



Learning from Serious Case Reviews

A checklist for good multi- agency practice

April 2017

Formulating a safeguarding assessment

- Are staff trained in assessment? Do these assessments focus on the needs of children first?
- How do you address the complex needs in a family sufficiently?
- How dynamic are assessments? Are they regularly updated?
- Do your assessments have a recognised structure/ tool? Can you tell us a bit more about the tools you use? If you assess in a different tool (eg YOS, Probation), how do you provide a synopsis or summary for other colleagues which includes all pertinent information to ensure that the right decisions gets to the right place at the right time ?
- Do you consult with other service partners, including adults services, in the preparation of an assessment?
- Has the information you have gathered been triangulated with service partners?
- How does the assessment clearly inform the plan of work?
- Is the role of men in families considered fully - both in relation to risks and strengths they bring to a family?
- Is the parenting capacity assessed thoroughly - if this is not your core business how do you address this your assessments?
- How do you ensure that the family are engaged with your assessment?
- How do you capture the views of babies, children, young people?
- Have you addressed the key themes of domestic abuse mental health substance misuse in your assessment and the potential impact on parenting capacity and risk
- How do you ensure that the language you use in your assessments is understood by other agencies? eg Does a description of 'stable' mean there is no risk ?

Useful resources

Assessment:

http://greatermanchesterscb.proceduresonline.com/chapters/p_initial_assess.html

Early help assessment

<https://www.stockport.gov.uk/early-help-assessment/overview-early-help-assessment>

Mental health difficulties , substance misuse and domestic abuse

http://greatermanchesterscb.proceduresonline.com/chapters/p_ch_par_mental_health_diff.html

http://greatermanchesterscb.proceduresonline.com/chapters/p_ch_alcohol_substance.html

http://greatermanchesterscb.proceduresonline.com/chapters/p_dom_abu.html

Families and Friends carers assessment tool

<https://www.frg.org.uk/involving-families/family-and-friends-carers/assessment-tool>

Bruising of immobile babies

http://greatermanchesterscb.proceduresonline.com/chapters/pr_bruising_babies_child.html

Neglect

http://greatermanchesterscb.proceduresonline.com/chapters/p_neglect.html

Making a Plan

- Is the plan based on thorough assessment?
- Do your staff get training in how to write SMART plans?
- Do parents understand the plan - was the plan formulated with them or by them? Do parents understand the plan? How do they get a copy of the plan?
- Is the plan the right plan - is it working - is it making a difference? Are we getting good outcomes or does the plan need to change? Do alternative approaches get considered routinely when the plan is not working?
- How does contingency planning work for your agency?
- Are workers using dynamic or imaginative ways to pull together the plan with families? Have you tried restorative methods to establish a plan, for example?
- How is the plan shared with partners and parents/carers?
- Do all people understand what tasks in the plan they are responsible for and the timescale which has been agreed?
- How do you avoid bias in your assessments? Do you have a gatekeeping mechanism/sign off by manager process?
- Has disguised compliance/resistance been evident as part of the planning process - how would you work with that in your service?
- Do you consider using the TAC Senior Practitioners to help you to pull together a robust plan? Do you consider asking them to your TAC meetings to support the planning?



Additional resources

- **Appendix A**
- **See 2 Page Guide: Smart Plans** <http://old.stockport.gov.uk/twopageguides/?search=P>

Meeting arrangements to drive the plan forward

- Is the meeting purposeful and necessary? Does everyone involved understand the purpose and the responsibilities of the meeting? How do you know?
- Is the meeting focusing on the plan and the achievements that have been made, or otherwise?
- Do meetings concentrate on the strengths within a family or do they get filled with updates on events? Is the Plan used at every meeting as part of the agenda?
- Are meetings regular and well attended? Is there a method to get information routinely from other attendees? Does everyone understand what the meeting is for and the roles of each person there?
- Are there opportunities for children or families to chair their own meetings if they want to?
- How do you prepare children and families for meetings? How are they enabled to attend meetings – is there any practical help given for example?
- Is information sharing appropriate - do staff know the 7 golden rules of information sharing and have a good understanding about issues of confidentiality? Do parents understand the issue of consent and information sharing? How do you know? If you have a dilemmas about confidentiality/information sharing have you sought advice from the TAC Senior Practitioners?
- Are staff aware of disguised compliance and how to identify it? Do they know how to work with disguised compliance? How would this be addressed in recording?
- How well do you 'PLAN DO and REVIEW' in your organisation?
- How do you mark success with the child and family? How do you create positive

Information sharing

http://greatermanchesterscb.proceduresonline.com/chapters/p_info_sharing.html

TOP tips re disguised compliance

<http://www.safeguardingchildreninstockport.org.uk/wp-content/uploads/2016/11/DC-top-tips-final.pdf>

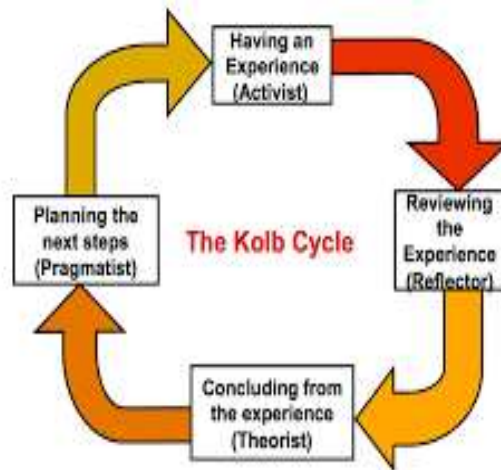
Resolving Professional differences

http://greatermanchesterscb.proceduresonline.com/chapters/p_resolv_prof_dis.html

Supervision and management oversight of the work

- Do you have a supervision policy in your organisation that includes oversight of safeguarding?
- How does your agency ensure that it focuses on safeguarding particularly when a case is a child in need rather than a child in need of protection?
- Is there an opportunity for critical reflection in your workplace? Are the range of options to avoid bias and support clear decision making?
- Are your staff equipped to be confident practitioners who can challenge where necessary?
- Are your staff aware they can use TAC Senior Practitioners to have reflective discussion about a case
- How do you ensure there is a focus on mental health issues, neglect, substance misuse and domestic abuse, and that these are recognised and analysed? How do you reflect on the effect on the parenting capacity in the household?
- Are there clear processes for step down - step out or closing cases? Is this done with Management oversight ?
- Are records quality assured?
- Where corrective action is identified is this acted upon promptly by the managers?
- Does supervision help to encourage imaginative and new ways of working within families to promote change , eg restorative methods.
- TAC Senior Practitioners can help complete a TAC consultaion to move the case forward

Supervision cycle:



Appendix A

SMART PLANNING

SMART = **S** specific **M** measurable **A** achievable **R** realistic **T** timely

Outcomes: *where possible, an outcome should be stated in the positive ie what is wanted – rather than what is not wanted.* Whichever planning ‘framework’ you use, plans will not be smart if the outcomes you want are not clear enough. An outcome is the *good thing we want a particular child to have or experience as opposed to the bad thing that is happening now.* **The outcome should describe what that good thing will be.** Parents respond better if asked to achieve future positives rather than ‘stop’ some past negative eg ‘managing behaviour without hitting children’ is better than ‘stop hitting child as punishment for bad behaviour’. When setting outcomes, picture what the better care will **look like – what** would you see, hear (smell?). If you’re struggling, write down the opposite of current poor care. **Turn these into outcomes.**

Specific start by describing this *particular* child’s **needs** as precisely as possible. Avoid clichés or describing needs using ‘universal’ terms eg “X needs to reach his full potential”. All children need that. Do not describe needs in ‘service terms’ eg ‘X. to be referred to Healthy Young Minds is not enough. This is an action not a need. If the purpose of the referral isn’t clear the ‘plan’

will fail.

The need might be 'everyone to understand why X hurts herself when upset by cutting her arms and for X to be helped to deal with upsets without hurting herself'. **Action would be, refer to Healthy Young minds. Use plain language** not jargon. Real example 'there are ongoing concerns about neglect of X who has suffered poor hygiene and presented at school hungry and wearing inappropriate clothes. He has little bedding which is also dirty. **Perhaps list as X needs to have clean hair, teeth and skin every day -X needs to wear clean clothes every day. These should be the right clothes for the weather, including shoes - X needs to have breakfast lunch and evening meal every day - X needs to sleep in a clean bed every night with enough clean covers to keep him warm.**

Measurable understandably, workers struggle with some things that aren't easily measured in numbers. 'Jimmy to have 100% school attendance' is easily measured. **Measuring whether a child is less neglected or emotionally abused is harder. But, again, consider what is it that the child witnesses, says and does that is worrying?** For those that can't be measured numerically, work out what opposite 'good' things the child might witness, say or do and **choose those as your measures. Example: 8 year old witnessing ongoing physical DV from Dad to Mum. Child herself looks anxious, is aggressive with classmates, drew 'worries' of Dad hitting mum. Measurable might include child will say she hasn't seen or heard Dad hit Mum.** This can be counted (= o). 'Softer' measures could include she is less aggressive in class and puts 'normal' 8 year old anxieties in the 'Bag of Worries'.

Achievable and Realistic these are, basically, the same. Plans should not require parents to provide more than 'good enough' parenting. In law good enough is the type of care that 'could be reasonably expected of a parent of a similar child'. This means what level of care would most children of a similar age get from a reasonable parent and how would most such children present. It does not mean what care would other abused or neglected children receive and, how would such abused children present if a child has special needs through eg disability, 'good enough' care means parents doing different or extra things to meet their children's needs: which is exactly what most parents of a child with disability to do – so this is still a comparison with a similar child.

Timely make sure you've agreed deadlines!

Always ask parents and, as appropriate, children if they understand what's written down in the plan. Don't over-complicate plans. Weed out any need or action that will not address the key risk or need.