

- Pre- and post-qualifying training, not in general but in specific areas of high risk, physical and sexual abuse and the links to alcohol and drug misuse, and domestic violence
- Setting up multi-disciplinary student units focusing on this area during graduate training,
- Mandatory compliance with multi-disciplinary training year on year, locally, for Health Visitors, GPs, the Police and Social Workers
- Career paths and better remuneration set within a competence framework
- Developing more consultant social work practitioners, thus allowing practitioners to remain in practice (this has worked well in Kent)
- Continually updating training modules in partnership with universities on the qualities and duties expected of supervisors (in the specific area of protecting children) across disciplines
- Using applied technology as a tool for monitoring
- Financing experienced adults who have successfully raised children (probably more women in this category than men) to live in with families who have chaotic lifestyles and are perceived as posing risks to their children on short intensive programmes - possibly an option open to the Courts in terms of direction.
- An independent chair for Safeguarding Boards, set within a national framework. Independent chairs must have experienced the reality of child protection work and have to be able to fundamentally challenge
- As a matter of standard practice, arranging with Safeguarding Boards independent, offline peer reviews outside of any external regulatory inspection body.
- Crucially local authorities should also have in place a formalised approach – a red flag – as part of performance monitoring, to ensure that Chief Executives and Cabinets are alerted to cases of children at risk of serious physical harm.
- Safeguarding Boards reporting annually to the Cabinets and full Council of upper tier and unitary authorities on statistical analysis of initiatives and outcomes, and Chief Executives of the other agencies ensuring that this is reported to their equivalent boards (eg Police Authorities, Primary Care Trusts)
- Examining the demands being placed on local authorities with the introduction of the Public Law Outline
- Providing new guidance for the Courts, based on the principle that no case should be deferred

simply on the basis of lack of due process or paperwork. There have been clear examples of children being put at risk because of this process. Public services will resist but we will have to be more transparent

We do not want a system that bureaucratises and stops people using their faculties for making sound, safe, risk-assessed judgements.

Even if they are good for hindsight, policy makers should never believe that having rigorous bureaucratic systems will ever take the place of that critical judgement which only comes with the experience, continuity and confidence of the professionals who day-to-day have to make these judgements. The consequences may be that the process becomes more important than the judgement. It may appear to offer a comfort blanket but in the end it will never be sufficient and may have perverse and unforeseen consequences. In terms of investment in a competence framework, I have seen a great deal of investment, quite rightly, in improvement in the education economy but no corresponding investment in social work.

The Integrated Children's System (ICS) is a case in point. However admirable in its aspiration, particularly its ambition to create a national e-file for a child, the process is now, sadly, taking up to six hours to complete and there is a major loss of face-to-face contact with the family. The process here is potentially taking precedence over local safeguarding priorities and everyone should be concerned because this ultimately raises the risk to children, rather than reducing it.

I am also worried that we seem to have moved from a critical core of children needing protection by lowering the thresholds resulting in an unprecedented increase of children needing Child Protection Plans, doubling over a three year period. Safeguarding Boards have a wide angled view of protection based on "Every Child Matters". However we seem to be bringing into the world of child protection many more children than we should. The impact on public perception and the stretching of social work resources, given the earlier comments on bureaucracy, is self-evident. Apart from not having the resources to manage the risk, the consequences of such public policy are a real danger of dissipating attention from the very thing

we are trying to prevent.

Laming recommended the removal of Child Protection Registers to a system where you have an agreed plan - more to do with action than registration, and less stigma. In my view if it looks like a duck and swims like a duck, it is a duck. Notwithstanding the problems of stigma, registers were at best an alerting signal (a red flag) which based on my own experience offered effective co-ordination across agencies. It is not a case of either or - you need both. I still wonder if we should have specialist teams dealing with the most extreme part of child protection activity, particularly when the cluster of symptoms are evident in a particular family.

Initiatives in public policy do from time to time bring paradoxes which, particularly in the current economic circumstances are worthy of reflection. The recent changes in court procedures, the Public Law Outline, while based on good practice, have undoubtedly increased the administrative burden for local authorities, inevitably reducing the time available to focus on the key priorities. There is also little doubt that the increase in court proceedings fees has sent a confusing message.

A further conflict in public policy is around our understanding that the prenatal period and the first three years are critical in relation to cognitive and emotional development and integrated social skills of children. The US High Scope research coupled with the Surestart and children's centre developments are starting to make important contributions. However to get continuity of child care in a mixed economy of child care providers is a major challenge, particularly when national policy is to get women back to work as early as possible at a critical stage of a child's life. Isn't continuity and consistent parenting vitally important? While I am very aware of the social exclusion issues for single mothers, we need to be clear about the consequences for the child. This will be controversial, but financing the capacity of the mainly independent early child care sector is a challenge

Continued demands for structural change and reorganisation are likely to prove counter-productive.

Unannounced inspection visits may provide comfort in some quarters but this is not like inspecting a

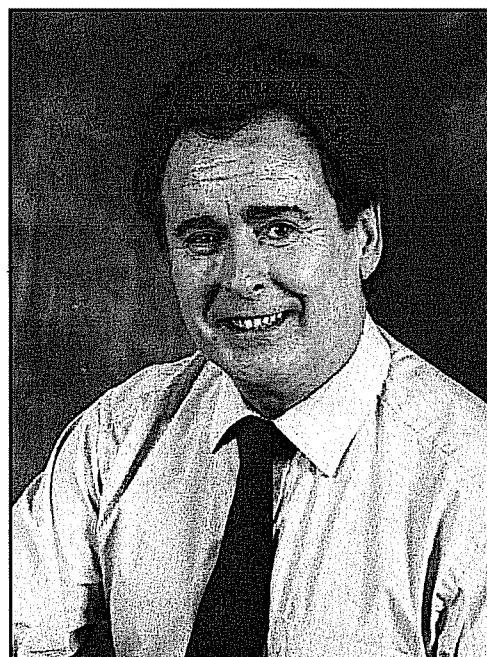
school; you can not see and judge the face-to-face interaction between the professional and the family. This is a closed system behind people's doors. Overloading the system with a burdensome inspection regime will not help; you have to have the fundamentals I have set out above in place. If not, you will find it difficult to recruit anyone into the business. I am sure there will be reports emerging over the next few months saying how dire the system is and how many children are being abused. However this is the time for mature leadership and not to cave in to vested interests or hysteria.

In the end this is about doing the simple things consistently well. It is better to concentrate on the family and on stability and competence at the front end of the service. We may have faith in the concept of Children's Trusts, but we need to appreciate that there is a major difference in focusing on broad community prevention and the consequences of hard-edged abuse and neglect of children - a distinction we forget at our peril.

It is important that the transformation that is taking place across all children's services is not dominated by the creation of new multi-disciplinary silos. The relationship between the Police, social workers and the Health Service is critical to successful decision making and reducing risk. There must also be external peer reviews and challenges. Chief Executives of local authorities need to take this question very seriously, and elected members with their corporate parenting responsibilities and scrutiny function have an important role here. Chief Executives need to ensure that the work of the child protection agencies, in particular those children who have died or been seriously injured (the subject of Part 8 Reviews), is reported in strategic terms to their respective Cabinets and Policy Committees.

Even if people don't accept much of what I say, we must remember that the phenomena of injuring and murdering children are deep in the psyche (however rare) and part of the human condition, and we will never prevent every occurrence. If we promise politicians and the public that we can, we will diminish our credibility. What we must do as public services is to make sure that we have everything in place to minimise the risks as far as we possibly can. We must never be complacent; we must be ever vigilant and hard-headed in what is one of the most difficult areas of public service.

Peter Gilroy OBE Chief Executive Kent County Council



Peter joined Local Government following a career in nursing, specialising in psychiatric social work. Following further social work training, he spent the early part of his career in practice, including attachments to primary health. Over the years he has spent periods studying and working in the Health and Social Care field in the USA. His managerial career has taken him into both public and private sectors.

He was Strategic Director of Social Services in Kent for eight years and during this time took the largest Social Services department in the country from 'poor' performance to 'excellent' before being appointed as Chief Executive of Kent County Council. His involvement in Child Protection began in the 1970s and he chaired the Child Protection Committee in Kent for thirteen years. Kent is one of the largest local authorities in the country and in 2008 was rated as one of the very best performers. Peter also chairs the South East England Centre of Excellence which concentrates on sharing best practice and creating a smart environment with regard to efficiency and performance, and is working closely with the Government on Futures.

He led nationally for ten years on asylum matters for the Association of Directors of Social Services (ADSS), chaired the National Taskforce and for five years until recently the National Register for Unaccompanied Children (NRUC). He also started a network of principal gateway authorities in the European Union to discuss common problems and develop a framework of best practice. He has also been a member of Lord Darzi's Health Innovation Council.

He has a national reputation for innovation and was nominated by The Guardian newspaper as one of the top 100 Innovators in the public sector in the UK and shortlisted for the 2006 Public Sector Power 100 Awards. Peter is a member of the Advisory Board of the World Health Care Congress and an associate member of the County Executives of America.



A Life in Social Work

*Peter Gilroy OBE, Chief Executive of Kent County Council,
talks about the issues facing child protection services*

In the light of all the publicity surrounding the Baby P case, it has been thought-provoking to see the various perspectives, both political and professional, that have emerged. Personally, I have welcomed Margaret Eaton's comments that any response should be based on measured reflection rather than a knee-jerk reaction. Throughout my professional career it seems to me that the one feature that seriously captures the public, whether it is this case or any of the high profile cases such as that of Maria Colwell or Victoria Climbié, however rare (and these cases are rare), is when the child is under the age of eight, and where there has been systematic neglect and abuse over a sustained period or extreme violence leading to death. The public reaction is one of incomprehension and anger. People simply cannot understand how the agencies involved could not see what was happening and intervene to protect the child. In this particular case the fact that sixty visits were made is beyond belief and will probably reveal poor communication between agencies, particularly the Police, and high turnover of staff leading to poor judgement and ultimately poor management.

It is never good enough at times like this to say that this country has one of the best child protection systems in the developed world. We do not talk about it and we tend to forget the many unsung heroes, social workers, health visitors, police officers, GPs, teachers, midwives and paediatricians, plus the substantial contribution of volunteering and the voluntary sector. All of these are providing very effective protection for thousands of children on a daily basis. It would not be sensible to jeopardise this for the sake of quick fixes - any shift needs to be as a result of detailed consideration of all the issues.

I find it puzzling that we are now saying that social workers always want to see the best in people as a criticism! The nature of the work requires optimism, but public policy must be consistent. Social workers are working with personality disorders, fragmented and dysfunctional families, and some of the highest levels of sociopathic and

manipulative behaviour. Maturity and hard-headed judgement come when there are good checks and balances at the sharpest end of the business. Those people who have never confronted a family late at night in their home cannot imagine how emotionally charged and volatile these situations can be.

"Churn" raises risk both in terms of critical judgement and accountability

Of vital importance in gaining critical judgement in these complex social situations, is the quality of the personal relationship between the practitioner and family, and between practitioners themselves. We live our lives through relationships and we know that outcomes are 40% more effective when people regularly see the same worker. In a situation where you have high turnover and vacancy rates this is not possible. Those of us in the business know that what is essential is:

- staff care,
- quality of first line supervision,
- a package of measures to retain the best in practice,
- continued investment in professional training, and
- controlled caseloads
- close working with critical partners

These are powerful levers in reducing risk. Reducing risk in the protection of children requires a professionally supported environment where staff can operate and stay working with the same communities over time.

Based on my thirty years' experience in child protection work, if we think we can make improvements by simply changing systems, we are in danger of deceiving ourselves and compounding the problem. Many local authorities are thinking more creatively and dynamically, and I would suggest a focus on:

- Creative staff care and retention packages
- Ensuring that resources for post graduate training are adequate for the key disciplines