The LSCB Action Plan**

**September 2011**

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
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1. The Vale of Glamorgan Local Safeguarding Children Board (LSCB) should:					
<p><b>1.1</b> Ensure there is a programme of dissemination of the All Wales Child Protection Procedures (AWCPP).</p>	<p>LSCB Business Planning Subgroup</p>	<ul style="list-style-type: none"> <li>○ Documented evidence of dissemination process and availability of procedures.</li> <li>○ Inclusion of procedures in handbooks and on LSCB website.</li> <li>○ Staff and key stakeholders can access procedures, which are current and up to date.</li> <li>○ LSCB minutes and agendas.</li> </ul>	<ul style="list-style-type: none"> <li>○ LSCB Inter-Agency Training Strategy 2011-2012 in place.</li> <li>○ LSCB Training Programme 2010-2011, and 2011-2012. Specifically: <i>Working Together to Safeguard Children (23 dates made available during 2010-2012).</i></li> </ul>	<ul style="list-style-type: none"> <li>○ LSCB Protocol on Policy Implementation being developed to include an audit log with dates for policy and procedures review.</li> <li>○ LSCB Website to be updated on a regular basis, to reflect the policy reviews undertaken and any new policies and procedures introduced.</li> </ul>	<ul style="list-style-type: none"> <li>○ Planned to ratify at LSCB January 2012</li> </ul>
<p><b>1.2</b> Ensure that there is a programme of continuing multi-disciplinary training on the All Wales Child Protection Procedures, which is made available to all relevant staff from both the statutory and non-</p>	<p>LSCB</p>	<ul style="list-style-type: none"> <li>○ Agencies are responsible for confirming their induction processes make reference to AWCPP.</li> </ul>	<ul style="list-style-type: none"> <li>○ LSCB Training Programme 2010-2011, and 2011-2012 in place. Specifically: <i>Working Together to Safeguard Children (23 dates made available during 2010-2012).</i></li> </ul>		<p>Completed</p>

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
statutory sectors.		<ul style="list-style-type: none"> <li>○ Agencies to ensure annual training needs analyses are undertaken and issues reported to the LSCB as appropriate.</li> <li>○ Tiered training programme available to staff and volunteers who work with or have contact with children and families, on their professional roles, responsibilities and those of their organisation.</li> <li>○ LSCB Training database recording training offered, type and take-up.</li> </ul>	<ul style="list-style-type: none"> <li>○ Section 28 (Children Act 2004) Self Assessment Returns.</li> </ul>		
<p><b>1.3</b> Promote understanding amongst relevant professionals from adult and children's services of the impact that sexual abuse suffered or perpetrated in adolescence has upon the development and</p>	<p>Business Planning Subgroup</p> <p>Training Subgroup</p>	<ul style="list-style-type: none"> <li>○ The LSCB Business Plan recognises the additional vulnerability of some children (against the categories defined in Working Together 2010) e.g. sexually abused children and young people, and those</li> </ul>	<ul style="list-style-type: none"> <li>○ The annual LSCB Business Plan</li> <li>○ LSCB Training Programme 2010-2011, and 2011-2012. Specifically: <i>Children Who Sexually Abuse Others (11/2/2011);</i></li> </ul>	<ul style="list-style-type: none"> <li>○ The LSCB will ratify and implement the All Wales Protocol for the Management of Young people Engaged in Sexually Harmful Behaviour when</li> </ul>	<p>By March 2012</p>

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behaviour of young adults and the implications for planning the future care needs of this group of young people.		<p>displaying sexually harmful behaviour, and makes clear how their needs will be addressed.</p> <ul style="list-style-type: none"> <li>○ The existence of specific policy and procedures and practice guidance that details how work with this vulnerable group should be undertaken.</li> <li>○ Evidence in case file, or data collection of vulnerable status; and action taken to address this.</li> </ul>	<p><i>Pre-Pubescent Children With Sexual Behaviour Problems: An Introduction (4/11/2011); and Adolescents Who Sexually Harm Others: An Introduction (25/1/2012).</i></p>	issued.	
<p><b>1.4</b> Promote understanding amongst all relevant staff through multi-disciplinary training and supervision of the significance of historical information contained in agency records and the importance of considering its relevance for all</p>	<p>Training Subgroup  Audit Subgroup</p>	<ul style="list-style-type: none"> <li>○ The LSCB Training Programme to include mandatory-tiered training for relevant staff on the completion of chronologies and genograms, which they are able to apply to their assessment work and report writing.</li> </ul>	<ul style="list-style-type: none"> <li>○ LSCB Training Programme 2010-2011, and 2011-2012 in place. Specifically: <i>The Framework for the Assessment of Children in Need and their Families: Introduction (29/9/2011 and 28/2/2012).</i></li> </ul>	<ul style="list-style-type: none"> <li>○ The Audit Subgroup is developing new multi-agency audit tools.</li> <li>○ Undertake supervision audit across agencies.</li> </ul>	<ul style="list-style-type: none"> <li>○ July 2012</li> </ul>

**Serious Case Review on Children C and D – Action Plan Evidence Grid - 26 09 11**

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
referrals and reports.		<ul style="list-style-type: none"> <li>○ Record of attendance at training days.</li> <li>○ Register of training received by relevant staff.</li> <li>○ Audit of case files, assessments and plans.</li> <li>○ Supervision audit.</li> </ul>	<ul style="list-style-type: none"> <li>○ The Training Subgroup report annually to the Board on attendance at training days.</li> <li>○ The Audit Subgroup complete multi-agency audits of practice and report the findings to the LSCB.</li> <li>○ Sec 28 Self Assessment Returns.</li> </ul>		
<b>2. The Vale of Glamorgan Social Services Department should:</b>					
<p><b>2.1</b> Ensure that all relevant members of staff understand the principles underpinning the Assessment Framework and its relevance for analysis and assessment of risk and likelihood of harm.</p>	<p>Training Department  Children and Young People Services (CYPS) and Business Management and Information (BMI)</p>	<ul style="list-style-type: none"> <li>○ Social Services Training Programme includes mandatory tiered training for relevant staff on the Assessment Framework, informed by an annual review of what the workforce needs.</li> <li>○ Register of training received by relevant staff.</li> <li>○ Audit of case files,</li> </ul>	<ul style="list-style-type: none"> <li>○ Completed through the LSCB Training Programme 2010-2011, and 2011-2012. Specifically: <i>The Framework for the Assessment of Children in Need and their Families: Introduction (29/9/2011 and 28/2/2012).</i></li> <li>○ Mandatory training provided on:</li> </ul>		Completed

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		<p>assessments and plans.</p> <ul style="list-style-type: none"> <li>○ Supervision audit.</li> <li>○ Team Meetings and team briefings.</li> </ul>	<p><i>Assessment, Analysis and Decision Making Training for Managers</i> (15/9/2010 and 29/3/2011), and <i>Assessment, Analysis and Decision Making for Practitioners</i> (4 dates covering Sep – Dec 2010).</p> <ul style="list-style-type: none"> <li>○ Mandatory training on: <i>Assessing Risk for Practitioners Working with Children, Young People and their Families and Carers</i> (5 dates covering Oct – Dec 2010).</li> <li>○ Training Department have implemented a register of training received by relevant staff.</li> <li>○ Frontline practice is subject to regular audit, in line with the Quality Assurance cycle that operates.</li> </ul>		

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
<p><b>2.2</b> Ensure that all relevant social work staff receive regular supervision that is based on the principles underpinning the Assessment Framework.</p>	<p>CYPS Training Department</p>	<ul style="list-style-type: none"> <li>○ Supervision Training to become mandatory for all staff, thereby ensuring that the purpose of supervision is understood by supervisors and supervisees and adheres to the Supervision Policy and practice standards.</li> <li>○ Evidence that all staff who provide and receive supervision have attended mandatory training.</li> <li>○ Register of training received by relevant staff i.e. supervisors and supervisees.</li> <li>○ Supervision audit.</li> </ul>	<ul style="list-style-type: none"> <li>○ Section 28 return.</li> <li>○ Supervision Policy</li> <li>○ The Social Services Training Programme includes mandatory training for Team Managers and Practice Managers on Supervision: Effective Supervision (2 day course run annually).</li> <li>○ Sec 28 return.</li> <li>○ Frontline practice is subject to regular audit, in line with the Quality Assurance cycle that operates.</li> <li>○ Supervision Audit.</li> </ul>	<ul style="list-style-type: none"> <li>○ All Supervisors trained.</li> </ul>	<p>July 2012</p>
<p><b>2.3</b> Promote understanding amongst all relevant staff through training and supervision of the importance of reading</p>	<p>CYPS and BMI Training Department</p>	<ul style="list-style-type: none"> <li>○ The Social Services Training Programme includes mandatory training for relevant staff on the completion of</li> </ul>	<ul style="list-style-type: none"> <li>○ The intranet Policy and Procedures Manual has been revised and contains specific guidance on <i>Case</i></li> </ul>		<p>Completed</p>

**Serious Case Review on Children C and D – Action Plan Evidence Grid - 26 09 11**

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
the history set out in case files and considering its significance.		<p>chronologies and genograms, which they are able to apply to their assessment work and report writing.</p> <ul style="list-style-type: none"> <li>○ That chronologies and transfer summaries are completed routinely by relevant staff and in line with their organisational procedures.</li> <li>○ Register of training received by relevant staff.</li> <li>○ Audit of case files, assessments and plans.</li> <li>○ Supervision audit.</li> <li>○ Team Meetings and team briefings.</li> </ul>	<p><i>Management: Case File Chronology</i></p> <ul style="list-style-type: none"> <li>○ Mandatory training provided on: <i>Assessment, Analysis and Decision Making Training for Managers</i> (15/9/2010 and 29/3/2011), and <i>Assessment, Analysis and Decision Making for Practitioners</i> (4 dates covering Sep – Dec 2010).</li> <li>○ Mandatory training on: <i>Assessing Risk for Practitioners Working with Children, Young People and their Families and Carers</i> (5 dates covering Oct – Dec 2010).</li> <li>○ Sec 28 return.</li> <li>○ Frontline practice is subject to regular audit, in line with the Quality Assurance cycle that operates.</li> </ul>		



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			<ul style="list-style-type: none"> <li>○ Supervision Audit.</li> </ul>		
<p><b>2.4</b> Establish a procedure for preparing all transfer summaries according to the Assessment Framework.</p>	CYPS and BMI	<ul style="list-style-type: none"> <li>○ Transfer summaries are completed and read in line with the file management policy.</li> <li>○ Transfer summaries adhere to a template that covers the Assessment Framework.</li> <li>○ Audit of case files, assessments and plans.</li> <li>○ Supervision audit.</li> <li>○ Team Meetings and team briefings.</li> </ul>	<ul style="list-style-type: none"> <li>○ The intranet Policy and Procedures Manual has been revised and contains specific guidance on <i>Case Management: Procedure for Case File Audit (Supervision and Transfer of Case Files)</i>.</li> <li>○ Transfer Summary Template developed.</li> <li>○ Frontline practice is subject to regular audit, in line with the Quality Assurance cycle that operates.</li> </ul>		Completed
<p><b>2.5</b> Establish a procedure for preparing chronologies of significant events that can be quickly accessed and understood.</p>	CYPS and BMI	<ul style="list-style-type: none"> <li>○ Chronologies are completed and read in line with the file management policy.</li> <li>○ Chronologies adhere to a template that meets</li> </ul>	<ul style="list-style-type: none"> <li>○ The intranet Policy and Procedures Manual has been revised and contains specific guidance on <i>Case Management: Case File Chronology</i></li> </ul>		Completed

**Serious Case Review on Children C and D – Action Plan Evidence Grid - 26 09 11**

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
		<p>good recording standards.</p> <ul style="list-style-type: none"> <li>○ Audit of case files, assessments and plans.</li> <li>○ Supervision audit.</li> <li>○ Team Meetings and team briefings.</li> </ul>	<ul style="list-style-type: none"> <li>○ Frontline practice is subject to regular audit, in line with the Quality Assurance cycle that operates.</li> </ul>		
<p><b>2.6</b> Ensure Independent Reviewing Officers (IRO's) and all participants in reviews of pathway plans read and take account of current and historical information and consider its significance for future care planning decisions.</p>	BMI	<ul style="list-style-type: none"> <li>○ IRO's can evidence that they prepare for Pathway Reviews by reading all relevant chronologies, assessments and plans.</li> <li>○ With reference to the chronologies, assessments and plans they have read, IRO's are required to comment on the quality of the decisions and future care planning being proposed by relevant organisations.</li> </ul>	<ul style="list-style-type: none"> <li>○ LAC Quality Assurance Forms have been updated and implemented within Children and Young People's Services (August 2011).</li> </ul>		Completed
<p><b>2.7</b> Ensure the participation of all relevant staff in the programme of</p>	CYPS, Adult Services (AS) and	See 1.2 & 1.3 above	See 1.2 & 1.3 above	See 1.2 & 1.3 above	1.2 completed 1.3 by March

**Serious Case Review on Children C and D – Action Plan Evidence Grid - 26 09 11**

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
dissemination of, and the continuing multi-disciplinary training on, the All Wales Child Protection Procedures.	BMI				2012
<b>2.8</b> Ensure that the First Contact Team is available throughout council opening hours	CYPS	<ul style="list-style-type: none"> <li>○ That the First Contact Team operates an accessible, responsive and emergency duty service during core business hours.</li> <li>○ That the duty service provides advice and guidance in line with the All Wales Child Protection Procedures 2008.</li> <li>○ That the duty service is overseen by a suitably qualified manager, who is able to make decisions on future action within timescale and in line with policy and procedures.</li> <li>○ Internal and LSCB Audit of practice.</li> </ul>	<ul style="list-style-type: none"> <li>○ Service reconfiguration implemented in August 2010 resulted in the First Contact Team being replaced by the Intake and Assessment Team.</li> <li>○ Operational Managers confirm that the Intake and Assessment Team is fully functional throughout Council opening hours.</li> <li>○ Further review of Duty and screening procedures undertaken in June 2011 confirmed systems are robust and fit for purpose.</li> </ul>		Completed

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<b>3. Cardiff and Vale University Health Board should:</b>					
<p><b>3.1</b> Remind relevant staff of the importance of reading the history set out in their records and considering its significance when requesting or providing an opinion.</p>		<ul style="list-style-type: none"> <li>○ UHB Child Safeguarding Training Programmes should include a reminder that all previous history has to be available, it's relevance to the presenting situation assessed. Consideration should be given as to how this relevant history is made available to future practitioners.</li> <li>○ Register of training received by relevant staff.</li> <li>○ Supervision audit.</li> </ul>	<ul style="list-style-type: none"> <li>○ In Place</li> <li>○ Peer Supervision occurs in child health</li> </ul>	<ul style="list-style-type: none"> <li>○ In Place</li> <li>○ UHB to consider how this can be achieved in other disciplines</li> </ul>	<p>Completed</p> <p>By March 2012</p>
<p><b>3.2</b> Ensure the participation of all relevant staff in the programme of dissemination of, and the continuing multi-disciplinary training on, the All Wales Child Protection Procedures.</p>		<p>See 1.2 &amp; 1.3 above</p>	<p>See 1.2 &amp; 1.3 above</p>	<p>See 1.2 &amp; 1.3 above</p>	<p>1.2 completed</p> <p>1.3 March 2012</p>

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
<b>4. Llamau (Homeless Charity) should:</b>					
<p><b>4.1</b> Ensure the participation of all relevant staff in the programme of dissemination of, and the continuing multi-disciplinary training on, the All Wales Child Protection Procedures.</p>		<ul style="list-style-type: none"> <li>○ See 1.2 &amp; 1.3 above</li> <li>○ Documented evidence of organisations dissemination process and availability of procedures.</li> <li>○ Inclusion of procedures in handbooks and on internal website.</li> <li>○ Audit log with review dates for policy and procedures produced by the organisation – with cross-reference to which updated guidance the revised version relates to.</li> <li>○ Team briefings, mandatory training, induction and training programmes.</li> <li>○ Minutes and agendas.</li> </ul>	<ul style="list-style-type: none"> <li>○ See 1.2 &amp; 1.3 above</li> <li>○ Child Protection training is part of core competency training for all operational staff. Annual audit of project ensures that staff have completed relevant level of training.</li> <li>○ All project handbooks include Child Protection and POVA policies and procedures and is part of induction for all staff.</li> <li>○ Policies and procedures are reviewed annual with full formal review whenever legislation changes or every 3 years, whichever is the sooner.</li> <li>○ Child protection</li> </ul>	<ul style="list-style-type: none"> <li>○ See 1.2 &amp; 1.3 above</li> </ul>	<p>1.2 Completed 1.3 March 2012</p>

Recommendation	Lead Agency	Evidence Sought	Action Taken and Evidence Received	Any Further Action	Timescale/ Completion
			<p>procedures are included as part of core training and staff induction. Staff are informed of any changes to policy and procedures through team meetings and additional training.</p>		