

		<p>the Social Work Team Manager and, where appropriate, CAIT. After a suitable interval compliance with this recommendation will be audited</p> <ul style="list-style-type: none"> Whittington Health Named Nurse to meet with First Response Head of Service and team managers to agree process for MASH health representatives (Safeguarding Nurse Advisors) to attend strategy meetings and provide health input. 		
<p>Finding 2: A potential pattern where Looked After Children and Young People who move placements on a regular basis are not appropriately assessed each time, resulting in a missed opportunity to review and amend the care plans in place.</p>				
RATIONALE	ISSUES FOR THE BOARD AND MEMBER AGENCIES TO CONSIDER:	ACTION	LEAD	TIMESCALE

<p>We know that Looked after Children and Young People are vulnerable and that it is imperative that a placement is selected on the basis of providing a stable and nurturing environment. For those children that become difficult to 'place' it is even more important that a rigorous and full assessment is undertaken especially when the placement is back in the home that they were removed from.</p>	<ul style="list-style-type: none"> • What steps will the Board take to ascertain whether this is a more common pattern in practice? For example, an audit of Looked after Children and young people that have changed placements in the past six months could shed further light on this issue • Is the Board aware of any other children that have been placed back in the family home in the last year 	<ul style="list-style-type: none"> • IRO's compliance with the statutory guidance as outlined in the IRO Handbook is embedded. Ensuring that the IRO's "rigour and challenge" and the "footprint" of their oversight of care plans and assessment when there is a change in care plans (particularly for those children that have placement moves or returned homed) is evident on file. • The monthly audit programme will incorporate a sample of children placed at home. 	<p>LAC/Children's Social Care</p>	
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Finding 3: A potential pattern by which postnatal checks and developmental assessments undertaken in General Practice do not always consider issues relevant to safeguarding

RATIONALE	ISSUES FOR THE BOARD AND MEMBER AGENCIES TO CONSIDER:	ACTION	LEAD	TIMESCALE
<p>We know that families use the services of GPs in varying ways and that the GP has at times a unique position in being able to assess and monitor the health and well being of</p>	<ul style="list-style-type: none"> • This case has suggested that GPs may not be picking up indicators of abuse and neglect as part of postnatal checks. Could the Board take action to investigate the extent of the problem, for example through audit? • How well do GPs engage with safeguarding in Haringey and in particular through the HV/GP 	<ul style="list-style-type: none"> • Cross reference ten GP case conference reports with case conference minutes to identify whether any issues were raised at the meeting 	<p>Julie Thomas</p>	<p>31/3/15</p>

		<p>Questionnaires from HVs and GPs re liaison currently being collected – report due March 2015. Protocol currently being reviewed.</p> <ul style="list-style-type: none"> Review the EMIS page content in relation to the 6-8 week check. The LSCB to suggest guidance following the findings. To discuss with GP CP leads in the context of the overall recording of the outcome of the 6 week review. 	<p>Julie Thomas</p> <p>Julie Thomas</p>	<p>31/3/15</p> <p>30/6/15</p> <p>31/7/15</p>
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Finding 4: A pattern whereby practitioners have become accustomed to working with families surrounded by high levels of street and drug-related violence, meaning that this does not lead to a consideration of impact on parents and children

RATIONALE	ISSUES FOR THE BOARD AND MEMBER AGENCIES TO CONSIDER:	ACTION	LEAD	TIMESCALE
In this particular area of Haringey drug and street violence are so common that they have become perceived as normal. Front line members of staff are in danger of failing to fully comprehend the levels of danger and	<ul style="list-style-type: none"> Does the board know if professionals are aware of gang activity? Does exposure to gang- and drug-related violence form part of safeguarding assessments? If not, should it? Do members of the LSCB consider it necessary to find new ways of raising awareness amongst agencies of the continuing high levels of violence (including gang violence) drugs and crime in the 	Whittington health to audit supervised and unsupervised cases w/o 2/2/15. Quality and thresholds for supervision. 20 cases from each of the 4 HV teams.	Karen Miller	Report by 30/04/15

<p>discussed is left to the supervisee.</p> <p>There is evidence of managers being under considerable pressure, with limited time to provide robust and good quality supervision, and many workers rely on ad hoc informal conversations with their manager, seeking affirmation that they are making the right decisions. Whilst this is good, there is a danger that this replaces full discussion within a formal supervision setting, where time is devoted to reflection and appraisal of practice and its effectiveness</p>		<ul style="list-style-type: none"> HV supervision effectiveness and timeliness will be audited as in finding 4 above. 	Karen Miller	and to be presented at next LSCB QA and Best Practice sub group for sign off March 2015
<p>Finding 6: A pattern whereby practitioners superficially identify risk factors but do not consider the significance or impact they might have, resulting in inappropriate levels of intervention to safeguard children</p>				
RATIONALE	ISSUES FOR THE BOARD AND MEMBER AGENCIES TO CONSIDER:	ACTION	LEAD	TIMESCALE
<p>A safe child protection system needs to deal proficiently with risk and probability; it is not enough to respond reactively after an incident of harm has been</p>	<ul style="list-style-type: none"> Are members of the Board surprised that the Pre-Birth Risk Assessment Tool is not being used? Does there need to be an audit of pre-birth assessments? How can members of the LSCB be assured that professionals fully take into account family 	<ul style="list-style-type: none"> Task and Finish group to review and update suite of assessment tools (including pre-birth assessment tools) 	Gill Gibson	March 2015

<p>caused to a child. Time and time again through this review practitioners have failed to act on the risks to this vulnerable mother and her baby, despite all the evidence being available. Indicators of risk were ignored and assumed to be historical in nature</p>	<p>history when assessing current risk?</p>	<p>and for CYPS to re-launch validated tools</p> <ul style="list-style-type: none"> • LSCB multi-agency thematic audits scheduled for 2015 – 2016 to ensure audit tools reflect the validated tools to determine compliance and good practice. Findings should be presented to the QA and Best Practice Subgroup. 		
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There will be a review of this Action Plan after six months.