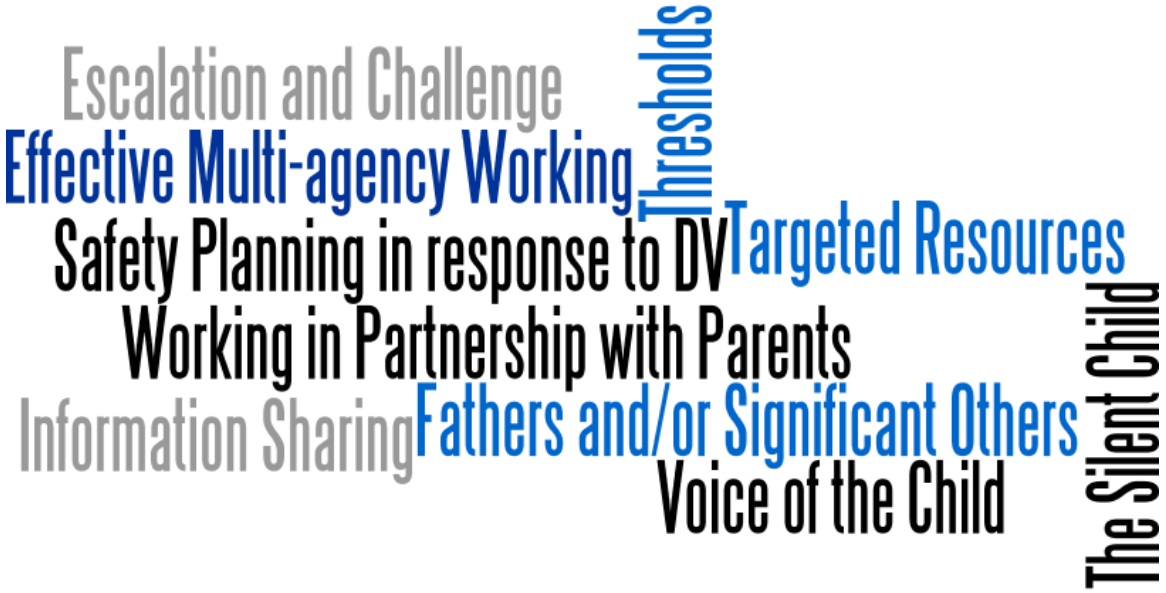
city & hackney safeguarding children board

CHSCB Case Audits
City of London
2017-18: Think Family



Systematic auditing allows the CHSCB to deliver one of the best learning opportunities for front-line workers; directly engaging them in a process that reflects upon, assesses and measures the quality of professional practice. The CHSCB operates a consistent and regular 6 monthly multi-agency case file audit process, which is carried out across the City of London and Hackney.

Brief summary of cases:

- **(Case 1)** Mother self-referred to Early Help for extra support. Concerns arose around mother's ability to meet the needs of her infant alongside care of siblings with special educational/additional needs and her own mental health needs.
- **(Case 2)** Father was arrested and jailed for child sex offences (there was no evidence of this including his children). Additional concerns arose regarding mother's mental health and the impact of historic controlling behaviour by father.
- **(Case 3)** Infant was placed on a child protection plan due to concerns around exposure to parental and familial violence.

Strengths:

Working in Partnership with Parents

Good relationships were developed with parents as seen across all three cases, enabling professionals to:

- hold open and honest conversations
- identify and support mental health issues, and
- engage parents.

Effective Multi-agency Working

The audits highlighted examples of good multi-agency working, essential to effective intervention that focuses on children and thinks family:

- Timely and well attended CIN meetings and strategy meetings were held ensuring information was appropriately and effectively shared.
- In Case 2, the partnership also identified and agreed support from CAMHS during the school holidays to ensure the safety of the young person.

Voice of the Child

The audits evidenced professionals actively seeking the views and feelings of the children.

- In Case 1, professionals were also able to balance their focus on a vulnerable mother without losing their focus on the immediate and long term needs of the children. Professionals sought the voice of the child and captured responses e.g. aspirations in life. Professionals then supported the young person to work towards their goal. In a sibling group of varying ages, the children were also seen and assessed as individuals with differing needs.
- Case 2 provided evidence of direct work with young people enabling conversations about feelings and risks to emotional health. Professionals were able to interpret the views and feelings of the young person to appropriately risk assess and protect the child, in this case by identifying and referring to appropriate support services.

Targeted Resources

- Case 1 evidenced professionals assessing the wider needs of the family and putting in place targeted resources to support the family.
- Thinking Family requires the right professionals, with the right skills, being engaged at the right time to help children, young people and adults. In this case, professionals focused on the wider family needs and a dedicated support worker was put in place to support the parent in the evenings.
- The impact was positively evidenced with the parent being better able to organize their day / effectively parent e.g. getting children to school on time.

Key Messages:

Escalation and Challenge

The audits highlighted need for professionals to challenge decisions where they feel they are not in the interest of the child or young person. This was highlighted across several scenarios: a CAMHS decision not to provide support to a young person was not challenged as CAMHS was perceived to be making a specialist decision; an independent school was not challenged over their lack of multi-agency meeting attendance (Case 2) and a difference in opinion within the partnership over the application of thresholds was not challenged or escalated (Case 3).

Are you aware of the CHSCB Escalation Policy? If not, read it HERE!

Fathers and/or Significant Others

All three cases were a reminder of the need to engage and include fathers fathers/ and or significant others in assessment processes. This is important whether they are in the family home or absent. This is especially important in assessments and in cases where only one narrative is being provided.

Professionals should consider the role of the father/significant other in children's lives, including not only the risks but also the protective factors.

Do you actively seek to engage fathers / significant others in your assessments and interventions?

Do you consider whether children want to have contact with their fathers / significant others? What impact will this have on their sense of identify?

Do you consider the role of the father in the children's lives, not only the risks but also the protective factors?

Information Sharing

As the central conduit for health information, the audits highlighted that GPs play an important role in information sharing as they receive/share updates on emerging issues for children and young people and families. GPs are also able to review an individual's health concerns/issues and assess potential impact on other family members.

GPs - Are you familiar with information sharing guidance HERE? If there is a change in your case, do you share within your agency and with appropriate partner agencies?

Is all relevant information on file so that it can be accessed in future?

All professionals - if you have unresolved concerns about the response by health in any case, this can be escalated to the Designated Nurse at City and Hackney CCG.

Safety Planning in response to DV

One of the cases highlighted the importance of DV safety plans being referenced / included in other plans across adults and children's services (i.e. CP or care plans).

Are you alert to a DV safety plan being in place for a family you are working with?

Are the details of this plan clearly visible within other relevant multi-agency plans? This is essential to ensuring an effective and coordinated response to issues of risk and potential harm.

The 'Silent' Child

Case 2 highlighted need for professionals to have a focus on '*the silent child'*. One of the siblings displayed outward behaviours and was engaged by CAMHS services. A fast track re-referral route into CAMHS services was also offered if further support was needed. The other sibling, *who was not displaying any outward behaviours*, was assessed but not offered (or wanted) CAMHS services at the current time.

Remember - indicators of harm/abuse do not manifest in children in the same way or at the same time.

Do you keep in mind the needs of all siblings and not just those that may be exhibiting outward behaviours or requesting help?

Do you ensure 'the silent child' has access to the same services as their siblings?

Thresholds

Case 3 highlighted need for all professionals in the Children and Families Team to consistently apply thresholds. This will allow professional challenge (via escalation) by the partnership when a decision is not agreed with.

Do you make reference to the City Of London Threshold of Need tool in your day to day work? Download a copy HERE!