

Checklist of practice recommendations from the Victoria Climbié Inquiry

Recommendation	Achieved?	Evidence of achievement or comments
<p>Recommendation 12. Front line staff in each of the agencies which regularly come into contact with families with children must ensure that in each new contact, basic information about the child is recorded. This must include the child's name, address, age, the name of the child's primary carer, the child's GP, and the name of the child's school if the child is of school age. Gaps in this information should be passed on to the relevant authority in accordance with local arrangements. (paragraph 17.97)</p>		
<p>Recommendation 18. When communication with a child is necessary for the purposes of safeguarding and promoting that child's welfare, and the first language of that child is not English, an interpreter must be used. In cases where the use of an interpreter is dispensed with, the reasons for so doing must be recorded in the child's notes/case file. (paragraph 6.251)</p>		
<p>Recommendation 19. Managers of duty teams must devise and operate a system which enables them immediately to establish how many children have been referred to their team, what action is required to be taken for each child, who is responsible for taking that action, and when that action must be completed. (paragraph 4.14)</p>		
<p>Recommendation 20. Directors of Social Services must ensure that staff in their children and families' intake teams are experienced in working with children and families, and that they have received appropriate training. (paragraph 4.16)</p>		
<p>Recommendation 21. When a professional makes a referral to social services concerning the well-being of a child, the fact of that referral must be confirmed in writing by the referrer within 48 hours. (paragraph 4.59)</p>		
<p>Recommendation 23. If social services place a child in accommodation in another local authority area, they must notify that local authority's social services department of the placement. Unless specifically agreed in writing at team manager level by both authorities or above, the placing authority must retain responsibility for the child concerned. (paragraph 4.82)</p>		
<p>Recommendation 24. Where, during the course of an assessment, social services establish that a child of school age is not attending school, they must alert the education authorities and satisfy themselves that, in the interim, the child is subject to adequate daycare arrangements. (paragraph 4.143)</p>		
<p>Recommendation 25. All social services assessments of children and families, and any action plans drawn up as a result, must be approved in writing by a manager. Before giving such approval, the manager must ensure that the child and the child's carer have been seen and spoken to. (paragraph 4.152)</p>		
<p>Recommendation 26. Directors of social services must ensure that no case involving a vulnerable child is closed until the child and the child's carer have</p>		

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<p>been seen and spoken to, and a plan for the ongoing promotion and safeguarding of the child's welfare has been agreed. (paragraph 4.183)</p>		
<p>Recommendation 28. The Department of Health should require chief executives of local authorities with social services responsibilities to prepare a position statement on the true picture of the current strengths and weaknesses of their 'front door' duty systems for children and families. This must be accompanied by an action plan setting out the timescales for remedying any weaknesses identified. (paragraph 5.9)</p>		
<p>Recommendation 29. Directors of social services must devise and implement a system which provides them with the following information about the work of the duty teams for which they are responsible:</p> <ul style="list-style-type: none"> • Number of children referred to the teams; • Number of those children who have been assessed as requiring a service; • Number of those children who have been provided with the service that they require; • Number of children referred who have identified needs which have yet to be met. (paragraph 5.24) 		
<p>Recommendation 30. Directors of social services must ensure that senior managers inspect, at least once every three months, a random selection of case files and supervision notes. (paragraph 5.27)</p>		
<p>Recommendation 31. Directors of social services must ensure that all staff who work with children have received appropriate vocational training, receive a thorough induction in local procedures and are obliged to participate in regular continuing training so as to ensure that their practice is kept up to date. (paragraph 5.30)</p>		
<p>Recommendation 34. Social workers must not undertake home visits without being clear about the purpose of the visit, the information to be gathered during the course of it, and the steps to be taken if no one is at home. No visits should be undertaken without the social worker concerned checking the information known about the child by other child protection agencies. All visits must be written up on the case file. (paragraphs 5.108 and 6.606)</p>		
<p>Recommendation 37. The training of social workers must equip them with the confidence to question the opinion of professionals in other agencies when conducting their own assessment of the needs of the child. (paragraph 5.138)</p>		
<p>Recommendation 38. Directors of social services must ensure that the transfer of responsibility of a case between local authority social services departments is always recorded on the case file of each authority, and is confirmed in writing by the authority to which responsibility for the case has been transferred. (paragraph 5.152)</p>		

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<p>Recommendation 39. All front line staff within local authorities must be trained to pass all calls about the safety of children through to the appropriate duty team without delay, having first recorded the name of the child, his or her address, and the nature of the concern. If the call cannot be put through immediately, further details from the referrer must be sought (including their name, address and contact number). The information must then be passed verbally and in writing to the duty team within the hour. (paragraph 5.169)</p>		
<p>Recommendation 42. Directors of social services must ensure that where the procedures of a social services department stipulate requirements for the transfer of a case between teams within the department, systems are in place to detect when such a transfer does not take place as required. (paragraph 6.7)</p>		
<p>Recommendation 43. No social worker should undertake section 47 inquiries unless he or she has been trained to do so. Directors of social services must undertake an audit of staff currently carrying out section 47 inquiries to identify gaps in training and experience. These must be addressed immediately. (paragraph 6.12)</p>		
<p>Recommendation 44. When staff are temporarily promoted to fill vacancies, directors of social services must subject such arrangements to six-monthly reviews and record the outcome. (paragraph 6.29)</p>		
<p>Recommendation 45. Directors of social services must ensure that the work of staff working directly with children is regularly supervised. This must include the supervisor reading, reviewing and signing the case file at regular intervals. (paragraph 6.59)</p>		
<p>Recommendation 46. Directors of social services must ensure that the roles and responsibilities of child protection advisers (and those employed in similar posts) are clearly understood by all those working within children's services. (paragraph 6.71)</p>		
<p>Recommendation 49. When a professional from another agency expresses concern to social services about their handling of a particular case, the file must be read and reviewed, the professional concerned must be met and spoken to, and the outcome of this discussion must be recorded on the case file. (paragraph 6.289)</p>		
<p>Recommendation 50. Directors of social services must ensure that when staff are absent from work, systems are in place to ensure that post, e-mails and telephone contacts are checked and actioned as necessary. (paragraph 6.318)</p>		
<p>Recommendation 51. Directors of social services must ensure that all strategy meetings and discussions involve the following three basic steps:</p> <ul style="list-style-type: none"> • A list of action points must be drawn up, each with an agreed timescale and the identity of the person responsible for carrying it out. • A clear record of the discussion or meeting must be circulated to all those 		

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<p>present and all those with responsibility for an action point.</p> <ul style="list-style-type: none"> • A mechanism for reviewing completion of the agreed actions must be specified. The date upon which the first such review is to take place is to be agreed and documented. (paragraph 6.575) 		
<p>Recommendation 52. Directors of social services must ensure that no case is allocated to a social worker unless and until his or her manager ensures that he or she has the necessary training, experience and time to deal with it properly. (paragraph 6.581)</p>		
<p>Recommendation 53. When allocating a case to a social worker, the manager must ensure that that the social worker is clear as to what has been allocated, what action is required and how that action will be reviewed and supervised. (paragraph 6.586)</p>		
<p>Recommendation 54. Directors of social services must ensure that all cases of children assessed as needing a service have an allocated social worker. In cases where this proves to be impossible, arrangements must be made to maintain contact with the child. The number, nature and reasons for such unallocated cases must be reported to the social services committee on a monthly basis. (paragraph 6.589)</p>		
<p>Recommendation 55. Directors of social services must ensure that only those cases in which a social worker is actively engaged in work with a child and the child's family are deemed to be 'allocated'. (para 6.590)</p>		
<p>Recommendation 56. Directors of social services must ensure that no child known to social services who is an inpatient in a hospital and about whom there are child protection concerns is allowed to be taken home until it has been established by social services that the home environment is safe, the concerns of the medical staff have been fully addressed, and there is a social work plan in place for the ongoing promotion and safeguarding of that child's welfare. (paragraph 6.594)</p>		
<p>Recommendation 57. Directors of social services must ensure that social work staff are made aware of how to access effectively information concerning vulnerable children which may be held in other countries. (paragraph 6.619)</p>		
<p>Recommendation 58. Directors of social services must ensure that every child's case file includes, on the inside of the front cover, a properly maintained chronology. (paragraph 6.629)</p>		
<p>Recommendation 59. Directors of social services must ensure that staff working with vulnerable children and families are provided with up-to-date procedures, protocols and guidance. Such practice guidance must be located in a single-source document. The work should be monitored so as to ensure procedures are followed. (paragraph 8.7)</p>		
<p>Recommendation 61. Directors of social services must ensure that hospital social workers participate in all hospital meetings concerned with the</p>		

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safeguarding of children. (paragraph 8.27)		
Recommendation 63. Hospital social workers must always respond promptly to any referral of suspected deliberate harm to a child. They must see and talk to the child, to the child's carer and to those responsible for the care of the child in hospital, while avoiding the risk of appearing to coach the child. (paragraph 8.100)		
Recommendation 64. When a child is admitted to hospital and deliberate harm is suspected, the nursing care plan must take full account of this diagnosis. (paragraph 9.35)		
Recommendation 66. When a child has been examined by a doctor, and concerns about deliberate harm have been raised, no subsequent appraisal of these concerns should be considered complete until each of the concerns has been fully addressed, accounted for and documented. (paragraph 9.60)		
Recommendation 68. When concerns about the deliberate harm of a child have been raised, doctors must ensure that comprehensive and contemporaneous notes are made of these concerns. If doctors are unable to make their own notes, they must be clear about what it is they wish to have recorded on their behalf. (paragraphs 9.72 and 10.30)		
Recommendation 69. When concerns about the deliberate harm of a child have been raised, a record must be kept in the case notes of all discussions about the child, including telephone conversations. When doctors and nurses are working in circumstances in which case notes are not available to them, a record of all discussions must be entered in the case notes at the earliest opportunity so that this becomes part of the child's permanent health record. (paragraph 9.95)		
Recommendation 70. Hospital trust chief executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without the permission of either the consultant in charge of the child's care or of a paediatrician above the grade of senior house officer. Hospital chief executives must introduce systems to monitor compliance with this recommendation. (paragraph 9.101 and 10.145)		
Recommendation 71. Hospital chief executives must introduce systems to ensure that no child about whom there are child protection concerns is discharged from hospital without a documented plan for the future care of the child. The plan must include follow up arrangements. Hospital chief executives must introduce systems to monitor compliance with this recommendation. (paragraphs 9.101 and 10.146)		
Recommendation 73. When a child is admitted to hospital and deliberate harm is suspected, the doctor or nurse admitting the child must inquire about previous admissions to hospital. In the event of a positive response, information concerning the previous admissions must be obtained from the other hospitals. The consultant in charge of the case must review this		

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information when making decisions about the child's future care and management. Hospital chief executives must introduce systems to ensure compliance with this recommendation. (paragraph 10.36)		
Recommendation 74. Any child admitted to hospital about whom there are concerns about deliberate harm must receive a full and fully-documented physical examination within 24 hours of their admission, except when doing so would, in the opinion of the examining doctor, compromise the child's care or the child's physical and emotional well-being. (paragraph 10.41)		
Recommendation 75. In a case of possible deliberate harm to a child in hospital, when permission is required from the child's carer for the investigation of such possible deliberate harm, or for the treatment of the child's injuries, the permission must be sought by a doctor above the grade of senior house officer. (paragraph 10.73)		
Recommendation 76. When a child is admitted to hospital with concerns about deliberate harm, a clear decision must be taken as to which consultant is to be responsible for the child protection aspects of the child's care. The identity of that consultant must be clearly marked in the child's notes so that all those involved in the child's care are left in no doubt as to who is responsible for the case. (paragraph 10.105)		
Recommendation 77. All doctors involved in the care of a child about whom there are concerns about possible deliberate harm must provide social services with a written statement of the nature and extent of their concerns. If misunderstandings of medical diagnosis occur, these must be corrected at the earliest opportunity in writing. It is the responsibility of the doctor to ensure that his or her concerns are properly understood. (paragraph 10.162)		
Recommendation 79. During the course of a ward round, when assessing a child about whom there are concerns about deliberate harm, the doctor conducting the ward round should ensure that all available information is reviewed and taken account of before decisions on the future management of the child's case are taken. (paragraph 11.39)		
Recommendation 80. When a child for whom there are concerns about deliberate harm is admitted to hospital, a record must be made in the hospital notes of all face-to-face discussions (including medical and nursing 'handover') and telephone conversations relating to the care of the child, and of all decisions made during such conversations. In addition, a record must be made of who is responsible for carrying out any actions agreed during such conversations. (paragraph 11.39)		
Recommendation 81. Hospital chief executives must introduce systems to ensure that actions agreed in relation to the care of a child about whom there are concerns of deliberate harm are recorded, carried through and checked for completion. (paragraph 11.39)		
Recommendation 89. All GPs must devise and maintain procedures to ensure that they, and all members of their practice staff, are aware of whom		

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to contact in the local health agencies, social services and the police in the event of child protection concerns in relation to any of their patients. (paragraph 12.29)		
Recommendation 91. Save in exceptional circumstances, no child is to be taken into police protection until he or she has been seen and an assessment of his or her circumstances has been undertaken. (paragraph 13.17)		
Recommendation 92. Chief constables must ensure that crimes involving a child victim are dealt with promptly and efficiently, and to the same standard as equivalent crimes against adults. (paragraph 13.24)		
Recommendation 94. In cases of serious crime against children, supervisory officers must, from the beginning, take an active role in ensuring that a proper investigation is carried out. (paragraph 13.55)		
Recommendation 97. Chief constables must ensure that the investigation of crime against children is as important as the investigation of any other form of serious crime. Any suggestion that child protection policing is of a lower status than other forms of policing must be eradicated. (paragraph 14.15)		
Recommendation 98. The guideline set out at paragraph 5.8 of <i>Working Together</i> must be strictly adhered to: whenever social services receive a referral which may constitute a criminal offence against a child, they must inform the police at the earliest opportunity. (paragraph 14.46)		