



Bradford Safeguarding Children Board

**Serious Case Review
Hamzah Khan (17.6.2005 – 15.12.2009)**

**Learning and Improvement in response to the
Serious Case Review**

Introduction:

1. On 3rd October 2012 the Independent Chair and Independent Author for the Serious Case Review (SCR) that was undertaken following the discovery of the death of Hamzah Khan presented the overview report to Bradford Safeguarding Children Board (BSCB). Members of BSCB accepted the report and its conclusions. Members of BSCB also accepted the Individual Management Reviews (IMR) which were submitted by each agency to the SCR overview panel.
2. The conclusions of the SCR set out in paragraphs 99 - 157 of the overview report are accepted as the basis for the further analysis within the overview report and as informing the subsequent learning and improvement work undertaken by BSCB and its member agencies.
3. The following specific conclusions are fundamental to understanding the challenges faced by BSCB, member agencies in Bradford and Local Safeguarding Children Boards (LSCB) and agencies in other areas:
 - a. "Information known to the various agencies at the time of the events that have been examined and analysed by the panel does not suggest that Hamzah's death was a predictable event." (Paragraph 102).
 - b. The panel concluded that Hamzah and his siblings could have received more coordinated support in response to the evidence of domestic violence and the indicators of neglect. This view is evidenced by the observations regarding aspects of practice in response to domestic violence that are described at a number of points on the overview report, in particular in paragraphs 141 and 145.
 - c. "A compelling aspect of the case for general learning is the extent to which none of the various organisations that came into contact with this family had enough information to form a view about what life was like for any of the children in this household especially during the last few years." (Paragraph 100).
 - d. Another feature of this case is the manner in which the youngest three children including Hamzah were able to 'drop off the radar' of core universal provision such as primary health and education and early childhood services. There are a number of references to this feature in the overview report, in particular in paragraphs 39 and 109. It should be noted that Hamzah was not of statutory school age, and the focus for the review was to understand why he did not have access to early childhood services.
4. The significant themes for learning from the Individual Management Reviews (IMR) that agencies produced (section 3.2) and the examples of good practice identified through the review (section 3.3) are welcomed.
5. Chapter 4 of the SCR analyses the key themes of the case. The analysis of each theme concludes with a number of questions. These questions are challenges to all with responsibility for services to children and families in the Bradford District. The questions also provide a way for BSCB to critically apply the learning from this SCR when considering new safeguarding initiatives and holding existing services to account.
6. BSCB is committed to supporting the collective learning and improvement of all of its member agencies as a result of the lessons learned and the challenges identified by this SCR process. The SCR sub group of BSCB

actively monitors the progress of each agency's improvement. Specific themes from the SCR have been, and continue to be, considered by the sub groups of BSCB and continue to guide safeguarding developments undertaken by BSCB and by its member agencies.

Dynamic Learning and Improvement:

7. The obligation for LSCB to learn and improve is set out in chapter 4 of Working Together to Safeguard Children 2013¹ which was published after the conclusion of the SCR. This sets out how LSCB are required to develop a culture of continuous learning and improvement. This learning and improvement must be drawn from SCR, other reviews and audits, local and national research and the intelligent application of national policy initiatives to local circumstances.
8. The effective implementation of agency improvements resulting from the SCR process is a crucial mechanism for achieving much of the necessary changes identified from this case. The strong commitment of agencies to implement these improvements is welcomed by BSCB, and it is noted that many of the required changes identified have already been implemented.
9. However, there are other significant developments with origins independent of this SCR which also impact on the understanding and capacity of BSCB and its partner agencies to learn and improve. Many of these developments occurred after the death of Hamzah was discovered in September 2011, and some have occurred since the SCR was presented to BSCB in October 2012. Nevertheless the local implementation of these developments has been informed by the learning from this SCR, and the questions set out in chapter 4 have provided critical challenges to BSCB and each agency when considering how the developments may impact on children and families in the Bradford District.
10. Key relevant recent national developments have been:
 - a. The Munro Review of Child Protection, the Government response and the subsequent progress report by the same author².
 - b. The national Troubled Families Programme³.
 - c. NHS reform programme.

¹

"Working Together to Safeguard Children - A guide to inter-agency working to safeguard and promote the welfare of children" was published by the Department for Education in March 2013. It came into force on 15th April 2013.

² Professor Munro's review of child protection was published by the Department for Education in 3 parts:

- Part One: "A Systems Analysis" was published in October 2010
- The Interim Report: "The Child's Journey" was published in February 2011
- The Final Report: "A Child Centred System" was published in May 2011.

The Government response to the Munro Report was published by the Department for Education in July 2011

Professor Munro's Progress Report: "Moving towards a child-centred system" was published by the Department for Education in May 2012.

³ The Troubled Families programme was launched by the Prime Minister in 2011 with the intention of assisting through targeted intervention an estimated 210,000 families in England.

11. Each of these developments has provided opportunities and challenges to BSCB and agencies that shape how local improvements have developed following this SCR.
12. **The Munro Review of Child Protection** and linked national policy developments are intended to create child and family services in which confident professionals exercise their informed judgement to ensure that children are safe and thriving, without being bound by unduly prescriptive regulations and procedures. In Bradford, the Local Authority and its partners have taken advantage of the new freedom and are re-designing key aspects of the Integrated Children's System to ensure that professionals can more easily collate, share, and analyse information.
13. The national reforms to the child protection system also require each local authority and its partners to produce local protocols for the assessment of children and their families. In the Bradford District the Local Authority and its partners have developed the Bradford Single Child Assessment⁴ which is being piloted. An evaluation of the pilot will be considered by BSCB prior to full implementation.
14. **Families First** is the Bradford District implementation of the national Troubled Families Programme. This programme will work with 1,760 families (a figure determined by central government) in the District over a three year period from April 2012 – March 2015. Staff from seven statutory services and staff from voluntary sector agencies are working together to support families to address deep-rooted problems.
15. The Bradford Families First programme has been developed taking into account the lessons from both local and national serious case reviews. In particular the programme focuses on how agencies can better engage with families especially those who are either resistant or refuse the help on offer.
16. **NHS Reform Programme:** The ambition to ensure the effective safeguarding of children and adults is set out in "Safeguarding Vulnerable People in the Reformed NHS"⁵. This document sets out how the revised structures and commissioning arrangements of the NHS are expected to work together and with partner organisations to ensure the safety of children, setting the following expectation: *"We expect to see the NHS, working together with schools and children's social services, supporting and safeguarding vulnerable, looked-after and adopted children, through a more joined-up approach to addressing their needs."*
17. It is in this context of change and opportunity that local and regional NHS bodies continue to work within an integrated framework with partners and are applying the learning arising from the SCR.

Responding to the challenges raised by the Hamzah Khan SCR.

18. Chapter 4 of the Hamzah Khan SCR sets out a series of challenges grouped under six themes. In this section the themes are considered and examples of

⁴ The Bradford Single Child Assessment (BSCA) pilot began in October 2013

⁵ Safeguarding Vulnerable People in the Reformed NHS
Accountability and Assurance Framework First published: 21 March 2013
 Prepared by: NHS Commissioning Board

local improvements are described that have been completed or are under way which demonstrate responses to the challenges.

19. The first theme identified in Chapter 4 of the overview report is: **Cognitive influence and human biases: developing mindsets that are open to fresh or different information; repeated exposure of professionals to intractable and long term problems contributing to a normalisation in their response; understanding the significance of deviant or risky parental behaviour.**
20. As a result of the analysis undertaken in the SCR, specific challenges arise from this theme. These are:
 - The challenge of providing support for professionals from different backgrounds to prevent the erosion of concerns for children, especially older children;
 - Providing professionals with guidance and tools to distinguish between indicators of neglect and other factors such as social disadvantage; and
 - Equipping organisations to work effectively with resistant adults.
21. Ensuring that professionals from all agencies give appropriate weight to **concerns about children, including older children** requires individual agencies and BSCB to provide necessary support and challenge. This is assisted through clear single and inter-agency procedures, effective and testing supervision, providing structured opportunities for professionals to share information effectively and access to high-quality, relevant training.
22. Over the length of time that Hamzah's family was known to agencies, all agencies have taken steps to strengthen support for professionals. The SCR demonstrated that this support has been uneven during the period considered. Agencies and BSCB need to continuously reinforce the emphasis given to such support and ensure that it equips staff to operate effectively in new structural arrangements and in the face of new challenges.
23. Each agency that participated in this SCR has reviewed its own child safeguarding procedures in the light of lessons learned from this case. The BSCB reviews and makes necessary revisions to its multi-agency child safeguarding procedures every six months, with the most recent revisions having been made in August 2013.
24. Regular, challenging and supportive supervision, focused on child safeguarding, is an important factor in enabling workers to maintain an appropriate understanding of the experiences of each child for whom they are responsible. BSCB requires all member agencies to complete a regular self-evaluation audit which includes questions about the frequency and effectiveness of supervision provided for their staff working with children and families.
25. A number of agencies have taken specific initiatives to improve further the quality of staff supervision. Local Authority Children's Social Care Services train supervisors in the "4x4x4" supervision model developed and pioneered by Tony Morrison and Jane Wonnacott⁶. In addition, the Local Authority has a

⁶ Morrison, T. and Wonnacott, J. (2010) 'Supervision: now or never. Reclaiming reflective supervision on social work'

programme to provide independent management mentors to its first line managers in Children's Social Care (CSC) to assist them in developing their supervision skills.

26. The Bradford Multi-Agency Risk Assessment Conference (MARAC), which provides a regular formal opportunity to discuss known domestic violence cases with a victim and child perspective, produced an IMR for the SCR. This highlighted that until 2010, the recently established Bradford MARAC did not have consistent appropriate representation by Children's Social Care (CSC). This impacted negatively on the MARAC understanding of specific children's experiences of domestic violence and on the quality of information sharing between CSC and other agencies in such cases.
27. National research and the evaluation of serious case reviews⁷ indicates that some older children and young people in need of protection do not achieve good outcomes from the services provided by local authorities and their partners.
28. Local learning has been identified, through this SCR and case file auditing, that whilst agencies must respect the determined views of young people, it cannot be assumed that they are resilient to compromised parenting.
29. Local Authority Children's Social Care has commissioned Professor Mike Stein to work with officers, to consider how to develop better responses to vulnerable young people based on interventions that are evidenced as being effective. Professor Stein is the co-author of "Neglect Matters"⁸.
30. A further challenge for agencies is to provide tools and support that enable professionals to **distinguish between indications of neglect and other factors such as social disadvantage**.
31. The new Bradford Single Child Assessment tool (BSCA) has been developed taking account of research evidence and the findings of serious case reviews, including the Hamzah Khan review. It focuses on the three domains considered in the previous assessment framework (child's developmental needs, family and environmental factors and parenting capacity).
32. It is designed to support best practice; is less process driven but rather supports the intelligent questioning, understanding and analysis of information gathered that tells the child's story. It is more child centred, focusing specifically on the child's experiences and how these impact upon care, safety and development. It encourages greater participation of children and more direct social work time being spent with children. In this respect it significantly supports social workers and other professionals in addressing the initial challenge of giving appropriate weight to concerns about children, including older children.

⁷ Brandon, Belderson, Warren, Howe, Gardner, Dodsworth and Black: "Analysing Child Deaths and Serious Injury through abuse and neglect: what we can we learn? A biennial analysis of serious case reviews 2003 – 2005" (DCSF & UEA, 2008).

⁸ Hicks and Stein: "Neglect Matters: A multi-agency guide for professionals working together on behalf of teenagers" (DCSF and University of York, 2010).

33. In addition it draws on research evidence to require consideration of sources of vulnerability and resilience. Therefore the assessor is required to consider to what extent poverty and a run – down neighbourhood may be sources of vulnerability to neglect for a child. The assessor is then also required to consider the extent to which specific sources of resilience that reduce the risk of neglect may be evidenced, e.g. a committed adult, a good school experience, a strong community and good services and support.
34. The BSCA is currently being piloted and evaluated across the Bradford District. The evaluation will be presented to BSCB, and the extent to which the assessment tool assists in addressing this and other questions raised in the SCR will be considered.
35. High quality training for professionals and their managers assists in providing the necessary theoretical under-pinning to understand the complex causes and impact of neglect on children. In addition, training can provide practical skills and tools which professionals can develop further in their daily practice.
36. When delivered on a multi-agency basis training is particularly effective in developing, strengthened inter-disciplinary communication and understanding and a shared understanding of the evidence and research base that helps professionals to identify and respond effectively to neglect. Bradford Safeguarding Children Board (BSCB) is currently developing a new multi-agency training course focusing on recognising and responding to neglect.
37. The issue of child neglect is addressed in the content of a number of BSCB multi-agency training courses. The “Safeguarding Children: a Shared Responsibility” course has a particular emphasis on information sharing and the significance of effective interagency communication to safeguard children from abuse and neglect. This course is delivered 6 times a year to multi agency groups of 30 staff. In 2012 – 2013 staff from education (schools and support services), social care staff, probation, police, health staff (from the community and hospital trusts), early childhood services and staff from voluntary and community organisations have all participated in the training.
38. The course “Working with Resistant Families (Child Centred Practice)” was developed with an independent expert and has a particular focus on recognising the cumulative effect of neglect on older children.
39. Under this theme, the third challenge for BSCB and its partners is: **What is the capacity to work effectively with resistant adults?**
40. Each of the initiatives and support mechanisms for professionals described in response to earlier challenges under this theme apply to this question. Good quality supervision which assists the professional in understanding the nature of their relationship with resistant adults is essential. An effective supervisor will identify practical advice and assistance, for example by arranging for a joint visit with another colleague or professional from another organisation.
41. The BSCB multi-agency procedures contain a chapter on working with reluctant and hostile families. This chapter provides a framework for understanding the motivations and behaviours of families that appear reluctant to engage with services, outlines the responsibilities of staff and managers and provides good practice guidance.

42. The new BSCA (described in paragraphs 31 – 34, above) highlights parental suspicion of agencies as a vulnerability factor to be considered in assessment.
43. The multi-agency training programme delivered by BSCB contains two courses specifically designed to improve the skills and knowledge of professionals and their managers in order to work effectively with resistant adults. These have both been developed in conjunction with independent experts with learning from Hamzah's case, and other SCRs, in mind. The two courses are: "Working with hostile or uncooperative families" and "Working with resistant families".
44. "Working with hostile or uncooperative families" aims to help practitioners and managers to learn from practice and research, to understand how to overcome blocks and difficulties in relationships with families and to develop practical responses to overcome fear of intimidation, to be assertive and know what to say and do, and to work in an authoritative manner, focussing on the needs of the child.
45. In order to assess the impact of learning from "Working with hostile or uncooperative families" an evaluation session recently took place. All of the participants from each occasion the course has been delivered (approx 120 professionals) were invited. They were asked to reflect on the pledge they made at the end of the training session about how they have used the learning in their practice and provide evidence of impact of learning on their work with children and families. This evaluation has already demonstrated the need to develop a new training input on working with disguised compliance as a linked theme. The evidence from the evaluation will be collated and presented by the Learning and Development sub group as part of its quality assurance function.
46. "Working with resistant families" has a particular focus on the role of supervision in supporting workers faced with this challenge. It also focuses on developing an understanding of the impact of stress and fear on infant resilience and survival in such households and recognising the cumulative effect of childhood neglect on older children.
47. The second theme considered is: **Family and professional contact and interaction; putting children's needs, views and wishes at the forefront of interaction and enquiry; achieving balance in how vulnerable parents are helped; recognition of barriers that inhibit engagement and implications for practice.**
48. Analysis of this theme resulted in a number of challenges for BSCB and its partners. These include:
- The challenge of ensuring that professionals maintain an appropriate focus on the needs and risk for children when working with adults who have longstanding difficulties that can include depression, substance misuse or domestic abuse.
 - How can professionals identify evidence of inappropriate resistance?
 - Enabling professionals to satisfy themselves that relevant children's views, wishes and feelings are considered and influence judgements and decisions.

- How can professionals ensure that frameworks for responding to domestic violence recognise the barriers to effective help?
49. The extensive training programmes provided both by single agencies to staff in their own organisations and on a multi-agency basis by BSCB play a significant role in **ensuring that staff maintain focus on the needs and risk for children when working with adults who have longstanding difficulties.**
 50. The complex and multi-faceted nature of the difficulties experienced by members of some vulnerable families requires that agencies and services with a core focus on adults and those that focus on children take steps to ensure that their staff recognise the need to liaise and share information appropriately with all professionals engaged in helping a family. This requirement is emphasised in the BSCB multi-agency safeguarding children procedures, and is re-iterated in agencies own safeguarding children procedures.
 51. Bradford District Care Trust (BDCT) sets out the safeguarding children obligations of its entire staff group in its publication “Safeguarding Children Information for Health and Social Care Workers”. Since 2011, BDCT and Bradford Council Children’s Social Care Services (CSC) have implemented a joint protocol intended to ensure that staff from both agencies co-operate to safeguard children through joint working, for example by visiting households together and both contributing to assessments of the needs of children living in vulnerable families. Audit of the implementation of this joint protocol has evidenced a significant rise in joint visiting and information sharing during assessments of the needs of children in vulnerable families.
 52. It is important to recognise that work to resolve the problems faced by parents and care givers can make a significant contribution to improving the quality of life of children in the family. However, the work to assist parents must be informed by a sound understanding of the needs of the children, and of the impact of parental difficulties on children’s lives. The national evidence base that informs the principles and practices of the Bradford Families First programme (described in paragraphs 14 and 15, above) emphasises the effectiveness of multi-disciplinary family interventions in reducing domestic violence incidents and mental health problems.
 53. The need to **assist professionals to identify evidence of inappropriate resistance** is emphasised in the review. The importance of equipping professionals with an understanding of this issue through good quality training has already been discussed, and the detailed and developing programme of multi-agency training in this area has been outlined.
 54. Regular, challenging and supportive supervision is a key element of each agencies support to staff working with families that may exhibit inappropriate resistance. This supervision is most effective when combined with structured tools that encourage professionals to consider the nature and pattern of family engagement with services.
 55. The new Bradford Single Child Assessment (“BSCA” described in paragraphs 31 – 34) specifically requires the social worker to consider the possibility that parents may be fearful of the stigma of needing help, or may be suspicious of statutory agencies. Reviewing records of contacts and a chronological history

of professional contact with families assists social workers and other professionals to identify patterns of resistance and non-compliance.

56. This review and other SCR have identified instances when professionals have had insufficient understanding of children's lives and limited appreciation of their vulnerability. Such an understanding would be strengthened by more effectively **gathering the children's views, wishes and feelings, and giving proper consideration to these** when assessing and making plans.
57. In 2012, BSCB audited its member agencies to establish how consistently the views of children were collected and considered in planning for individuals and developing services. A number of agencies identified the need to strengthen practice in this area. One consequence of this focus on engagement with children and young people was the decision by BSCB to establish a children and young people's sub group, which will be in place by December 2013.
58. This focus has also influenced the development of the Bradford Single Child Assessment and tools used in agencies to gather and consider the views of children.
59. The BSCA requires that each child that is capable of expressing a view is given an opportunity to do so, both in terms of contributing to the information considered in the assessment, and in commenting on the outcome of the assessment. In Bradford a number of tools are available to support professionals in gathering and considering the views of children. Since 2012, Viewpoint, an interactive database, has been used to assist children in contact with Children's Social Care (CSC) to share their views.
60. Viewpoint is an on-line, age appropriate questionnaire that enables children to answer questions and provide additional information to help professionals understand the child's needs and to consider the effectiveness of help being given by professionals. It has been used extensively with Bradford's Looked After Children, has recently been made available for use with children where there are child protection concerns, and will shortly be made available for use with all children in need.
61. Viewpoint makes a significant contribution to the development and review of plans for individual children. It is also used to provide aggregated information for reports to BSCB, the Children's Trust, Corporate Parenting Panel, the Children in Care Council and other strategic bodies in the District.
62. Developing **effective frameworks for responding to domestic violence** is a challenge for the District. There are strong links between BSCB and the Domestic Abuse Partnership (DAP) resulting in joint approaches to learning and training, joint protocols with partners and strengthened Multi-Agency Risk Assessment Conferences (MARAC).
63. A particular challenge for children's services is to effectively screen the high volume of domestic violence notifications received from West Yorkshire Police and to ensure that help is effectively targeted at children affected. For the entire period considered by the Hamzah Khan SCR the practice was for West Yorkshire Police to send to Children's Social Care (CSC) all notifications of incidents to which the Police were called, where there were children, including where there was no violence or abuse. Consequently CSC

used up significant resources in screening these notifications, rather than applying their resources more effectively to responding only to those that were appropriate referrals.

64. The numbers of domestic violence notification reports received from the police for the years 2006 - 2010 averaged at 5,850 a year, approximately 490 per month. In 2011-12 approximately 9,400 domestic violence notifications were received.
65. During 2012 CSC launched the Integrated Assessment Service, a multi disciplinary assessment team which receives and responds to all new referrals. A revised protocol was also agreed with West Yorkshire Police to put in place more effective shared screening of domestic violence notifications.
66. A police officer is located in the team, who screens all the police domestic violence notifications that are received by CSC. The police officer is able to access both police intelligence and any information held by CSC, which includes any previous incidents that may build up a picture of an emerging pattern. This integrated approach between CSC and the Police enables immediate access and the sharing of inter-agency information, which better informs CSC's responses to DV notifications. Consequently numbers of notifications to CSC have reduced, with 4,600 being received in 2012-13.
67. The third theme considered is: **Responses to incidents and information; viewing individual incidents or crises in isolation; identification and clarification of patterns or inconsistencies that represent significant harm to children.**
68. Issues arise through analysis of this theme include the following.
69. **How do the arrangements for responding to individual incidents or crises provide sufficient opportunity to place them within a context of previous history and to identify emerging patterns or dissonance/inconsistency?** The BSCB multi-agency safeguarding children procedures have been revised to provide clearer expectations that assessments and child protection enquiries must gather information about the previous history of children and families and analyse present concerns regarding the well-being of children in the wider context of family history and functioning. The BSCA that is currently being piloted contains specific prompts to assist social workers and other professionals in to identify significant patterns in family histories. The practice standards developed within children's social care requires that every child receiving a service has a properly maintained chronology to provide an overview of the child and family's contact with agencies. This requirement is regularly audited by managers at all levels of the service.
70. **How does the training and support provided to practitioners equip them to understand the importance of and have the capacity to identify underlying patterns such as emotional neglect as a result of issues such as alcohol dependence or domestic violence?** As a result of learning from this case and other reviews, revisions and additions have been made to the BSCB multi-agency training programme.

71. The substance misuse and parenting course has been revised following the completion of the review. This course provides participants with an opportunity to consider the issues related to parents who misuse substances and the impact on their ability to parent and ultimately the impact on the health and welfare of the child. This course is delivered twice a year to 30 participants on each occasion. Courses have been attended by midwives, teachers, health visitors, voluntary and community sector staff, specialist drugs and alcohol service providers, community resource workers, and probation staff.
72. The “Safeguarding Children: A Shared Responsibility” course has also been revised following the Hamzah Khan review. This course provides an opportunity for participants to share dilemmas and concerns when working on an interagency basis and to recognise the importance of effective interagency collaboration at the earliest opportunity. It includes specific material and exercises regarding neglect and emotional abuse as a consequence of parental mental health problems, substance misuse and domestic violence. This course is delivered on the annual programme 6 times a year to 30 staff on each occasion. Courses are attended by named teachers, other education staff, health visitors, school nurses, police, probation, midwives, youth service staff, connexions service staff, adult services staff, voluntary and community sector staff, early childhood practitioners and Families First staff.
73. “Child Protection Decision Making – Safeguarding Analysis and Assessment Training” is developed and accredited by Child and Family Training on behalf of the Department for Education. The mechanism for the delivery of this course in Bradford is specifically influenced by the challenge that this SCR raises regarding the need to support professionals from different backgrounds to share and jointly analyse information about children and families. Bradford is first LSCB to deliver this course on an inter-agency basis, and has made plans to ensure the sustainability of the course by developing a pool of agency based trainers who are accredited by Child and Family Training. The course is delivered 6 times a year for groups of 20 staff including social workers, midwives, health visitors, Connexions staff, Families First staff, police officers and education staff.
74. Two new courses have been commissioned for delivery to multi-agency groups as a result of learning from the Hamzah Khan case. The two courses are: “Working with hostile or uncooperative families” and “Working with resistant families”, and these courses, and the arrangements for evaluation, are described above in paragraphs 43 - 46.
75. **How does professional interaction in regard to contact, sharing information and making referrals consistently identify underlying concerns or patterns relevant to the development or vulnerability of a child over and above information about a specific incident?**
76. Bradford Children’s Social Care participated in regional research with Professor David Thorpe. It was commissioned across all 15 local authorities in the Yorkshire and Humberside Region in order to understand better how requests for help from social care are dealt with and whether there are ways in which the response to families can be improved. A key question asked in the research was: “how do agencies know whether they are dealing effectively with initial child care enquires and the first stages of contact with people needing help? Are systems in place to spot those children at greatest

risk? And, when so many agencies are involved, is the focus on where it is most needed?"

77. This research and the subsequent action plan for Bradford was shared with and endorsed by BSCB. A new Integrated Assessment Service was developed with the Police, Health and Education which was launched in February 2012.
78. The agencies work together to ensure all safeguarding activity and intervention is timely, proportionate and necessary. Enquiries made to Children's Social Care are screened by a qualified and multi-agency team, building on and enhancing good practice. This multi-agency team is led and managed within the Children's Social Work Service.
79. The Integrated Assessment Team undertakes the following:
 - To screen all new Referrals that come into the team for the South and North East catchment areas;
 - To access and share all information about a child held by the individual agencies to inform professional judgement and decision making;
 - To provide a multi disciplinary consultation service to any professional who has a safeguarding concern about a child, providing advice and guidance and promoting preventative services where appropriate;
 - To promote the Common Assessment Framework (CAF), directing appropriate contacts to preventative services & appropriate agencies through professionals' own agency links & networks; and
 - To ensure that assessments and child protection investigations are carried out in a timely way engaging children and their families in the process.
80. Following feedback from the public and professionals, all referrers are now able to speak to a qualified professional within the multi disciplinary duty/screening team when making a child protection referral. This team includes an Education Social Worker, a Health Visitor, a Safeguarding Police Officer and Social Workers.
81. An evaluation of the Integrated Assessment Service showed significant improvement in the timely sharing of information held by and between agencies and also demonstrated that the quality of information sharing had improved, leading to better decision making for children.
82. External scrutiny has found that partners have developed a model that builds upon the existing, robust arrangements for safeguarding the District's most vulnerable children. Two consecutive unannounced inspections by Ofsted of our child protection services in August 2009 and November 2010 focused on assessment arrangements. Both of these inspections were positive, identifying no areas for priority action. The Ofsted announced inspection of safeguarding arrangements and services to looked after children in May 2012 resulted in an overall good rating for services.
83. The fourth theme considered in chapter 4 of the overview report is: **Longer term work with vulnerable children and troubled families; recognition of long term behaviours and changes to circumstances; multi agency understanding about what constitutes good enough parenting; systems that rely on parents doing the right thing.**

84. Consideration of this theme results in three challenges, the first being: **is the apparent level of uncertainty amongst different professionals about what constitutes ‘not good enough’ parenting acceptable?**
85. The concept of “good enough” parenting is a challenging one for professionals to apply in some family situations. Both the needs of a child and parental capacity to effectively and safely meet those needs are dynamic and can change rapidly, sometimes in ways that are unpredictable.
86. Assessment tools including the Common Assessment Framework (CAF) and the Bradford Single Child Assessment (BSCA) assist professionals in gathering information with which to judge the quality of parenting.
87. BSCB has published a threshold of need document which has been in use in the District since 2010. Evidence from using the threshold document and from self-assessment audits of agency safeguarding arrangements show that this tool supports professionals in making judgements about children’s’ needs and parents’ capacity to meet those needs. However, for development and improvement have been identified in feedback from professionals and from this serious case review. BSCB has committed to revising the threshold in need document, in line with the expectations of Working Together to Safeguard Children 2013. It is anticipated that a revised threshold document will be published by April 2014.
88. The second challenge identified is: **are local systems for ensuring children have access to appropriate health care and education (including pre-school) robust enough to compensate when parents are unable or unwilling to act in the interests of their children?**
89. This SCR demonstrates the challenges faced by the universal services of health care, early childhood services and education in making contact with and providing services to children when faced with extra-ordinarily high levels of resistance by a parent. Primary health services to all of the children in the family were severely limited, and eventually they were removed from the General Practice register.
90. Hamzah and the other pre-school age children were not in contact with a children’s centre or any other pre-school provision. Whilst Hamzah and his youngest siblings were not of school age at the time of his death, it is reasonable to expect that applications would have been made for primary school places by that time. School attendance by Hamzah’s older siblings was variable, and at times fell to levels that resulted in the Education Social Work Service (ESW) becoming involved.
91. The improvements for Bradford District Care Trust (BDCT), which has responsibility for the Health Visiting Service, resulting from this SCR include a range of information, training, and practice issues. The records of all non-engaging families are now reviewed by the Health Visitor or other relevant health practitioner on a six-monthly basis to inform a risk assessment and action plan to minimise the risk of further drift. A pathway has been developed to ensure the prompt referral of non-engaging families where health professionals have identified safeguarding concerns.

92. General Practices (GP) across Bradford have been issued with robust guidance in relation to escalating any concerns that may arise from non-attendance for healthcare services, as well as the procedures to be followed if considering removal of children from their lists. GPs have also been reminded of their responsibilities to raise serious concerns in line with local multi-agency procedures
93. As part of this SCR, an individual management review (IMR) was completed by the Bradford Schools Admissions team. The improvements include a rolling programme of parental awareness-raising regarding the schools admission process. Regular articles are published in the newsletter which goes to every home in the District and a system has been agreed with early years settings, including children's centres to ensure that clear information is given to all parents, with a particular focus on vulnerable children, to ensure that applications for school places are made.
94. The ESW service has revised the Children Missing Education procedure to ensure that managers regularly monitor and review each case. All Children Missing Education Cases must remain open until a school and home address in the UK is found, or until a manager agrees that all potential enquiries have been exhausted. The ESW service can now access the Bradford Council benefits database which has assisted in locating a number of families in the Bradford District whose children are not on a school roll. The Children Missing Education procedure has also been revised to those pre-school children whose sibling education history suggests they may be at risk of missing education.
95. The third challenge is: **are the increased rates of babies known to the early year's service leading to improved access for the most isolated and vulnerable of children?**
96. The Bradford Early Years service manages and brokers provision for a large and diverse pre-school population, with a wide range of needs. The District's Early Help Strategy is currently under review and BSCB is receiving regular reports on the progress of the review. From November 2013 the CAF Board and Parenting Board will be combined into one Early Help Board.
97. The service has identified the need to strengthen the documented requirements on children's centres to link with other agencies when developing support plans for individual children. When completing a pre-CAF assessment children's centres must link with other agencies to ensure that any identified additional needs are recorded and must review children's support plans in consultation with these agencies.
98. To assist Early years Services and partner organisations in identifying vulnerable children an Integrated Care Pathway (ICP) model has been developed in Bradford District for children aged 0 – 4 and their families. The initial core services included in the model are; health visiting, children's, centres and midwifery services. The model has been developed through staff engagement sessions and through piloting 'segments' of the child's journey over a 6 month period in different parts of the district. A full time health visitor has been appointed to ensure implementation of the ICP model across all key services. Once fully embedded (anticipated date 01/06/14) the model will ensure the most effective use of current resources within these services and

will focus on improving outcomes for young children, especially those most at risk of poor health and well being outcomes.

99. The fifth theme identified and analysed in chapter 4 of the overview report is **Tools to support professional judgment and practice; availability and use of tools for collating, sharing and analysing information; promoting analytical discussion and revealing underlying and long term patterns such as neglect.**
100. Analysis of this theme results in three challenges for BSCB and local agencies. This first of these is:
- **To what extent is local assessment practice a reflection of a child focussed, professionally controlled activity rather than being driven by local and national bureaucracy?**
101. The second challenge is:
- **Are the tools for collecting and recording information about children and their families adequate and able to promote sufficient interagency assessment?**
102. The final challenge under this theme is:
- **How does the training and development of professionals undertaking assessments across all services provide sufficient understanding about child development and childhood vulnerability?**

These challenges arise from the specifics of this case, yet they are familiar to professionals who have followed the debate arising from Professor Eileen Munro's review of child protection, and the government response to the review. The review concluded that a number of national constraints should be removed, including the requirements to adhere to nationally designed assessment forms and nationally prescribed approaches to IT systems for recording social worker activity with children.

103. This report has already described the work that is underway in Bradford to pilot the locally designed Bradford Single Child Assessment (BSAC). This is intended to be a child –focused tool that encourages the collection and analysis of relevant information within a time scale appropriate to the case. The report on the pilot of this tool will be presented to BSCB.
104. The freedoms to remodel the electronic recording system used to record social workers assessments, plans, interventions and case reviews has been welcomed by Bradford Childrens Social Care Services. Work is under way with the system provider to simplify aspects of the system, thus reducing bureaucracy, and to bring it in line with the BSAC tool.
105. As described in paragraph 73, BSCB is committed to delivering multi-agency assessment training to a minimum of 120 professionals each year. "Child Protection Decision Making – Safeguarding Analysis and Assessment Training" was developed on behalf of the Department for Education. An evaluation of the effectiveness of this training will be presented to BSCB during 2014.

106. The final theme analysed in the overview report is: **Management systems; improving the local arrangements to use information about vulnerability to promote the well being of children (especially pre-school); developing models of help and support; moving to more assertive forms of help when required.**
107. Six challenges arise from the analysis of this theme, the first of which is: **do professionals require written protocols and procedures to understand whether their action is appropriate and sufficient when enquiring into the whereabouts of a child?** BSCB and its partners accept that such written protocols and procedures are necessary. The development and strengthening of these procedures is described in paragraph 95 of this report.
108. The second challenge for consideration is: **How do professionals undertaking complex work that is subject to a great deal of primary legislation and regulation secure and maintain an appropriate level of knowledge and understanding?** This report has set out in some detail the work undertaken by BSCB and member organisations to assist professionals to maintain their knowledge and understanding of the legislative and regulatory framework within which they operate when working to safeguard children. This work includes the provision of extensive multi-agency safeguarding training (an annual calendar of 13 face to face course topics, 12 e-learning topics and additional bespoke learning events).
109. BSCB audits partner agencies to establish the effectiveness of safeguarding supervision provided to their staff. Information regarding supervision is set out in paragraphs 24 and 25.
110. The multi-agency safeguarding children procedures are reviewed by BSCB and its partners in the West Yorkshire Consortium every six months to ensure that they provide a user-friendly, up to date, legally compliant guide for professionals. The procedures were independently reviewed by a social work academic in 2009 and were found to be “User-friendly and thorough safeguarding procedures provided by knowledgeable and responsive providers”⁹.
111. The next challenge for BSCB and its partners is: **are there particular issues in a cosmopolitan city such as Bradford regarding how the community is kept informed about arrangements and agreements to look after children outside of their immediate family?**
112. In their work with Hamzah Khan’s family, professionals were diverted by the untrue assertion made at various times by mother and one of Hamzah’s adult siblings that he and other young siblings were residing, or would shortly be residing, in another local authority area. Although there was no evidence to support this, at one point one professional considered that a private fostering arrangement might be in place.
113. BSCB delivers a programme of modules to raise awareness of private fostering which is particularly targeted on education, early years and health professionals who have direct contact with most of the children and families

⁹ . Review of Safeguarding Procedures in Bradford Metropolitan District: Professor B. Featherstone Department of Social Sciences and Humanities, University of Bradford (2009).

in the District. In addition articles in community newsletters and the local newspaper have been used to promote awareness of private fostering, together with features on local radio stations.

114. Nevertheless, raising awareness of private fostering arrangements is a challenge in all local authorities, particularly in those, such as Bradford, where there are diverse cultural traditions of informal kinship care of children.
115. The fourth challenge is: **are the current arrangements for permitting a child to be removed from a GP practice list appropriate?** As described in paragraphs 92 and 93, the local arrangements for removing children from GP lists have been reviewed and revised. The impact of these revisions will be monitored by partners and reported upon to BSCB.
116. The fifth challenge to arise under this theme is: **are the current arrangements for identifying any child living in the city not registered for school or for a pre-school service appropriate?** Paragraphs 94 and 95 of this report describe a number of measures that have been taken with the intention of strengthening arrangements for identifying children not registered in school, or receiving a pre-school service. The effectiveness of these measures will be monitored by partners and reported upon to BSCB.
117. The final question for BSCB and its partners to consider is: **does the BSCB have sufficient confidence in current arrangements for identifying children who are missing from home, education or health care and oversight?** BSCB provides a programme of training regarding risks to children who go missing, factors that make children vulnerable to becoming missing, and explaining the protocols in place to reduce missing episodes. This training is delivered both face to face and via e-learning.
118. A regular report is presented to BSCB regarding children who are missing from home or education, and this will be developed to include information regarding children who are missing from health oversight.