

CHSCP Multi-Agency Case Audit Child Protection Conferences April 2021

16 cases audited (range of ages including pre-school)

28 organisations participated (including 15 GP Practices and 8 schools)

Thematic review by CHSCP quality assurance leads

Audit built on findings from an online survey exploring a range of questions relating to the quality of agency involvement at Child Protection Conferences

The audit demonstrated that tools are already in place to support professionals attending Child Protection Conferences.

Strengthening the HCFS conference report template will be supplemented by production of an animated video for professionals and exemplar reports hosted on the CHSCP website.

The MACA recommendations will increase awareness of good practice for all professionals, particularly those who do not regularly attend Child Protection Conferences.

Recommendations:

CHSCP to:

- 1) produce an **animated video** setting out expectations for professionals invited to the conference. To include: submission of written reports, sharing of information with families prior to conferences and multi-agency ownership / accountability of plans.
- 2) host **anonymised examples of model reports** on the CHSCP website.
- 3) review availability of **multi-agency guidance on sharing child protection reports with families**.

HCFS to:

- 1) revise **Child Protection Conference guidance** to include specifics of template completion.
- 2) revise the conference template to request **explicit reflection on ethnic/cultural/identity issues** (including observations from previous assessments).
- 3) revise the conference **template heading for previous actions to include barriers to completion or next steps**.
- 4) revise covering email to support professionals who do not regularly attend Child Protection Conferences; **reinforce that information submitted and their professional experience will support decision making on thresholds**.

Partner agencies to:

- 1) internally promote / monitor the submissions of reports in a timely manner
- 2) internally promote / monitor the sharing of reports with families
- 3) plan and undertake single agency review of reports / engagement in child protection conferences within quality assurance / auditing processes.

Summary of Themes

40% of respondents attended the most recent child protection conference.

HCFS systems are currently under review to ensure that professionals are correctly identified and invited to conferences.

Issues around identification and invitation for GP Practices can be dependent on the family or GP informing the Social Worker of changes. This is most apparent when families move into the borough. The electronic transfer of records between health professionals was deemed to be working well.

Whilst human error may result in rare instances where professionals are not identified, this is usually corrected and notified in a timely manner. GP agency leads to review specific instances where the GP was not invited to attend the child protection conference.

57% of respondents produced a written report.

Feedback from some agencies indicates a view that verbal or anecdotal information shared with the social worker takes the place of a written report.

GP Practices and the MPS submit an agency specific report as opposed to the HCFS standard template.

There is need for professionals to include information and professional judgements that can support decision making about significant harm for the child.

70% of respondents, who returned a written report, shared it within timescale.

This is clearly detailed on the conference template as 3 working days before an ICPC and 5 working days before a RCPC.

Where reports were not shared in timescale, this may be due to late identification of the agency or timescales for calling the meeting.

34% of respondents, who returned a written report, shared it with the family (17.6% of these outside timescales).

The HCFS conference report template asks for the date the report was shared / discussed with the family. It also asks for feedback from the family or child when the information was shared with them.

The practicalities of initiating the ICPC within statutory timescales may mean that this is not always undertaken by all agencies, however for follow up meetings this should be ensured.

Professionals should engage families in advance of Child Protection Conferences, including ensuring that their information submitted is relayed. This is easier for professionals when a strengths based approach is undertaken.

A balanced approach is also needed dependent on the regularity of contact e.g. health visitor versus GP contact. The context of the family life should also be considered, where considered chaotic a number of professionals providing feedback may be overwhelming for the family. Professionals need to be able to evidence the rationale around sharing of information and the method in doing so e.g. face to face or via phone.

Whilst the social worker role coordinates the multi-agency response, it would be unfair for them to speak to, or be questioned on, submissions from other agencies. Good practice is seen in agencies holding professional responsibilities and being transparent with the families they work with.

Overall the sharing of information with families does not appear to be tracked organisationally, however there is a professional duty to work in a person centred manner. The sharing of reports will be a condition of planned future payment for GPs.

41% of respondents, who returned a written report, evidenced the voice of the child and understanding of their needs.

40% of respondents felt that the child's ethnic background, culture and identity was appropriately considered.

In the context of anti-racist practice, it is unclear that the HCFS conference report template at present would prompt professionals to review or feedback on this aspect as it is not explicitly referenced. Under the report section 'What are you worried about for this child?' agencies are asked to feedback on observations or disclosures of the child's day to day experiences.

Activity has been undertaken extensively in the partnership around the voice of the child but also reviewing the interactions between pre-verbal children and parents. Training, support and guidance has been provided and therefore the commentary around lack of the child's voice due to being pre-verbal flags that further work activity is needed at a supervisory level to ensure observations are reflected in assessments / reporting templates.

Conference reports should draw upon information captured in previous assessments. If this information is not making its way into conference reporting, then the template could be reviewed to ensure prompting of professionals.

70% of respondents, who returned a written report, felt it demonstrated an understanding of thresholds and rationale around decision making.

The HCFS conference report template does not use the term 'threshold'. Questions such as '*What are you worried about for this child?, Other issues which may impact on the child's safety?, What would reduce your worries for this child? and What can your service do to reduce harm to this child?*' guide respondents to share their professional opinions. Scaling questions have been removed from the template and contributors are supported to think about what their information means for the child in both current and long term outcomes.

Without prejudging outcomes, professionals need to understand thresholds and attend ready to contribute to the decision making process. This includes ensuring that information submitted provides a rationale to support which threshold is being met. This is particularly important for professionals who are not regular attendees and therefore do not have previous experiences to draw upon.

37% of agencies provided an update on previous actions.

The HCFS conference report template requests: *If attending a Review Child Protection Conference please provide an update from actions assigned to you/your agency at the previous meeting.*

77% of respondents indicated their agency did not provide any alternative views to the plan.

80% of respondents noted the Chair did not provide any challenge/ escalation in respect of any lack of input from their agency.

Whilst most of the responses indicate no alternative views to the plans, HCFS business support is being supported to accurately record decision making processes including rationales provided from attendees. Online forms are also sent after the conference for immediate feedback.

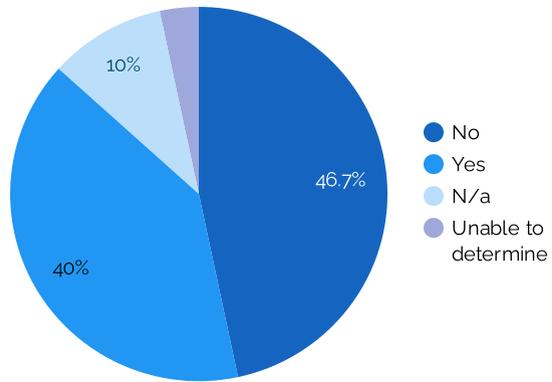
50% of respondents rated the quality of their contribution as Good and 43% rated as Requires Improvement.

Raw data should be triangulated with submitted reports and any feedback/support given to the agencies.

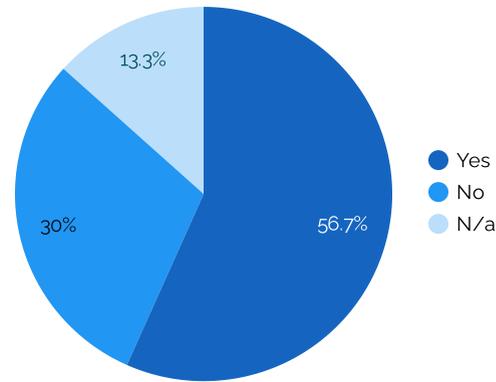
Feedback in relation to quality issues (referencing Working Together to Safeguarding Children (2018) pages 49-53) was focussed on invites to conferences and copies of conference reports. See data snapshot.

Data Snapshot

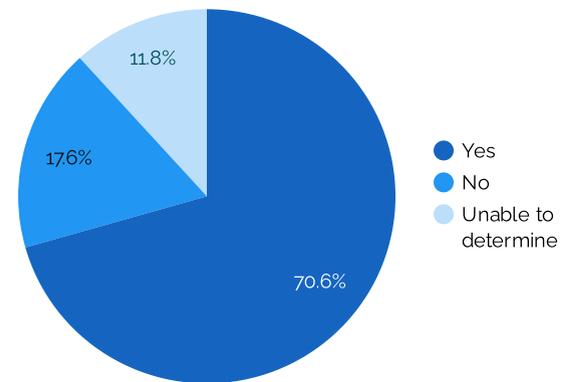
1) Did your agency attend the most recent meeting for this CYP?



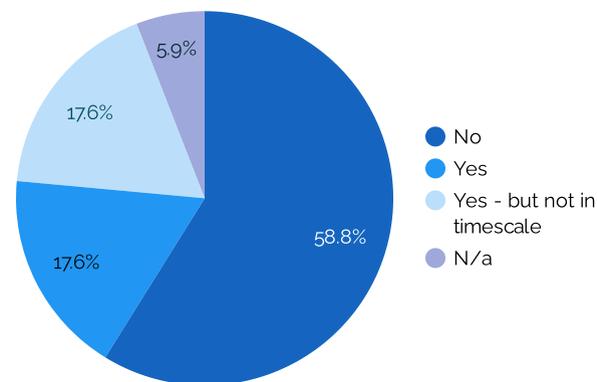
2) Did you agency provide a written report?



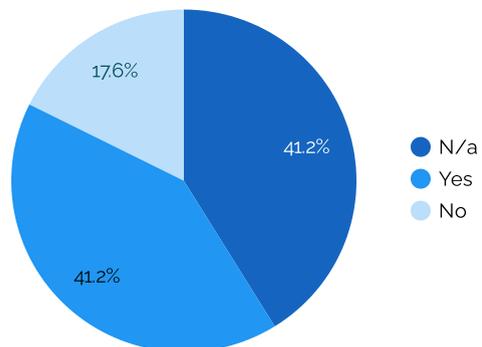
3) If yes, was the report submitted within timescale?



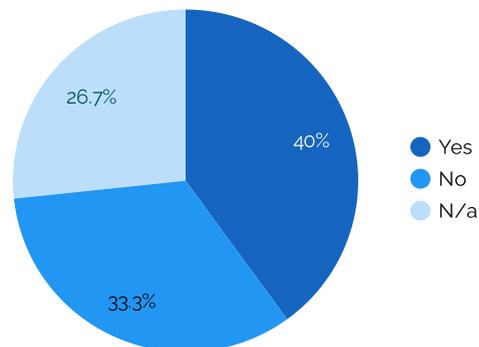
4) Was the report shared with the family?



5) Was the voice of the child and understanding of their needs clear in the report(s)?



6) Was the child's ethnic background, culture and identity appropriately considered by partners?



1) No / not applicable responses: feedback that agency was not aware of meeting being held or in case of GP Practice clashed with surgery hours.

2) No responses:
 - MPS research had been provided instead,
 - the service was not asked to submit a report,
 - the timescale for the request was close to the meeting so shared within the meeting.

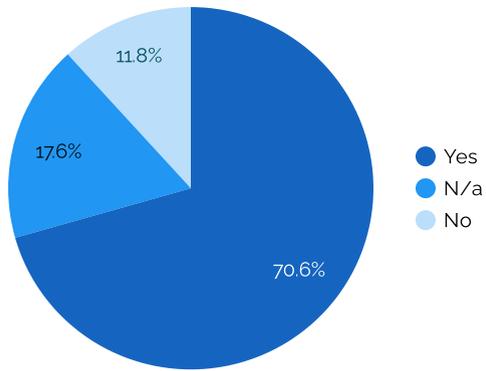
3) Where one agency did not submit a report in timescale, this was noted due to timescales of request in proximity to the meeting.

4) No responses:
"Reports are not shared with the family. They are sent to the chairperson who presents them to the conference, including any family members present"
"From memory, I think the report was discussed with the parent over the telephone"
"Shared in meeting"
"The initial child protection report was not shared with the family due to lack of time for completion"

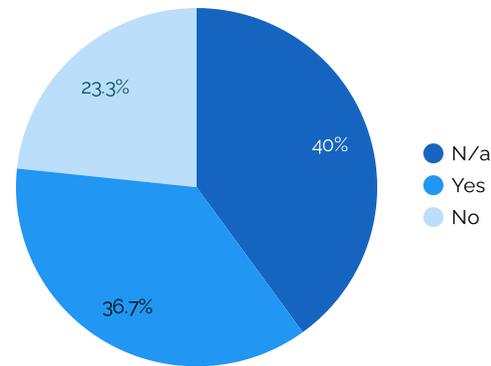
5) No responses:
"Child too young to adequately express her views"
"Copy of records sent by Administration after discussion with Duty Doctor who did not know family personally"
"The child has had no direct contact with the practice for at least 2 years"
"This was verbalised at the CP meeting"
"Child not seen yet (prior to school term)"
"Factual report based on medical issues"

6) No contextual feedback provided.

7) Did the report demonstrate an understanding of thresholds and rationale around decision making?



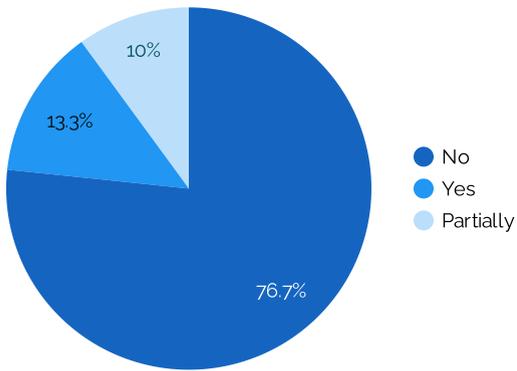
8) Did your agency provide update on actions? Suitable accountability for your agency's contribution to reducing harm?



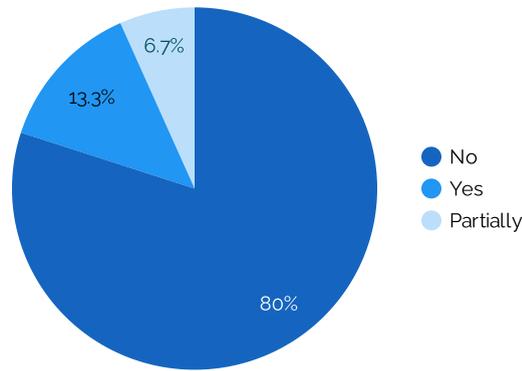
7) Feedback from a school where answering 'No':
"Further work might be needed in structuring reports so that this is appropriately demonstrated. Further cross-agency work might be needed to ensure that thresholds are consistently understood by all partners"

8) No or not applicable responses: no actions identified for the agency or actions discussed with the Social Worker outside of meetings.

9) Did your agency provide any alternative views to the plan?



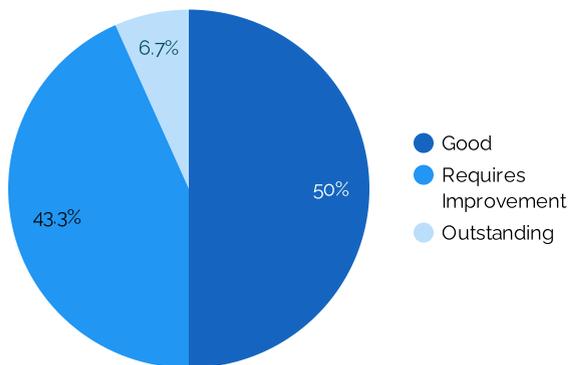
10) Did the Chair provide any challenge/ escalation in respect of any lack of input from your agency?



9) No or partially responses: agencies noted that they had not received a copy of the plan, were not at the meeting to contribute or there was an agreed position prior to the meeting.

10) Requires Improvement responses: that this was a reflection of the agencies practice. Some feedback indicates challenges for engagement due to timescales for requests or not being invited to contribute or attend the CP conference.

11) How would you rate the overall quality of your agency contribution to this CP conference?



12) With reference to Working Together to Safeguarding Children (2018) pages 49-53, are there any other issues you wish to highlight in relation to the quality of the most recent Child Protection Conference for this child / young person:

I think the conference went well as the chair knew the family from the previous conference and used the information she had learnt. It was very professional and mum was put at ease.

GP surgery not received a copy of the conference report

(SALT service) I would appreciate if the current plan was circulated.

(SALT Service) As a member of the team around this child, I think it would be appropriate to be invited to the meeting and contribute information regarding communication skills (answered no to Q1)

(GP Practice) It is likely our role will become more important again as other services reduce their level of involvement so we should ensure there is an easy way for their usual doctor to be updated/ contribute.