

Multi-agency audit on Strategy Meetings and section 47 enquires

Methodology

Strategy Discussions and section 47 investigations were audited to assure ourselves that partner representation was adequate in contributing to safeguarding children in Bromley.

15 Strategy Discussions from January 2020 were selected and each partner audited the cases known to their service. The partners involved were Children's Social Care, Police, Bromley Healthcare, Schools, Oxleas NHS Foundation Trust, Kings College Hospital, Bromley Y, GP's, Early Intervention Family Services, Special Educational Needs and the Youth Offending Service. The auditor then analysed the audits.

Due to Covid-19 there was a delay in the completion of all audits. Interim findings were presented to the Performance, Challenge and Impact Subgroup in July 2020.

A further 50 cases were examined as part of the Practice Assurance Stocktake (PAS) of the Referral and Assessment Team in the autumn of 2020. The auditor also reviewed those cases and was particularly mindful of the findings of this multi-agency audit. The PAS did not yield any new information about Strategy Discussions/Meetings – no evidence was found in that larger sample group which disputed any of the findings here. Indeed it confirmed the areas for improvement highlighted by this audit.

Key strengths:

- Strategy Discussions and Sections 47s in most cases are timely, the threshold is correct, children and families are seen, and decisions are taken quickly to safeguard children.
- In the main, the audits identified that the initial Strategy Meeting takes place within 3 working days of the initial concern which is in line with the London Child Protection Procedures.
- Telephone discussions are used to ensure timely meetings take place.
- Strategy Discussions on the whole were clear in their purpose. Specifically seen in cases of missing children/ young people (Pxxxx1)
- Strategy Discussions were chaired by managers of appropriate seniority.
- Audits did not identify disagreements between partners and outcomes appeared to be agreed by all participants. This contributed to children being managed at the appropriate threshold.

- The majority of cases audited had utilised a combination of face to face attendance and telephone conferencing. In Pxxxxx6 this approach allowed for the GP to attend the meeting and share vital information to increase the quality of information sharing.
- All participants of Strategy Discussions were sufficiently senior to make decisions on behalf of their agencies and have meaningful contributions to the planning.
- Social Workers frequently demonstrate tenacity in seeking missing children and/or working towards increasing the safety and wellbeing of children.
- Children's views are gathered consistently by social workers and used in strategy and s47 meetings to inform decision making. Social workers use a range of tools to do this. Auditors have seen evidence of child focused practice with clear hypothesis that informs planning for children.

Areas for further development:

- The Strategy Discussion participants consistently made decisions based on multi-agency information; however, the attendance of the correct multi-agency partners was not consistently seen.
- The vast majority of Strategy Discussions take place within 3 working days, using conference call facilities to ensure that relevant agencies take part. When all key partners were in attendance this led to good information sharing, risk analysis and effective planning. By increasing timeliness and attendance planning for children and families could be reviewed as more complete and effective.
- In the main, Strategy Meetings held in the Referral and Assessment Service benefit from attendance from relevant partner agencies that share information appropriately. These meetings are generally effective and, where appropriate, lead to child protection enquiries and conferences for those children most at risk. However, this was not consistent across the service. Once children's cases are transferred from the Referral and Assessment Service, Strategy Discussions are not consistently effective, for example, health representatives were not seen to routinely attend or contribute to Strategy Discussions.
- These essentially lead to missed opportunities for the key safeguarding agencies to fully inform the analysis and decision-making for children when risk of harm is being considered at an early stage. Consequently, in some situations, valuable and important information is not available to inform decision-making at Strategy Discussions ahead of initial Child Protection Case Conferences. This means that while Strategy Discussions take place in a

timely way, they are usually held between children's social care and the police and the focus is on the sole issue of whether a joint or a single investigation is required.

- Out of the 15 Strategy Discussions audited, 6 had a health representative present, 3 had used a MASH health practitioner. Audits have identified that Strategy Discussions do not routinely involve those with direct first-hand experience of the child and their family.
- In Pxxxxx9 the auditor states "CAMHS has the understanding of child's emotional needs and holds a lot of relevant information on the child and family (particularly father) that would have contributed positively to the decision making at the time" Additionally, the Strategy Meeting took place on 23/01/2020 and the child had a scheduled appointment with CAMHS on 24/01/2020. This appointment was missed by the child and it could have been pertinent to share this information so it could feature within the safety and contingency planning.
- Based on the guidance from Working Together 2018, a Strategy Meeting must include a Social Worker, health practitioners and a police representative as a minimum. Therefore the remaining 9 meetings audited that did not include a health representative were multi-agency meetings and not Strategy Discussions.
- Partners whom have the best updated and first-hand information need to attend Strategy Meetings. When they do not, this limits effectiveness. Their input appries planning and decision-making for children and families in complex situations. There cannot be a fully supported and appropriate multi-agency response, without the most relevant and updated information sharing leaving planning incomplete.
- The audits identified practitioners need to effectively engage with the contributions from partners and access the unique roles and skills available from this information sharing. This will ensure richer and fuller discussion and planning and informed decision making.
- Although the outcome of the Strategy Discussions were consistently agreed by the auditors, the way in which Strategy Meetings and discussions are recorded does not always provide a clear rationale for the decisions made or indicate who needs to do what and by when. The information recorded was frequently seen as descriptive; it would have benefited from increased professional curiosity and analysis to apprise decision making. In the absence of

detailed recording in some cases, it was not always possible to ensure that actions could be easily tracked this in turn impacts on future planning.

- For example, In Pxxxxx9 the Mash Health partner shared a chronology of involvement from differing health partners that was not analysed and subsequently did not appear to further inform the working hypothesis and decision making. The information shared included father's history and concerns about his mental health yet actions were not set out to inform next steps.
- Auditors were unable to establish consistently what further information would be gathered if an assessment was already underway and what immediate and short-term action would be required to support the child.
- When the correct partners were in attendance, the quality of information shared was overall of sufficient quality but there appeared to be a disconnect between the different units of the police. This was particularly noticeable when matters involved gangs, missing persons and the Child Abuse Investigation Team. In Pxxxxx8 the young person was missing from placement in Watford and Hertfordshire police were involved but Bromley "missing person" police were not in attendance at the meeting. Their views would have been valuable especially as the young person was believed to likely return to the Bromley area due to his gang affiliation. In this case there were several Strategy Discussions held but the attendance of the different police units was not consistent to support planning.
- Auditors have been unable to provide evidence of consistently sufficient information shared by health partners due to the reduced number of audits involving the attendance of health partners from the wider health economy. The audits were unable to identify if the health practitioners were invited or did not attend. In Pxxxxx0 the auditor from Adult mental health services stated *"It would have seemed reasonable to invite adult mental health to the Strategy Meeting given that the children's disability social worker requested information about the impact his illness may have on his ability to parent the children, whilst advising Oxleas that it had been escalated to ICPC."* Decision making had been made without all key partners information and analysis. It is accepted that the decision to go to ICPC would have remained the same given the concerns however, the information shared by this agency would have likely contributed to the planning in the short term ahead of the ICPC and allowed for a comprehensive picture of the risks to be understood.

- Auditors have identified that the majority of partners were informed about outcomes of the meetings, however, the distribution of the meeting records to partners was not consistent or consistently in line with Bromley's practice standards.
- The auditor for the school of P3xxxx8 stated *"There are no widespread or serious failures that create or leave children being harmed or at risk of harm. However, the partnership is not yet consistently delivering good help and protection for children, young people and families due to a lack of shared discussion/information around cases. This was as a consequence of not being invited to the Strategy Meeting that caused the children to be presented to an ICPC"*.

The learning from this audit is:

- Further emphasis is needed to ensure attendance is appropriate, but;
- We need to make sure that health representatives are always included.
- Although there were multi agency meetings held which brought staff together from different organisations to discuss concerns, those, meetings that did not include a Social Worker, police and a health representative as a minimum were not in line with child protection procedures. This was not only seen in the auditing but in serious case reviews (Kevin, Gloucestershire 2009)
- The majority of Strategy Discussions take place within 3 working days in line with London Child Protection Procedures,
- Social Workers need to ensure clear rationale, analysis and hypothesis are recorded from the meeting and shared with partners in line with the practice standards.
- The purpose of the meeting being to decide whether section 47 enquiries should be initiated is not consistently set out in meeting records with a clear rationale for decision making.
- It is important to remember that at the end of the meeting when the multi-agency plan is devised, part of this may be to convene an Initial Child Protection Case Conference but this is not the central purpose of the meeting and plan.
- Actions agreed during the Strategy Discussion are allocated to specific people, with a date for completion, otherwise the meeting will be unclear about who should deal with the actions or questions identified for a Section 47 enquiry, no timescales will be set and subsequently the actions may not be completed (Victoria Climbié, Keanu Williams, Birmingham, 2013).

We know from Serious Case Reviews that:

- The absence of health professionals can make a critical difference, leading to information being missed from the discussion. For example:
 - if no-one present has met the child or can give their perspective (Victoria Climbié),
 - if key medical staff are not present, and omitting key practitioners as seen in Baby F, Bexley 2014 with the omission of a Paediatrician from the Strategy Discussion where they have valuable information to contribute.