Integrated Children's System
Analysing and recording significant harm

Using ICS to record the evidence of whether a child is suffering, or likely to suffer, significant harm

This guide has been designed by practitioners and managers on the Expert Panel to support front line practitioners and managers to use the Integrated Children's system to deliver services to children and their families.

It is not intended to be a document that tells you what to do. Rather you can dip in and out of it as you need. We hope that it will prove a useful aide memoir and that over time you will add to it and develop your own local version.

department for children, schools and families

Every Child Matters
Change For Children

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Executive summary

This paper has been produced by the Integrated Children's System (ICS) Expert Panel to clarify the meaning of 'at risk' in children's social care, and support front line practitioners and managers to use the Integrated Children's System effectively to record the evidence of whether or not a child is suffering, or is likely to suffer, significant harm. It has been produced in response to requests from social workers and managers for guidance to support them to do this in ways which help them to identify and manage risks of harm for those children.

Identifying and addressing significant harm to children through assessment, intervention and planning requires professional judgement and expertise. It is an essential skill for social workers in child protection and safeguarding services and must be supported by good record keeping and effective electronic case management systems. In some areas the ways in which ICS systems have been implemented have led to difficulties in recording and accessing evidence in ways which reflect the Assessment Framework for Children in Need and help social workers to assess and respond to children where there may be concerns they are at risk of suffering harm.

The paper concentrates on three key areas that the Expert panel believe will be helpful to the practitioner and their managers. Firstly, it discusses the meaning of risk of significant harm within the framework of the Children Act 1989 and *Working Together to Safeguard Children*, 2010.

Secondly it considers how the use of the tools in analysis can support clearer recording of evidence within ICS. All examples or case studies have been developed with the new guidance from Working Together 2010 in mind.

Lastly it looks at the different formats and practice guidance that can be used by practitioners and their managers, and developed by local authorities to support clear recording within ICS. There are a number of local authorities who are using ICS successfully to record evidence of significant harm to children. These authorities have produced best practice guidance, developed different recording formats and worked with their suppliers to produce systems that meet their needs. The Expert panel has included examples of this work within the guide to support other local authorities who may still be developing their systems. These examples represent small sections of overall records and guides which have been developed within each local authority context to meet their needs.

1 Introduction

A key social work task is to assess a child and, where there are concerns about the child's safety and welfare, decide whether she or he is suffering or likely to suffer significant harm, and then plan appropriate interventions to safeguard and promote the child's welfare. The social worker must evidence their professional judgements and decisions about significant harm when recording within their local Integrated Children's System.

The usability and effectiveness of local ICS IT systems in supporting this task can have an impact upon the social worker's ability to analyse and record evidence of the nature and severity of the harm being suffered. This analytical activity is commonly referred to as undertaking a 'risk assessment' or 'analysing risk'.

Many local authorities are employing a number of strategies to support their practitioners and to improve the recording of their evidence of impairment to children's health and development within ICS. These include simplifying the exemplars or specifying where to record evidence to demonstrate that a child is suffering, or likely to suffer, significant harm. These exemplars have been developed within local authority contexts and are supported with practice and policy guidance.

Local authorities are up-skilling their workforce on the use of the Assessment Framework to enable them to understand children's needs and strengths and to be able to identify and present evidence of the impact of abuse and neglect on their health and development.[1] This up-skilling is being supported by the use of a number of tools that have been developed to support analysis of information about children and families obtained when using the Assessment Framework. Use of these tools will be discussed in Section two of this paper.

To address ICS usability problems, local authorities can use the ICS Usability Toolkit[2] to highlight areas where local ICS processes, including the recording formats, may be cumbersome when staff are recording evidence of impairment to a child's health and development. Once these issues are effectively identified, local authorities can share their concerns with other users and request a response or solution from their supplier.

In thinking about the possible re-configuration of an ICS IT system it is important that all such changes follow the relevant statutory requirements. In particular those set out in the Children Act 1989 and its associated regulations and guidance.

See the DCSF Every Child Matters web pages for the recently published Care Planning, Placement and Case Review Regulations 2010 (available from: http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenincare/careplanning/careplanning/) and guidance *Working together to safeguard children* and the *Framework of Assessment for children in need and their families.*

Local authorities are able to configure their electronic child's recording system within this statutory framework.

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[1] The updated training materials accompanying Howarth, J. (2009) *The Child's World: The Comprehensive Guide to Assessing Children in Need* . 2nd edition. London: Jessica Kingsley Publishers. A further edition will be published shortly.

[2] Available online at: http://www.dcsf.gov.uk/everychildmatters/resources-and-practice/ig00635/

2 Meaning of risk

This paper uses the Children Act 1989 terminology of the child 'suffering, or being likely to suffer, significant harm' rather than the more colloquially used term 'at risk'.

The concept of significant harm is explained in *Working Together to Safeguard Children* (2010, paragraphs 1.26 – 1.29),

> *"Some children are in need because they are suffering, or are likely to suffer, significant harm. The Children Act 1989 introduced the concept of significant harm as the threshold that justifies compulsory intervention in family life in the best interests of children, and gives local authorities a duty to make enquiries to decide whether they should take action to safeguard or promote the welfare of a child who is suffering, or likely to suffer, significant harm".*[3]

The court may make a care order or a supervision order in respect of the child if it is satisfied that the child is suffering or is likely to suffer significant harm and the harm or likelihood of harm, is attributable to a lack of adequate parental care or control (Section 31).[4] The onus is on the social worker to provide evidence to the court about the nature and severity of the harm suffered or likely to be suffered in their court report. This report is based on the outcome of their assessment which in turn informs the care plan.

This evidence is recorded within the ICS. The ability of the social worker to use the system to record their analysis and professional judgement about the child's developmental needs and the capacity of parents to meet these needs therefore has an impact upon their ability to communicate the harm or likelihood of harm suffered by the child to the court.

Under Section 31(9) of the Children Act 1989 as amended by the Adoption and Children Act 2002:

'harm' means ill-treatment or the impairment of health or development, including, for example, impairment suffered from seeing or hearing the ill-treatment of another;

'development' means physical, intellectual, emotional, social or behavioural development;

'health' means physical or mental health; and' ill-treatment' includes sexual abuse and forms of ill-treatment which are not physical.

Under Section 31(10) of the Act:

Where the question of whether harm suffered by a child is significant turns on the child's health and development, his health or development shall be compared with that which could reasonably be expected of a similar child.

Children who are identified as suffering, or being likely to suffer, significant harm will have a complex set of needs which are not being met appropriately by their parents or caregivers. These children are often also living within family and community settings which are not supporting either their parents or them. It is the **interaction** of the risk and protective factors and their impact on the health and development of any one child and on their family that make analysis, planning and implementing successful interventions so challenging.

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[3] HM Government (2010) *Working Together to Safeguard Children. A Guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families. Pg35.

[4] Ibid.

The identification, management and reparation of the impairment to health and development caused by the child's experience of abuse and neglect are at the heart of a role of a children's social worker. This is often referred to by workers and managers as 'risk'. Managers say they need to know '*what is the risk to the child's health and development and physical safety if they stay within their family unit*'. Social workers need to understand that risk and in addition need to identify the '*the capacity or motivation to make the changes required of them within the child's developmental timeframe*'. The term 'risk' is used to cover the multitude of potentially dangerous situations in which a child may find him or herself when growing up and entering adulthood. Workers both within children's services and in partner agencies outside the service become pre-occupied with predicting the likelihood of impairment to a child's health and development from actions by the child's family, other adults or children, the environment in which the child is living, or the child's own behaviours.

Social workers and managers also consider the 'risk' of getting it wrong. Research findings demonstrate the difficulty of analysing the information gathered to make an accurate prediction of the outcome for a child who is experiencing abuse[5]. The media and public scrutiny in this area also makes it difficult for social workers and other professionals to exercise their professional judgement with confidence. This constant scrutiny means that it is crucial that the social workers have confidence in the tools that they use to support their day to day practice. In this field, decision making relies on well informed analysis of the evidence by a multi-agency team which is in turn scrutinised by managers and the judiciary. The ability of the social worker to present the outcomes of their careful analysis of the impact of abuse or neglect upon a child's health and development and the likelihood of the re-occurrence of abuse and neglect, to a wide audience, is affected by the way they record within ICS.

Clarity around the meaning of risk within social care will also benefit other agencies. Partnership working has been highlighted as critical to successful interventions for children who are have been or are likely to be abused or neglected. Child deaths inquiries often highlight the failure of the multi agency team to agree on the issues for the child and to plan and be involved in the delivery of services.

In her paper, *Effective approaches to risk assessment*[6], Dr Monica Barry notes "Equally, because definitions of risk are unclear, different professionals have different perceptions of risk level and severity, and given the call for inter-agency cooperation, this is a worrying fact as Little *et al.* (2004:106) point out:

> "When one professional talks to another about a child at risk, there is likely to be some misunderstanding and in the worst-case scenario they will be talking completely at cross-purposes."

These findings support an approach where the concept of 'risk' is based on the Children Act 1989 definition of 'significant harm' and supported by the statutory guidance found in Chapter 5 of *Working Together to Safeguard Children* (2010) and is described consistently by professionals as 'likelihood of a child suffering significant harm'.

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[5] Munro, E. (2008) *Effective Child Protection,* 2nd Edition. London: Sage Publications.

[6] Barry, M. (2007) *Effective Approaches to Risk Assessment*. Stirling: Social Work Research Centre, University of Stirling, Scottish Executive Social Research. Pg 27.

It is crucial that all partners who are responding to concerns that a child may be being abused or neglected are clear about their respective responsibilities. These concerns should be evidenced and communicated clearly to a number of different audiences. The recording tools in ICS should be able to capture the evidence of harm clearly and concisely, enabling a thorough understanding of the nature and severity of the concerns and the child's needs and strengths as well as the known vulnerabilities and risk factors. The printed outputs need to be accessible to a number of different audiences.

3 Evidence based recording of the identification and analysis of protective and risk factors

For practitioners to successfully plan for, protect and improve the lives of the vulnerable children they work with, it is important that all of the factors that impact upon a child are considered. The domains and dimensions of the Assessment Framework should support practitioners in identifying the met and unmet needs of the child and their family members. In identifying and analysing the child's needs, the nature and extent of any impairment to their health and development should become clear.

Practitioners have expressed concerns about their ability to properly understand, express and record evidence of impairment to health and development using the Assessment Framework. The Assessment Framework is embedded within the recording formats on ICS. Each format should offer the practitioner the opportunity to record their findings using the domains and dimensions of the Assessment Framework (which is represented in a triangle). The child's met and unmet needs in each of their developmental areas should be used by the practitioner to set out the evidence that the child is suffering, or likely to suffer, significant harm.

3.1 ICS as a support to the practitioner in identifying risk and protective factors

Below is an example of a core assessment analysis on an unborn child. The child's met and unmet needs are clearly highlighted within the first paragraph of the analysis citing the tool the practitioner has used to support their professional judgement. This tool has been implemented in their local authority as part of the Child Protection procedures:

CASE STUDY: List of Protective and Risk Factors

Using the indicators of risk cited in the Child Protection procedures on pre-birth assessments, there appears to be a number of risks to the Smith's unborn baby.

Risk factors:

- Historical illicit drug misuse
- Drug misuse included intravenous use of heroin
- Still early days within the recovery period
- Housing issue
- Connections with other drug users as a result of their current accommodation.

Protective factors:

- No history of violence reported

- Parents have agreed to move to maternal or paternal grandparents for a period of two weeks once the baby is born
- Supportive family involvement
- Acknowledgment of previous drug misuse and impact this could have on their parenting capacity
- Maintenance of abstinence since Feb 2009
- The Smith's have made some appropriate preparations for their unborn child
- Mrs Smith has co-operated with medical professionals including midwife and has attended all ante-natal appointments.
- The Smith's are engaging with the all relevant agencies ~ COAT, probation
- Positive feedback from professionals from COAT and probation regarding their motivation and progress to date
- Stabilised on methadone at present
- The Smith's both acknowledge and understand that their previous drug misuse is a concern with relation to their ability to care and protect the baby, should they relapse.
- Willingness to want to sustain and maintain change and to prevent a relapse in their drug misuse
- They have been willing to engage with Children, Schools and Families during the assessment process
- Mrs Smith is continuing to engage with services after her DRR has expired
- Willingness to undertake a hair strand test to prove they have changed
- Parents have not relapsed since February 2009

This approach goes a long way to providing a clear and coherent sense of the protective and risk factors that have been identified by the practitioner in the assessment. However, there are a number of ways that structuring the recording within ICS can improve the way in which the evidence is presented above and hence the task of analysing that information.

3.2 Making sense of protective and risk factors in recording

By replacing the list of risks and strengths with a table that uses the Assessment Framework to support analysis, one of the problems with listing the factors is demonstrated. The worker has reiterated the same protective factor i.e. the Smith's willingness to cooperate with professionals a number of times. At first glance this makes the list of protective factors much lengthier. This 'stacking' can make it seem like there are many more protective factors than risk factors for this unborn child. In addition, research tells us that '*assumptions about the use or abstinence of drugs should not be based on whether or not the parents, or others in the home, are engaged with services for their problem drug use*'.[7] This research would indicate that the positive weighting put on the fact the parents are engaged with services should be moderated. More importance should be placed on the parents' demonstration of their awareness of the needs of their unborn baby through minimising contact with people within the drug using community, obtaining and maintaining stable and safe accommodation and being able to reflect back in conversation the impact of their drug taking on their unborn baby both now and when it is born.

[7] HM Government (2010) *Working Together to Safeguard Children. A Guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families. Pg 270.

In recording protective and risk factors it is important to be able to identify the impact of each factor on the child's health and safety.

An analysis of the information gathered and recorded using the Assessment Framework dimensions is required to reach a judgement on whether the child is suffering, or likely to suffer, significant harm and consider how best to meet his or her developmental needs. This analysis should address:

- how the child's strengths and difficulties are impacting on each other;
- how the parenting strengths and difficulties are impacting on each other;
- how the family and environmental factors are affecting each other;
- how the parenting that is provided for the child is affecting the child's health and development both in terms of resilience and protective factors, and vulnerability and risk factors; and
- how the family and environmental factors are impacting on parenting and/or the child directly.[8]

In chapter five of *Safeguarding children living with trauma and family violence*, Bentovim et al. provide an excellent model for beginning to analysis these factors into evidence based recording within the Assessment Framework.[9] Below is the same example, reworked into the model. This table could be placed in the summary section of the report, drawing all of the dimensions of the Assessment Framework together in the one place to develop a clear record of the identified strengths and difficulties.

Strengths (protective factors)	Parenting Capacity	Difficulties (risk factors)
The Smith's have made some appropriate preparations for their unborn child Mrs Smith has co-operated with medical professionals including midwife and has attended all ante-natal appointments	**Basic Care** Including parent's capacity to provide effective basic care; and	
Strengths (protective factors)	**Family and Environmental Factors**	**Difficulties (risk factors)**
The Smith's both acknowledge and understand that their previous drug misuse is a concern with relation to her their ability to care and protect the baby, should they relapse Willingness to want to sustain and maintain change and to prevent a relapse in their drug misuse The Smith's are engaging with the all relevant agencies ~ COAT, probation Positive feedback from professionals from COAT and probation regarding their motivation and progress to date They have been willing to engage with Children, Schools and Families during the assessment process Mrs Smith continuing to engage with services	**Family History and Functioning** Individual functioning of the parents during development and currently, physical and mental health of impairments, personality difficulties, criminality, substance misuse.	Historical illicit drug misuse Drug misuse included intravenous use of heroin. Still early days within the recovery period

[8] HM Government (2010) *Working Together to Safeguard Children. A Guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families. Pg 166.

[9] Bentovim, A., Cox, A. Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding Children Living with Trauma and Family Violence Evidence-based Assessment, Analysis and Planning Interventions.* London: Jessica Kingsley Publishers.

after her DRR has expired Willingness to undertake a hair strand test to prove they are no longer taking drugs		
	Housing Availability quality maintenance and adaptations	One bedroom flat not suitable. Carpets very worn and dirty. Flat has some damp and plumbing problems.
Supportive family involvement Parents have agreed to move to Maternal or Paternal grandparents for a period of two weeks once the baby is born	**Relationship with wider family** Network of supportive family members: support available when needed with disability, illness and times of stress; care giving provided and practical and emotional support **Family's social integration** Climate of threat, discrimination, absence of tolerance, antisocial influence in neighbourhood and wider community **Community Resources** Parent's ability to use family and community resources to provide basic care for the baby – pre and post birth. Parent's use of treatment and community support	Connections with other drug users as a result of their current accommodation

This approach still provides the audience with a clear summary, placing the concerns within an interactive framework which allows people receiving the information to make a judgement on the weight and impact of each factor on the child's health and development. The worker can further develop this information in the analysis section of the report as demonstrated below:

CASE STUDY: Risk and Protective Factors

Analysis

Family History and functioning

I have used the "parental capacity to change" model to assess the parents capacity and motivation to successfully address their drug addiction. During the early stages of Mrs Smith's pregnancy, it was evident that both parents were not motivated to change, and relapsed on the following occasions:

12.11.09	Police called to house due to disturbance and found evidence of drug use on premise (see attached police report dated 13.11.09)
05.12.09	Mrs Smith tox screen came back positive (see attached report dated 10.12.09)
08.01.09	Social worker visited Mr and Mrs Smith in home, and they admitted to using heroin (see attached case note of interview dated 08.01.09)

An effective clue to future behaviour is past behaviour. However the change model suggests that people will go through a number of 'rehearsals' prior to successfully maintaining change, and that relapse and ambivalence are to be expected. "Change is cyclical, and most of us do not succeed first time.

Change comes from repeated efforts, re-evaluation, renewal of commitments and incremental successes."[10] (p 103)

The evidence indicates that Mrs Smith and Mr Smith relapsed during the two month period reported above.

Mr and Mrs Smith moved quickly back into the contemplation phase and are now demonstrating that they have progressed to the "determination and action" stage. The evidence that supports this is as follows:

In interview on 08.02.09 and later in session on 12.02.09, Mr and Mrs Smith acknowledged the problems they face in relation to their previous drug use and the impact this could have upon their baby specifically:

Mr and Mrs Smith acknowledge our concerns of the likelihood of them returning to drugs before, or after the baby is born.

Mr and Mrs Smith are aware of the expectations that they do not return to using illicit drugs, and the decisions that professionals will take if this occurs, due to the potential impact this could have upon their parenting capacity.

Mr and Mrs Smith demonstrated in our conversation an understanding of how previous drug misuse and lifestyle could impact on their ability to parent effectively and to meet his/her needs on a daily basis.

Mr and Mrs Smith identified the triggers that could lead to them relapsing, for example not having contact with their previous friends/networks with whom they socialised and took drugs with.

Both Mrs Smith and Mr Smith have been open and honest about their past drug misuse. The parents are still in the early stages of recovery and future episodes of relapse are difficult to predict. They are currently demonstrating a commitment to putting their baby first, and are motivated to change, and sustain their abstinence.

However, it is early days in their rehabilitation, and it is likely given their past behaviour that there will be further relapses into drug taking behaviours when they are under stress or exposed to the drug taking behaviour of others through socialising. Having a new child can be both stressful and isolating, and it is probable that the Mr and Mrs Smith will seek the companionship and support from their circle of friends, many whom are in the drug using community.

Research indicates that many parents who are problem drug users base their social activities around the procurement and use of the drugs and are often isolated and rejected by their community.[11] It is this involvement in the community that can impact upon the child, with them being exposed to 'harmful anti-social behaviour and environmental dangers such as dirty needles…'[12]

It is important for Mrs Smith and Mr Smith to anticipate stresses and triggers that may undermine newly acquired coping skills, in order to develop and sustain abstinence, which reflects the 'maintenance stage' of the model of change. They may manage to sustain abstinence effectively until a crisis occurs, when the temptation to use drugs could become overwhelming.

There will be a need for strategies to build on known strengths and effective support systems such as extended family and drug services. This will need to form part of the on-going plan to support them as parents.

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[10] Horwath, J., and Morrison, T. (2009) 'Assessment of Parental Motivation to Change.' In Horwath, J. (ed) *The Child's World: Assessing Children in Need*. 2nd Edition. London: Jessica Kingsley Publishers.

[11] HM Government (2010) *Working Together to Safeguard Children. A Guide to inter-agency working to safeguard and promote the welfare of children*. London: Department for Children, Schools and Families. Pg 271.

[12] Ibid.

Based on the test outlined in Section 5.98 of Working Together to Safeguard Children for the likelihood of suffering significant harm in the future:

Professional judgement, substantiated by the findings of enquiries in this individual case or by research evidence, is that the child is likely to suffer ill treatment, or the impairment of health or development as a result of physical, emotional, or sexual abuse or neglect:

it is my opinion that the unborn baby is likely to suffer significant harm in the future should its parents not be able to sustain their abstinence from drugs and move out of the drug taking community that currently forms their support base. The health and impairment to the child could include impairment of development of foetus in utero should Mrs Smith continue use during the pregnancy. Once born, the baby's health needs may not be met leading to impairment of emotional development; of cognitive development as result of inconsistent parenting, lack of stimulation, failure to develop positive sense of identity (rejection) and lack of certainty about who they are, impairment of attachment (see Cleaver et al (1999)[13]. In addition should the Smith's continue to reside in their current place of residence and allow others to inject drugs on their premises then the child's safety could be compromised, especially as it starts to become mobile and explore.

Therefore I recommend Mrs Smith and Mr Smith are supported, and that progress in maintaining their abstinence, creating a safe and stable environment for their child, and providing good day to day care, is monitored through a child protection plan.

Overall the likelihood of the parents misusing drugs during or after the pregnancy is medium to high.

Strengths				Difficulties
			x	

3.3 Selecting evidence based tools to support analysis

There are a number of tools that address the issue of significant harm to children available for local authorities to use to support their practitioners to carry out their day to day role. Saunders and Goddard[14] in their critique, highlight a list of questions that child protective services should ask themselves before adopting structured risk assessment procedures including:

1. What is the purpose of the tool and what are the benefits the organisation expects from its introduction?
2. Are the staff qualified, and supported to utilise the tool properly?
3. Is one of the purposes of the tool to support eligibility criteria and if so how does this affect its use?
4. Does the tool complement the existing framework, legislation, policy and processes in operation within the authority?

Some of the difficulties that arise when developing and utilising tools which support practitioners to 'measure' or quantify 'risk' are as follows:

- the tools can require a specific skill set to administer which the practitioner lacks;
- the tools can be used by the practitioner without them having had the appropriate training or support in using the particular methodology;

[13] Cleaver, H. et. al. (2010) *Children's Needs – Parenting Capacity. The Impact of Parental Mental Illness, Learning Disability, Problem Alcohol and Drug Use, and Domestic Violence on Children's Safety and Development*. London: The Stationery Office.

[14] Saunders, B. and Goddard, C. (1998) *A Critique of Risk Assessment Procedures: Instruments of Abuse? A review of the literature*, June 1998. Melbourne: Australian Childhood Foundation.

- tools that require rigorous adherence to a methodology (model fidelity) to produce sound results are applied in a piece meal way which distorts the findings
- tools that are used as a checklist by practitioners without any consideration being given to a holistic assessment or without proper use of professional judgement can give a false picture of the likelihood of harm to the child. Where this leads to an overly optimistic judgement children can be left in potentially dangerous circumstances;
- tools are developed within a context, usually for a specific set of circumstances, and if this context is not understood, the tools can be used in the wrong circumstances;
- over reliance on any one tool is limiting and can lead to misinterpretation of situations. A combination of tools carefully selected to support the social worker's analysis and professional judgement will ensure that the child's individual met and unmet needs and daily experiences are understood fully.

In their work, *Safeguarding Children living with trauma and family violence; Evidence Based Assessment, Analysis and Planning Interventions*[15], Bentovim, et al (2009:198-215) have produced an example of how to categorise information gathered according to the *Assessment Framework* domains and dimensions using standardised assessment tools.[16]

This example will be useful for those local authorities that are seeking to support their social workers use of evidence based tools to support the analysis of protective and risk factors when deciding if a child is suffering, or is likely to suffer, significant harm.

Authorities that have been most successful in supporting their staff to use evidence based tools in their assessment work have found the following actions to be key:

1. management oversight including having an awareness of the tools being used, the evidence base for the tools and the skills required to apply them;
2. the links between the tools and the Assessment Framework, and recording the outputs of their use within ICS are made explicit within policy, guidance and practice notes;
3. the staff administering the tools are trained in their use and understand both their strengths and limitations;
4. the evidence obtained from the use of a tool is recorded within the ICS and is supported by the practitioner's own observations and professional judgement;
5. the efficacy of the tools in terms of contributing to decisions about well planned interventions for children is monitored in supervision and audit.

To support local authorities to identify which evidence based tools to use to support practitioners in their analysis and decision making, the DCSF is commissioning a systematic review of the various models used to analyse significant harm. This is in addition to the review of Solution Focused Brief Therapy.[17]

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[15] Published 2009. London: Jessica Kingsley Publishers.

[16] The Family Pack of Questionnaires and Scales (2000); the HOME Inventory (2002); and the Family Assessment (2001).

[17] See paragraph 79 in: HM Government (2010) *The Government's Response to Lord Laming: One Year On.* London: Department for Children, Schools and Families. Available for download from: http://publications.everychildmatters.gov.uk/eOrderingDownload/DCSF-00311-2010.pdf

The key objective of the analysis research project is to review the published evidence relating to the different models of analysis currently advocated for analysing information from an assessment of a child in need and their family to help professionals decide if a child is suffering or likely to suffer harm. Specifically, the review will provide information on:

- the robustness of the evidence underpinning the different models;
- the extent and robustness of research evidence on the relative effectiveness of the different models;
- where the evidence exists, the types of child welfare cases where each model has been found to be most effective when making decisions about harm to a child;
- the implications of these findings for the use of the different analytical models within the English context, where decisions are required on whether a child is considered to be suffering or likely to suffer significant harm; and
- the implications of these findings for LSCBs and for the training, supervision and management of staff working in children's services and in particular local authority children's social care services.

It is anticipated the report will be published later this year and that it will provide professionals and agencies with valuable guidance on selecting and using evidence based tools in practice.

Below is an example from a social worker which demonstrates the process gone through to identify a tool that would assist in understanding the parent's ability to respond to her child's needs. This case study has been written by a practitioner to demonstrate the thought processes and the evidence behind this selection. A practitioner may not record their 'workings out' to the same degree in a case file. It is important however that some of this reflective practice is captured in recorded case notes, assessments and supervision to demonstrate the thinking behind the social worker's decisions.

CASE STUDY: Understanding parental well-being

In this example the social worker has conducted a home visit and identified several concerning behaviours from the parent that are having an impact on the child's health and development.

I observed to Amy (mother) that I was worried about how low she appeared and the impact this was having on her life, and in turn on Georgia (her daughter aged 9 years). Amy said that she was worried too but she didn't know what to do. I asked if she ever spoke to anyone about this and she said that she spoke to her friend Sandra. I suggested going to the GP but Amy said it wasn't 'that bad'. In the conversation Amy spoke about feeling overwhelmed by the competing demands of motherhood, housework and the current conflict she is having with the neighbours about the state of the front garden. Amy's pace of speech was very fast and she lost track of her thoughts from time to time. She kept going back to the disagreement with her neighbour and seemed pre-occupied by what might happen next. *Social work hypothesis*: I was struck by how different Georgia's emotional presentation and engagement in the activity was from when I saw her at school last week (see previous case note). It appeared to me that Georgia was a more anxious/agitated child in her home environment, for example she was more reluctant to make eye contact, spoke in a quieter voice and did not want to engage in the activity.

Amy clearly feels stressed by the home conditions and problems in the neighbourhood, some of which are beyond her control. *Query whether the environmental stresses may have triggered some depression/mental health difficulties?* Crucially, however, whatever the cause/intent the current impact on Georgia/harm suffered appears evident not only in her physical environment and clothes/shoes etc as reported by school and health and confirmed on my home visit but also in her emotional presentation.

Additionally, whilst I am unclear about Amy's mental and emotional health I am finding it hard to gauge her capacity to change and I do not feel she is even at a point to contemplate change as she is so preoccupied with the difficulties and appears so low in mood. The fact that Georgia recalls happier times in a previous house suggests there may have been times when Amy was more able to meet Georgia's needs, for example, playing with her.

I considered the use of the HOME Inventory which focuses on Georgia's experience of care within her home, the *Parenting Daily Hassles scale*, which could help Amy and I to think about any hassles Amy is experiencing in parenting Georgia; and the *Adult Wellbeing Scale*, which would focus more on Amy's mental wellbeing. I decided it would be useful to use the Adult Wellbeing Scale with Amy immediately and to use the other assessment tools to support our planning at a later stage. These tools can be found by following this link:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

The immediate priority seemed to be gaining an understanding Amy's mental health and consider whether her current state of mind may have implications for her possibly causing harm to herself or Georgia. I felt using the Adult Wellbeing Scale would serve a number of purposes. I would be able to gain a clearer picture of Amy's mental and emotional well being and Amy might be able to reflect on how she was feeling and perhaps have a clearer view about whether she needed to seek medical assistance. Together Amy and I could then look at what impact her mental well being might be having on her capacity to meet Georgia's needs.

Amy completed the Adult Wellbeing Scale in my presence and we discussed her responses to the individual items. This led to a discussion about whether it would be helpful to make a referral to her GP. She agreed that I could attach a copy of the completed questionnaire to the GP.

I asked if she had any support over the next few days and she said that Sandra will visit every evening for tea as usual. She was happy for me to ring Sandra.

Further Action:

- Ring Sandra to establish if I feel confident that she will offer support over next few days;
- Discuss with my manager my concerns about the Landlord and seek some advice on how to manage this situation. Also, discuss my concerns about Amy's mental health;
- Consider how best to involve the anti-social behaviour coordinator or police community support officer;
- Arrange a further visit to Georgia in school which may allow me to explore any possible resilience factors – for example Sandra's regular visits? Also need to check if Georgia has new footwear. Also, speak to Amy further about my concerns about Georgia's emotional presentation;.
- Make a referral to the GP, attaching the completed Adult Wellbeing Scale.

Below is an excerpt from the Adult Wellbeing Scale that the practitioner in the case study used with the parent (the scores are in red). The questionnaire is intended to be completed by the parent, with the social worker in attendance. The social worker can support the adult by answering any questions about meanings of words, or literacy but should not suggest the answers.

After the scale has been completed it is important that the findings are discussed with the parent, and any disagreement with the outcomes explored fully. *Please note this is only half of the questionnaire.* To fully understand how to use the scale, go to:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008144

ADULT WELLBEING SCALE

This form has been designed so that you can show how you have been feeling in the past few days.

Read each item in turn and UNDERLINE the response which shows best how you are feeling or have been feeling in the last few days.

Please complete all of the questionnaire.

1. I feel cheerful			
Yes, definitely	Yes, sometimes	No, not much **2**	No, not at all
2. I can sit down and relax quite easily			
Yes, definitely	Yes, sometimes	No, not much	No, not at all **3**
3. My appetite is			
Very poor	Fairly poor **2**	Quite good	Very good
4. I lose my temper and shout and snap at others			
Yes, definitely	Yes, sometimes **2**	No, not much	No, not at all
5. I can laugh and feel amused			
Yes, definitely	Yes, sometimes	No, not much	No, not at all **3**
6. I feel I might lose control and hit or hurt someone			
Sometimes **3**	Occasionally	Rarely	Never
7. I have an uncomfortable feeling like butterflies in the stomach			
Yes, definitely **3**	Yes, sometimes	No, not much	No, not at all
8. The thought of hurting myself occurs to me			
Sometimes **3**	Not very often	Hardly ever	Not at all

Once the questionnaire is completed, it can be recorded in the assessment, creating a fuller picture of the protective and risk factors for Georgia. The combination of the earlier evidence from the social work observation with the outcomes of the Adult Wellbeing scale, are recorded within the evidence boxes around the dimensions and then later summarised and analysed in the Summary and Analysis sections provided on the forms.

Such a summary might read as follows:

Summary - Protective and risk factors for Georgia

Child's health and development

Level of functioning	Area of Child's Developmental Need	Level of functioning
Strengths		**Difficulties**
Georgia recalls happier times in a previous house - suggests there may have been times when Amy was more able to meet Georgia's needs, eg. playing with her.	**Emotional and behavioural** Expressions of feelings and characteristic mood	Georgia was a more anxious/agitated child in her home environment, eg. she was more reluctant to make eye contact, spoke in a quieter voice and did not want to engage in the activity.
Georgia appears more relaxed and able to communicate in the school environment She identified that she had a group of friends. Georgia stated she liked her teacher (see case notes visit 22/11/09)	**Social presentation** Understanding the need to pay attention to appearance, dress, behaviour and hygiene (as appropriate for their age, gender and culture).	Georgia's harm suffered appears evident not only in her physical environment and appearance (clothes, shoes etc) as reported by school and health and confirmed on my visit but also in her emotional presentation.

Parenting Capacity

Level of functioning	Dimensions of parental capacity	Level of functioning
Strengths		**Difficulties**
Support from friend Sandra Georgia also likes Sandra who sometimes takes her out for dinner.	**Basic Care** Parents' abilities to use extended family and community resources to provide basic care.	Amy clearly feels stressed by the home conditions and problems in the neighbourhood, some of which is beyond her control.
Mother acknowledges impact of her depression on Georgia	**Emotional Warmth** Parental consistency, responsiveness, empathy and understanding of children's varying emotional states	Amy's own level of functioning as highlighted in the family functioning dimension, is having an impact on Georgia's emotional well being. Inconsistent and flatten responses from Amy to Georgia's emotional needs have led to Georgia withdrawing from her mother and other adults, keeping her worries to herself.

Summary - Protective and risk factors for Georgia (Cont'd)

Family and environmental factors

Level of functioning	Dimensions of family and environmental factors	Level of functioning
Strengths	Family history and functioning	**Difficulties**
	Individual functioning of the parents during development and currently, physical and mental health, management of impairments, personality difficulties, substance mis-use	Social worker observed on home visit on 1.12.09. Amy was preoccupied with her difficulties and appeared in a low in mood. This observation was supported by Amy's self scoring on the Adult Wellbeing Scale which indicated a problem with depression with a score of 12. Home visit on 1.12.09 I was concerned about Amy's mental health and the risk of her acting on her sadness either by harming herself or Georgia. The Adult Wellbeing Scale supported concerns in this area with Amy scoring 9 on the Inward directed irritability scale, indicating a high possibility of self harm.

Alongside evidence based tools, such as *The Family Pack of Questionnaires and Scales* (2000), there are a number of books that support practitioners in developing their understanding of the complexity of assessment, analysis and planning interventions using the Assessment Framework.

These texts include:

- Cleaver, H. *et al.* (2010) *Children's Needs – Parenting Capacity. The Impact of Parental Mental Illness, Learning Disability, Problem Alcohol and Drug Use, and Domestic Violence on Children's Safety and Development*. London: The Stationery Office.
- Horwarth, J. (Ed). (2009) *The Child's World. The Comprehensive Guide to Assessing Children in Need.* 2nd edition. London: Jessica Kingsley Publishers.
- Aldgate, J., Jones, D., Rose, W. and Jeffery, C. (2006) *The Developing World of the Child.* London: Jessica Kingsley Publishers.
- Dalzell, R. and Sawyer, E. (2007) *Putting Analysis into Assessment*. *Undertaking assessments of need.* London: National Children's Bureau.
- Bentovim, A., Cox, A. Bingley Miller, L. and Pizzey, S. (2009) *Safeguarding Children Living with Trauma and Family Violence Evidence-based Assessment, Analysis and Planning Interventions.* London: Jessica Kingsley Publishers.

4 Ways in which Local Authorities are using ICS to support practitioners to record evidence of significant harm to children

To support professionals when they are exercising their professional judgement as to whether a child is suffering significant harm, any ICS system should have the following features embedded:

- a process that enables the social worker and their managers to carry out the tasks, in the order set out, in the statutory guidance, *Working together to safeguard children*[18];
- a set of electronic records that allow the processes above to be recorded in an evidence based way according to the domains and dimensions in the Assessment Framework, and in a manner that supports information sharing in a number of forums including family courts; and
- recorded evidence of management involvement and decision making, including case management supervision and oversight.

In addition, in local authorities where ICS is successfully supporting staff in their analysis of significant harm, policy, procedures and the workforce development strategy have ICS processes and recording tasks embedded within them that follow the statutory processes.

ICS report formats are intended to set out clearly the evidence that has led to the decision that a child is suffering, or is likely to suffer, significant harm under section 31 of the Children Act 1989. The protection of a child from harm under the Children Act 1989 depends on having clearly recorded evidence of the nature and severity of harm or the likelihood of harm. The local authority records also need to demonstrate that the authority has acted in accordance with the Children Act 1989 and other legislation as well as the associated statutory guidance. The local authority is held accountable for the work undertaken with a child and family through what written in the children's social care record of the child.. This record will be a key source of information in any complaints or disciplinary proceedings as well as reviews where a child dies or is seriously harmed.

Local authorities which provided effective support for their practitioners to record their work do this by:

- providing clear guidance on recording, including setting out the purpose of each record, what should be recorded and best practice examples.
- suppliers supporting local authorities by continuing to improve outputs from the system so that the same information can be selected and formatted in a variety of ways to meet a number of different reporting requirements. Very few suppliers have been able to develop outputs that meet the various needs of the child, family and professionals. Enabling flexible printed records that can be formatted for children, families, court and professionals' meetings would go a long way to bringing meaning to a recording process that is necessarily complex given the complexity and gravity of the work being undertaken.

[18] Ibid, Pg 161 -165.

Below is an example of recording guidance that has been developed by a local authority. The example is of the analysis section within a core assessment, which has prompts regarding the issues to be considered. Similar prompts are present throughout the whole core assessment and other key ICS recording formats followed by a good case example of an ICS output:

Analysis of the information gathered during the Core Assessment	
The analysis should list the factors that have an impact on different aspects of the child's development and parenting capacity, and explore the relationship between them.	This section is for practitioners to analyse the significance and consequences of the needs, strengths and weaknesses identified in the assessment. Analysis takes the assessment process beyond surface considerations and explores why issues are present and the relationship between what is happening and the implications for the child or young person and other family members. This process of analysing the information available about the child's needs, parenting capacity and family and environmental factors should result in a clear understanding of the child's needs, and what types of service provision would best address these needs to ensure the child has the opportunity to achieve his or her potential. It may be helpful to list key factors in each domain and how they relate to the factors identified in the other domains. It is important that strengths as well as weaknesses are identified. Parental and family strengths can be used to inform the Child's Plan. During the analysis of the information gathered practitioners should also evaluate the impact on the child or young person and his or her family of any services already provided.

In the next example, a local authority has developed a separate section to summarise the protective and risk factors for the child. The section is embedded within the core assessment.

RISK AND PROTECTIVE FACTORS
Evidence of risk and protective factors emerging from the assessment
This is the key box to explore the risks and strengths you have identified. It is likely that you will be repeating points identified in the domains above. **You should be weighing up the strengths and risks and relating these to research and making judgements about whether the child has suffered or is likely to suffer significant harm as a result.** You can summarise using bullet points to make this clear. The reader must be able to make sense of your view about whether the child has suffered or is likely to suffer significant harm. **This is particularly important if the assessment has been done as part of section 47 enquiries……but it must also be dealt with in any core assessment**. **A clear statement about this should be included and it must relate to the evidence that you have presented. If you are saying the child has suffered significant harm you should be clear about why and what evidence you have used to make this judgement.** If you are unclear about this judgement you should reflect on the information you have with your supervisor and be able to justify your comments. If you have used a particular tool or research model which has been agreed with you line manager this is the place to reference it and demonstrate its use.

When developing recording forms and guidance for practitioners, the following guidance can be used from *Working Together to Safeguard Children* (see paragraph 5.3). The focus of this paragraph is on effective collaboration, but the same principles could equally apply to recording.

Effective collaboration requires organisations and people to be clear about:

- *the purpose of their activity, the decisions required at each stage of the process and the planned outcomes for the child and family members;*
- *the legislative basis for the work;*
- *the policies and procedures to be followed, including the way in which information will be shared across professional boundaries and within agencies, and recorded for each child;*
- *which organisation, team or professional has lead responsibility and the precise roles of everyone else who is involved, including the way in which children and family members will be involved; and*
- *any timescales set down in regulations or guidance which govern the completion of assessment, making of plans and timing of reviews.*

Local authorities whose systems have been noted by Ofsted, auditors and IROs to make information accessible are those which support their practitioners by:

- having a clear recording policy that denotes which record should be utilised for which purpose;
- providing best practice examples of summaries and analysis to model consistency and style;
- having an electronic document management system that allows all key information about a child to be kept in one place; and
- having clear management decision making guidance and a process that is evidenced throughout the records.

Below is an Index of the *Best Practice Standards Portfolio* which has been developed by a local authority and issued to all social work practitioners. It links together previous recording formats, with the current business process, including where information is recorded on ICS, the purpose of the recording format, what, if any previous forms it has replaced, and best practice standards.

BEST PRACTICE STANDARDS PORTFOLIO

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IA Exemplar including practice guidance for completion

IA – Good case example

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CA ICS Business Process

What is a Core Assessment – including information required, link to other records and timescales for completion

CA Exemplar including practice guidance for completion

CA – Good case example

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SECTION 3 CHILD PROTECTION

Section 47

Section 47 ICS Business Process

What is a section 47 – including information required, link to other records and timescales for completion

Section 47 Exemplar including practice guidance (checklist) for completion

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What is an ICPC – including information required, link to other records and timescales for completion

ICPC Exemplar including practice guidance (checklist) for completion

ICPC – Good case example

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Placement Information Record

CLA ICS Business Process

What is a Placement Information Record - including information required, link to other records and timescales for completion

Care Plan

CLA Plan – Good case example

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Recording Case Notes & Statutory Visit Quick Reference Guide

4.1 Recording concerns about possible harm to children in case notes

Issues arise when a case is opened and an updated formal assessment is not yet required in preparation for a review. Concerns about a child can be raised at any time which means that the social worker must re-analyse the known information, make a professional judgement and where appropriate a revise the existing plan quickly. Many social workers record these events in their case notes and later transfer the salient points to the review report. Difficulties arise when the case notes are not able to be tagged in a way that denotes their significance which means that they are difficult to locate, or the recording style is descriptive rather than analytical.

Some local authorities have developed an electronic case note that contains a summary and action section to encourage practitioners to use the record to support on-going analysis, planning and review of the child's needs.

Other strategies that can be employed within ICS to support social workers include ensuring that all staff are aware of where to record their conversations and concerns. If they are outside the assessment – or review process – the best place may be within the case notes or the chronology. Managers need to ensure that the electronic case file system procedures include agreement on how entries recording concerns about children or information on risk and protective factors are headed to ensure that they are easy to retrieve.

These can be easily included in any future assessment and planning for the management of on-going concerns about a child's safety and welfare by a number of people including family workers, managers, Chairs of child protection conferences and Independent Reviewing Officers within the organisation.

Some suppliers have a number of drop down boxes for case notes with headings such as '*Significant Event*' that allows the case notes to be sorted quickly under these headings for on-going case management and decision making purposes.

In summary, strategies that can support practitioners to use case notes effectively include:

- developing guidance about when to use case notes;
- having an agreed way of captioning a case note so it is easy to find and understandable to a wide audience;
- supporting the practitioner to analyse the information and record the analysis including any impact on, or meaning for the child, rather than simply describe a communication or event; and
- ensuring that all case notes have a section for on-going actions arising as a result of the recorded incident.

4.2 Use of Chronologies in understanding the impact of abuse and neglect on children

The chronology is a key tool that has been identified in the Public Law Outline[19]. In addition, one of the key lessons learnt from serious case reviews, is that a chronology is critical to understanding the short and long term impact of abuse and neglect upon a child. It exists to record all the significant events that occur in a child's life – both positive and negative i.e. significant events not just negative events. When done well, a chronology can highlights patterns of concerns and strengths within a child and family that support the social workers understanding of the likelihood of a child suffering harm or a recurrence of harm and the child's resilience and responses to these events.

Within ICS, concerns have been raised by practitioners that the chronology functionality in their system is not adequate and does not enable practitioners to create meaningful chronologies consisting of more than computer generated dates and event headings. There are concerns that some chronology screens are difficult to read and that the printed outputs are variable and difficult to understand. Some systems allow for editing and creation of new events. Social workers who have a system which is not as flexible as others are not able to use the chronology to communicate a child's needs and resilience's over his or her lifetime.

Therefore the system impairs the social worker's ability both to identify abuse and neglect and to communicate the impact of this abuse and neglect on the child. This in turn can impact on the timeliness of the response the child requires from the judiciary, other professionals or managers within their own service. It can also make it more difficult for social workers to analyse the vast amount of information that is recorded on a child and draw meaningful conclusions about the child's needs to plan interventions.

[19] HM Government (2005) *Public Law Outline - Guide to Case Management in Public Law Proceedings.* Judiciary for England and Wales. April 2005. London: Ministry of Justice. Pg 25. Further copies of the Public Law Outline are available to download from the care proceedings programme website: www.justice.gov.uk/guidance/careproceedings.htm

In *Understanding Serious Case Reviews And Their Impact, A Biennial Analysis Of Serious Case Reviews (2005-07)*[20] the authors concluded the following practice note:

> Practice Note: Clearly the existence of previous evidence of poor or inadequate parenting should not militate against the possibility of change, but any assessment should take account of past or potential patterns of behaviour or concerns.

Appendix 6 of *Understanding Serious Case Reviews And Their Impact, A Biennial Analysis Of Serious Case Reviews;* Constructing and using chronologies in practice offers an excellent practice tool alongside an comprehensive analysis of how chronologies can function within ICS. The report containing the appendix is available is available to download at:

http://www.dcsf.gov.uk/research/programmeofresearch/projectinformation.cfm?projectid=15743&resultspage=1

For local authorities seeking to improve their use of chronologies within ICS, or in negotiating with suppliers on improved functionality, this appendix could help support planning and design.

Below is an example of local authority guidance on chronologies embedded within their core assessment record to support practitioners in understanding what they should record.

Chronology of significant events

This is **NOT** a list of case events. It is a list of **SIGNIFICANT** events. These should be events relevant to an understanding of the case history and the child's current circumstances. It should therefore include any previous periods of intervention/placements etc and some information summarising these. This must include such events as contacts with the Department, CAF intervention, case opened, Initial Assessment, case closure, significant meetings held, incidents of concern (that would include any significant visits/observations and important decision making points).

Professional judgement is needed to inform the chronology and if you are preparing the core assessment for a court application it should be possible to use the same chronology.

The chronology is a significant piece of evidence to underpin judgements about strengths and risks for the child and is likely to significantly contribute to your understanding of the child's circumstances. You should make reference to information gathered here in the later parts of the record.

4.3 Recording concerns about the child in their file outside the standard records

There are other contexts in which different types of 'risk' is assessed and managed in children's social care including working in residential units, and matching children for placement, which need to be recorded within ICS.

These processes often do not have a matching ICS process but are part of what occurs when professionals get together to match resources to a child's needs. Difficulties can arise for both professionals and children when the system is not able to contain the more

[20] Brandon, M. *et al*. (2008) *Analysing child deaths and serious injury through abuse and neglect: what can we learn? A Biennial Analysis Of Serious Case Reviews, 2003-05*. DCSF Research Report DCSF-RR023. London: Department for Children, Schools and Families.

common processes such as panels that look at placements for children either in residential, foster care or other options such as secure facilities or boarding schools.

It is beyond the scope of this paper to look at the issues raised for these children who are often seen as 'risky' which moves the emphasis away from the child's vulnerability and unmet needs and places the emphasis on their behaviour. However it is important to acknowledge that these very vulnerable children need social workers to be able to achieve good evidence based recording of assessment and intervention on their behalf.

This work needs to be linked into the records that do exist on ICS, in particular in the on-going assessment and reviews.

Authorities that do not have a document management system which includes scanning and tagging records so they are cross referenced with the ICS will find it more difficult to ensure that this group of children receive a joined up service where all the issues are well identified, and included in any intervention.

Strategies such as cross-referencing the use of an assessment that sits outside the system within the ICS system works best when the practitioner is supported by clear policy on where to record and store such information. Creating an electronic index of all records for the child and where they are stored can support the worker to ensure they are not missing key information and thus risking making decisions based on an incomplete picture.

4.4 Balancing the picture

Successfully supporting practitioners to record the evidence of significant harm suffered by a child within ICS requires a co-ordinated approach. The local authority should be able to provide practitioners with:

- knowledge of the relevant legislation and statutory guidance that is the mandate for their role;
- excellent skills training;
- best practice examples;
- robust and frequent reflective supervision;
- clear guidance on what to record, where and when;
- recording formats that are fit for purpose;
- information technology that is responsive and flexible; and
- a set of tools that support analysis and are embedded into the workplace through the right training, guidance, supervision and audit.

Social workers and their managers who are using this guidance will also be interested in Building a safe and confident future: implementing the recommendations of the Social Work Task Force (HM Government, March 2010).[21] This sets out reforms to the system supporting social workers – including work to develop a new standard for employers, reform education and training and stronger professional regulation – which are being taken forward in partnership between government, employers, higher education institutions and social work professional bodies and unions.

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[21] HM Government (2010) *Building a safe and confident future: implementing the recommendations of the Social Work Task Force*. March 2010. London: Department for Children, Schools and Families. Available from: http://www.dcsf.gov.uk/swrb