

# Working Together to Safeguard Children

## Consultation Response Form

The closing date for this consultation is: 11  
February 2010

Your comments must reach us by that date.



department for  
**children, schools and families**

**THIS FORM IS NOT INTERACTIVE. If you wish to respond electronically please use the online or offline response facility available on the Department for Children, Schools and Families e-consultation website (<http://www.dcsf.gov.uk/consultations>).**

The information you provide in your response will be subject to the Freedom of Information Act 2000 and Environmental Information Regulations, which allow public access to information held by the Department. This does not necessarily mean that your response can be made available to the public as there are exemptions relating to information provided in confidence and information to which the Data Protection Act 1998 applies. You may request confidentiality by ticking the box provided, but you should note that neither this, nor an automatically-generated e-mail confidentiality statement, will necessarily exclude the public right of access.

**Please tick if you want us to keep your response confidential.**

Name Chris. Brannan  
Organisation (if applicable) Telfrod & Wrekin Safeguarding Children Board  
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If your enquiry is related to the policy content of the consultation please email :

[working.together@nsdu.gsi.gov.uk](mailto:working.together@nsdu.gsi.gov.uk)

If you have a query relating to the consultation process you can contact the Consultation Unit on:

Telephone: 01928 794888

Fax: 01928 794 311

e-mail: [consultation.unit@dcsf.gsi.gov.uk](mailto:consultation.unit@dcsf.gsi.gov.uk)

Please select one that best describes you as a respondent

<input type="checkbox"/> Local authority childrens service	<input type="checkbox"/> x LSCB	<input type="checkbox"/> Other local authority service
<input type="checkbox"/> SHA	<input type="checkbox"/> PCT	<input type="checkbox"/> Health sector(other)
<input type="checkbox"/> Police	<input type="checkbox"/> Probation board	<input type="checkbox"/> Youth Offending Team
<input type="checkbox"/> Parent/Carer	<input type="checkbox"/> Young person under the age of 19	<input type="checkbox"/> Third sector
<input type="checkbox"/> Private sector	<input type="checkbox"/> Schools sector	<input type="checkbox"/> Early years sector

Please Specify:

Independent Chair but submitted following consultation with SCB members

The following questions relate to chapter two.

1 a) Does chapter 2 sufficiently capture the wide range of partners who share responsibility for safeguarding and promoting the welfare of children? Please give any suggested additions.

Yes

No

Not sure

Comments:

In our opinion the private sector is not sufficiently included e.g. organisations running private children's homes, independent fostering agencies etc.

We that believe it would be helpful to include under 'other LA roles' (2.33 onwards) the licensing functions of the LA – and the links between these and safeguarding.

There is no reference to the statutory basis for crime and disorder reduction partnerships and their responsibility for reducing crime and disorder which may compromise the safety of children (although there is reference to the LA's responsibility under the Crime and Disorder Act (2.17).

We would welcome a general statement in this section regarding the concept that 'safeguarding is everyone's responsibility' and that others who may not immediately seem to be involved in safeguarding may in fact have an import role to play. For example bus companies and taxi firms whose staff have regular contact with vulnerable people; or solicitors who may become aware of concerns in the course of their duties in respect of other matters.

1 b) Are their roles and responsibilities sufficiently clear? Please give any suggested additions.

Yes

No

Not sure

Comments:

By definition, those organisations listed in Q 1a do not have their roles and responsibilities defined in the chapter.

In addition, it seems strange that training is covered explicitly under 'health organisations' (2.53) but in no other section. In this section (and in others if it is decided to include training as a sub heading) we would suggest that domestic abuse and substance misuse are also explicitly listed as core training. The alternative would be to simply cross reference to Chapter 4 where a list of core training is included.

We were pleased to see a greater clarity on the explicit roles of various health professionals and their governance arrangements (2.42 onwards); however, more is needed in respect of private health organisations.

The responsibilities under Drug and Alcohol Services (2.114) should reflect the statutory duty on the part of CDRPs to address substance misuse.

We would suggest that the reference to Probation (2.144) needs to be strengthened to include the law enforcement role of Probation. Also making clear the Offender Manager's statutory function to supervise offenders in the community, including those subject to Licence, and the focus on the effective management and control of that person in order to reduce the risks.

The following questions relate to chapter three.

2 Does chapter 3 clearly set out the LSCBs responsibilities to improve the outcomes of children? Please give any suggested additions.

Yes

No

Not sure

Comments:

Although the document makes it clear that the key outcome is 'staying safe', it states that the LSCB's contribution to the wider CT agenda is about 'co-ordinating and ensuring the effectiveness of member organisations' (3.5). We would suggest that it would be helpful to add that the LSCB has a role in appraising the safeguarding aspects of *any* initiative of the CT whichever outcome it intends to address.

It would be helpful to up date the diagram at 3.12 to include the role of CAF/TAC in the wider safeguarding agenda

Despite a welcome increased emphasis on the links between parents' difficulties and the impact on children throughout the document; there is no reference in this chapter to any links with the Vulnerable Adults Safeguarding Board. We believe that this is a missed opportunity.

Throughout the document we would suggest that the term 'domestic abuse' is more appropriate than 'domestic violence'

It would be helpful to make it clear that an effective LSCB needs *designated* staff – whether funded or seconded (3.105)

3 Is the guidance clear enough on the responsibilities of LSCBs and partner agencies in relation to agreeing local thresholds for making referrals to children's social care services? Please give suggestions on how it could be clearer.

Yes

No

Not sure

Comments:

It would be helpful to include more in this section on the role and use of CAF and TAC especially in dealing with concerns regarding the 'promotion of welfare' and early intervention, and the importance of any threshold criteria being sophisticated enough to evaluate of the child's circumstances and the combination of factors giving rise to concern.

We welcome the greater emphasis on identifying and managing risk to children as a result of parental difficulties; however, we feel that the guidance would benefit from some greater detail in relation to risk identification and information sharing in these cases. In particular Police manage high volumes of Domestic Abuse incidents where children may be within the family. Police risk assess these cases in relation to the risk to the DA victim not to any children.

Establishing risk to children in these cases can be difficult. Where information about each and every incident is shared with Children's Social Care the volume is often excessive and there is therefore a need to filter them. We are aware that Project 5 within the NSDU Work Plan seeks to address this particular problem and look forward to its findings.

4 Is the relationship between the LSCB and Children Trust Board clear? Please give any suggested additions.

Yes

No

Not sure

Comments:

It would be helpful to be clearer regarding the role of the LSCB in relation to the 'other outcomes' (see Q 2 above) in its role of 'critical friend' but generally this was felt to be much clearer in terms of accountability and governance arrangements.

5 Are the expectations regarding the LSCB annual report clear? Please give any suggested additions.

Yes

No

Not sure

Comments:

There are a number of references throughout the document to the annual report and its content and it would be helpful to list all the requirements in one place – perhaps as an appendix and/ or as a template.

6 Are the expectations regarding the the appointment of lay members to the LSCB clear? Please give any suggested additions.

Yes

No

Not sure

Comments:

The expectation to appoint is clear, however, we would welcome more guidance on process, criteria, remuneration, etc. We are particularly concerned that it is made clear that the expectation is to encourage the involvement of the wider community (not just 'former professionals')

The following questions relate to chapter four

7 a) Are the respective roles and responsibilities of employers, Children's Trusts and LSCBs in respect of staff training set out clearly enough? Please give suggestions about what else might assist in providing clarity.

Yes

No

Not sure

Comments:

We would suggest that it needs to be clear that individual agencies are also responsible for evaluating their own single agency training (4.16)

Although reference is made to funding training and to supporting voluntary sector involvement in chapter 3 (3.103) it would be helpful to repeat or cross reference this here in chapter 4

It would be helpful to have more clarity on depth of training content, length of training, clear objectives etc. expectations of CPD for example (as in GSCC) and also to be clear across all sectors on 'levels' or 'tiers' of training.

Although we recognise the link between training and supervision, more clarity about its inclusion in this particular section would be helpful.

7 b) Would it be helpful to have more detail which sets out the generic elements of effective supervision for all types of practitioners? Please give suggestions about what these generic elements should be.

Yes

No

Not sure

Comments:

We believe that the guidance needs to be explicit that agencies with practitioners involved in day to day work with children & families must have a supervision policy – and the quality of this should be monitored by the LSCB.

What is meant by ‘supervision’ also needs to be defined as this term means something quite different to different agencies.

It would be helpful not only to identify these generic elements within the national competence framework, but also to ensure that there is a multi disciplinary requirement on ‘Working Together’

The following questions relate to chapter 5.

8 Is the focus on understanding what the child's daily life experiences and wishes and feelings are when undertaking an assessment of a child in need and intervening, including where they are suspected to be suffering significant harm, strong enough? Please give suggestions on how it could be strengthened.

Yes

No

Not sure

Comments:

We found this section to be helpful. It might be strengthened by making clear not only the child's wishes and feelings but the importance of seeing things from their perspective.

9 Is the guidance on when to make a referral to children's social care services clear? Please give suggestions about how it could be improved.

Yes

No

Not sure

Comments:

See Q 3 above

10 Do you agree with the proposal in Chapter 5 at 5.37 that an initial assessment, where one is undertaken, should be completed within a maximum of ten working days of the date of referral (this is a suggested change from the previous 7 day timeframe)? Please give further comments.

Yes

No

Not sure

Comments:

As we responded in the National Indicator consultation, we agree that extending the timescale is helpful but we would suggest that the whole issue of the requirements of an IA need to be reviewed in the light of the links to CAF.

11 For looked after children, who are also the subject of a child protection plan, do you agree that the child protection plan should form part of the looked after child's overarching care plan? Please give suggestions about how this proposal might be taken forward in practice.

Yes

No

Not sure

Comments:

Although we have said 'yes' to this question, it is on the basis that there will be very few children who will need both types of plan (most being made safe by virtue of being looked after) and that ALL plans should consider the need for safeguarding from CAF to Care Plan and, if necessary, the appropriate action taken to ensure this.

The proposal at 5.142 seems to contradict the statement at 5.137 which is clear that only a review conference can end a plan. It also seems contradictory to the statement in the Independent Reviewing Officers Handbook (8.4.3) regarding the respective roles of the chairs of CP conferences and care reviews.

The current PIs relating to repeat plans and 'two years plus' may also be influencing current practice – particularly where a child is accommodated by voluntary agreement and the basis for ending a plan is that a new conference can be called if necessary to protect the child.

If the protection plan is to be considered within the care plan review this may also put into conflict the child's right to say who they wish to attend and the professionals' view about who needs to attend to achieve the outcome.

In summary, therefore, we would envisage any care plan including the existing plan for protection (and therefore becoming part of the over arching care plan) but we are doubtful whether the two can be reviewed other than by the existing mechanisms.

This question relates to chapter six

12 This chapter provides references to other guidance which is supplementary to Working Together in respect of particular groups of potentially vulnerable children and categories of abuse. Do you have any comments on this chapter?

Yes

No

Not sure

Comments:

Whilst appreciating that the chapter relates to published statutory guidance, we are not sure that it is helpful to have two chapters – 6 and 11 – both dealing with issues relating to particularly vulnerable children. We wonder whether it would be possible to incorporate both of these into one? Our LSCB procedures advise members that, although not issued as statutory guidance, the guidance relating to those children covered by chapter 11 should be treated as though it were.

A specific omission in Chapter 6 is that of missing children which still appears in chapter 11 despite statutory guidance now having been issued.

The following questions relate to chapter seven

13 The paragraphs on the roles and responsibilities of the CDOP now occur before those on the rapid response team. Does the revised structure of the chapter work? Please give any other suggestions for the order of these paragraphs.

Yes

No

Not sure

Comments:

We cannot see any reason for re-ordering the chapter and believe it may cause some unnecessary confusion for anyone wishing to learn about the processes involved.

CDOP can only function effectively if the initial investigation is managed effectively.

14 Will the revised definition of preventability assist CDOPs in making decisions on whether a child's death was preventable? Please give any other suggestions for the definition.

Yes

No

Not sure

Comments:

We are concerned that the two paragraphs (7.22 & 7.23) do not clearly identify and define the modifiable factors contributing to the death of a child, as different CDOP members and other authorities might all (continue to) have a different perception of these factors

The modifiable factors of preventing child death requires a clearer criteria to be followed linking with CDOP forms, with members and relevant staff all receiving the same training to implement effectively.

15 Is the definition of 'unexpected ' child deaths clear? Please give any other suggestions for the definition.

Yes

No

Not Sure

Comments:

It would appear that the definition of unexpected death has changed in the consultation document only by the paragraph being split into two bullet points with no changes to content (previously one paragraph).

The splitting of the original paragraph definition of unexpected death of a child will make it difficult for professionals and CDOP members to interpret appropriately, e.g the timing of death (7.20). This will lead to confusion in CDOP decision-making process.

Importantly, the definition still does not help address the issues surrounding children who have life threatening or life limiting conditions and children who have an end of life plan who are expected to die but for whom a precise timescale cannot be predicted. We feel that this could be simplified to capture those cases where a Medical Certification of Cause of Death is not issued by a Registered Medical Practitioner.

16 Are the expectations regarding the involvement of parents in the process clear? Please give any suggested additions.

Yes

No

Not Sure

Comments:

We believe that the best way to involve parents and their representation on a CDOP needs further research to ensure that this is a positive experience for them and of benefit to the overall purpose of the CDOP. With regard to representation, we are fortunate to have a representative from the children's hospice who is well able to supply a 'parents' perspective'.

A national template leaflet for parents explaining the CDOP process would be useful.

The following question relates to chapter nine

17 Have you any suggestions about additional research findings that should be referred to in this chapter? Please give your suggestions with references.

Yes

No

Not Sure

Comments:

The following question relates to chapter ten

18 Are there other aspects of working with children and their families that you think ought to be covered in this chapter? Please give any suggested additions.

Yes

No

Not Sure

Comments:

It would be helpful to make specific reference to those parents (particularly young parents) who have had poor parenting models and experiences themselves and how this may impact on their own parenting ability.

Also a reference to one of the poor outcomes for children being becoming involved in criminal activity themselves.

The following question relates to chapter eleven

19 Are there other groups of potentially vulnerable children or categories of abuse which you think should be mentioned in this chapter specifically? Please give any suggested additions.

Yes

No

Not Sure

Comments:

Please see Q 12 above for a general comment on this chapter.

Other vulnerable children where guidance would be useful are:

Children from travelling families and those on exchange visits (whether or not in excess of 28 days). Also, explicit reference within 'children in contact with the youth justice system' to the importance of meeting the needs of those *in danger of becoming* in contact would be helpful.

With regard to missing children (whether here or, more appropriately, in Chapter 6); it would be helpful to make reference to the requirement of placing authorities to notify the 'host' authority of a child's placement. When such children go missing, there is often little or no information available without this prior notification.

The following questions relate to chapter twelve

20 a) Are there other arrangements for managing individuals who pose a risk of harm to children which you think ought to be mentioned in this chapter? Please give any suggested additions.

Yes

No

Not Sure

Comments:

The good practice guidance People who Pose a Risk to Children developed within the West Midlands but adopted by the Prison Service nationally

Section 58 of the Sexual Offences Act should be explicitly referred to in 12.10, and we would suggest that the phrase 'sexual exploitation' is more appropriate than 'prostitution' in this context (as in the government guidance)

The Home Office Child Sex Offender Review Disclosure Pilot has now been evaluated and the process is likely to be rolled out nationally in the near future. The process, whilst managed by the Police on receipt of an application from a parent, carer or guardian, requires a multi-agency approach and it would be useful, if possible, to include guidance on this.

Clearer guidance on the notification of all 'Registerable Sexual Offenders' in order to prevent access to children by these individuals would be helpful.

20 b) Do you have any comments on the arrangements described in this chapter (e.g. MAPPAs, MARACs)? Please give your comments.

Yes

No

Not Sure

Comments:

Although reference is made to the inter-linking of MAPPAs and MARACs, it would be helpful to make explicit the 3-way linkage with the child protection process in certain complex cases and the need for each to be aware of the plans made by the others.

It would be helpful to include reference to the ACPO Guidance on Protecting the Public: Managing Sexual and Violent Offenders. This guidance outlines the Police approach to offenders within the MAPPAs arrangements but also defines 'Potentially Dangerous Persons' (PDPs) that cannot be managed within MAPPAs in the absence of a qualifying conviction.

Where a child is not subject to or in need of a child protection plan, but their parent is the subject of a MARAC, we would suggest that it is good practice for the MARAC to ensure that an appropriate support/ safeguarding plan is in place for the child (e.g. through TAC)

Although covered elsewhere (Appendix 4) it would be helpful to have a reference to the role of the Local Authority Designated Officer and the process of managing these specific circumstances.

Thank you for taking the time to let us have your views. We do not intend to acknowledge individual responses unless you place an 'X' in the box below.

**Please acknowledge this reply**

Here at the Department for Children, Schools and Families we carry out our research on many different topics and consultations. As your views are valuable to us, would it be alright if we were to contact you again from time to time either for research or to send through consultation documents?

Yes

No

All DCSF public consultations are required to conform to the following criteria within the Government Code of Practice on Consultation:

Criterion 1: Formal consultation should take place at a stage when there is scope to influence the policy outcome.

Criterion 2: Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

Criterion 3: Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

Criterion 4: Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

Criterion 5: Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees' buy-in to the process is to be obtained.

Criterion 6: Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

Criterion 7: Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience.

If you have any comments on how DCSF consultations are conducted, please contact Donna Harrison, DCSF Consultation Co-ordinator, tel: 01928 794304 / email: [donna.harrison@dcsf.gsi.gov.uk](mailto:donna.harrison@dcsf.gsi.gov.uk)

**Thank you for taking time to respond to this consultation.**

Completed questionnaires and other responses should be sent to the address shown below by 11 February 2010

Send by post to:

Working Together Consultation,

National Safeguarding Delivery Unit,

Department for Children, Schools and Families,

1<sup>st</sup> Floor, Sanctuary Buildings,

Great Smith Street,

London SW1P 3B

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