



Somerset Safeguarding  
**Children Board**

# Multi-Agency Practitioner Forum (MAPIG)

## Confident & Competent Multi-Agency Working with Children in Need

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## Context

- Invited to attend a Safeguarding Conversation being facilitated by the SSCB - took place on 09/03/2017.
- The focus of this session was exploring an example of good multi-agency practice from pre-birth.
- The purpose was to use the conversation as a reflective opportunity to consider all aspects of practice.
- Invitees included Community Psychiatric Nurse (CPN), Specialist Midwife, Health Visitor and Social Worker.



## Session Format

- Multi-agency professional relationships
- Needs led practice
- Capturing a baby's perspective
- Processes
- Key Learning Points



## Setting the Scene

The conversation focussed on the case of a baby (now 7 mths) who is subject to a Child in Need plan. Baby has three older siblings, none of whom live with their parents. The eldest boy (now 9 yrs) is living under a Special Guardianship Order with his maternal aunt, and the other two girls (now 2 yrs 9 mths and 1 yr 11 mths) are under a Special Guardianship Order with associates of mother's.

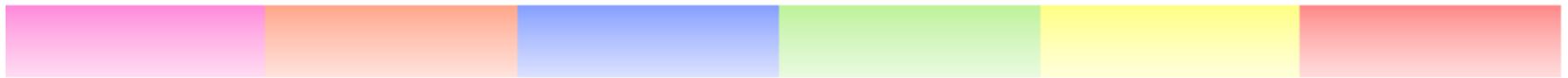
Mother experienced a traumatic and abusive childhood, spending time in Local Authority care, including being sectioned. Both parents have significant mental health needs which affected their ability to look after their children.



# Multi-Agency Professional Relationships

## Points from the Conversation:

- Excellent communication between all parties was evident in the planning for the baby.
- Practitioners confirmed that regular supervision arrangements were in place in their agencies and there were good messages about the way that supervision was being used.



## Points from the Conversation (cont):

- Practitioners were aware of the process for escalating concerns if they disagreed with decisions made about a child.
- Improvements in systematic information sharing across health agencies were evident, despite continuing difficulties with differing information systems.





**Somerset's Children and  
Young People's Plan  
2016-2019**

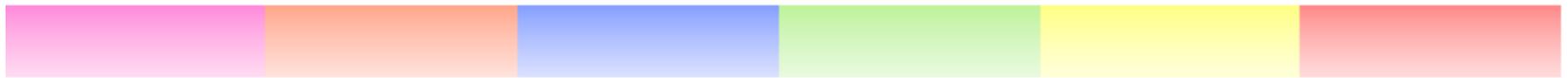
**Building resilient  
communities,  
families and  
individuals**



## Extracts from Somerset's CYPP

Supporting children and young people is the responsibility of everyone who works with and cares about children and young people. No one agency can do that alone. We work in partnership, so that children and young people and their families are heard and involved at home, at school, in their communities and particularly when they need services to help them.

Our plan has been developed with children and young people and with partners through the Somerset Children's Trust (SCT). The members of the Trust are set out later in this plan; all statements or references to "we" or "our" in the plan refers to all partners within SCT.



## Extracts from Somerset's CYPP (cont)

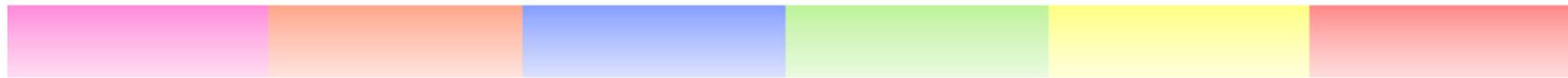
The key features of our partnership plans are:

**Prevention** - and addressing issues early and effectively.

**Child and family centred** - keeping children, young people and their families at the heart of everything we do.

**Collaboration** - working with others to effectively use our resources in commissioning and delivery of services.

**Integration** - providing joined up care and support that is not hindered by organisational, service or professional boundaries.



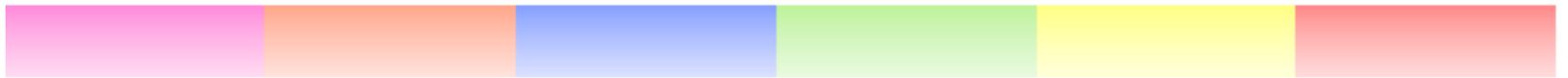
## Extracts from Somerset's CYPP (cont)

This means challenging the traditional way we have worked, becoming more flexible and creative in finding solutions that meet individual needs, giving families control, wherever possible, over what affects them, and working across organisational and service boundaries.



## Extracts from Somerset's CYPP (cont)

Our aim is to enable families to help themselves and find solutions to problems so they do not become dependent on services but develop the resilience to deal with future problems themselves. It will require all staff working with children and their families to be empowered to think family, keeping the child and their family at the heart of their work, listening to what they want and recognising and addressing the needs of the entire family in a holistic way.



# Needs-led Practice

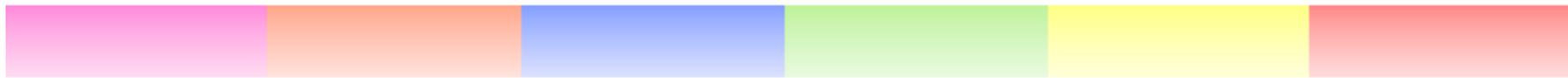
## Points from the Conversation:

- This was a well-managed Child in Need case, with a good child in need plan based on a sound and thorough multi-agency assessment.
- Use of the language of Signs of Safety created a common understanding across professions and with the parents and promoted joint ownership of and accountability for the plan.



# Format of Safety Plan

Safety Goal – to improve things (outcomes) for the child and keep the child safe	What needs to happen now to keep the child safe? (To achieve the safety goal)	Who will do this	By when (enter timescales)	Has this been achieved?
Monitoring of Baby's growth, development and well-being to be undertaken to promote her healthy development.	Mother to have contact with the HV on a regular basis to ensure appropriate developmental checks are completed.	Mother and HV	13/06/2017 – 6 month ages and stages developmental check (home visit)	

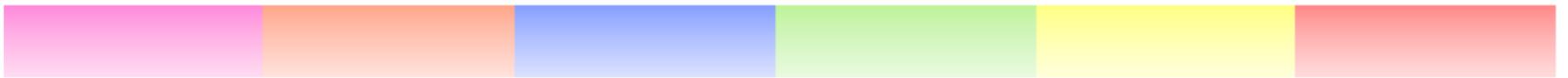


# Managing Risk

Managing risk lies at the heart of our practice - having to balance individual rights and freedom alongside the need to protect people from harm.

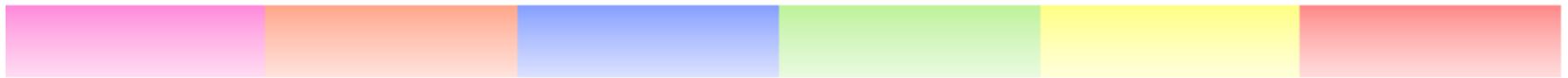
If we get this balance wrong - such as failing to intervene and serious harm occurs, or taking draconian and disproportionate measures - there can be **life-altering consequences** for everyone involved.

We cannot remove risk, or prevent it from happening. So we need to promote positive and effective practice - not working in fear, which can lead to risk averse practice and losing sight of the best outcome for the child & family.



## Managing Risk - Core Skills

- **Assessment** - can *only* identify the probability of harm, assess possible impact and propose intervention to eliminate or reduce that harm. Assessment cannot prevent risk and only ever provide a snapshot of particular moments - risk is dynamic and can/will change.
- **Planning** - An effective plan addresses risk by being clear about the issues, how they will be managed/reduced, what support will be provided and when it will be reviewed (what outcomes are we expecting to see?)



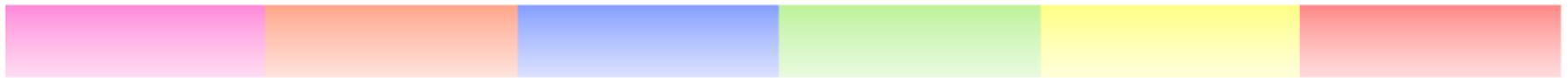
## Managing Risk - Core Skills

- **Recording** - recording of complex information needs to be clear and unambiguous. Practitioners are often faced with the challenge of 'ever-changing' circumstances that can make it particularly difficult to keep records up to date. Every effort must be made to keep records accurate and current.
- **Chronologies** - can be used to spot changes, patterns, repetition etc. This is a dynamic tool able to help practitioners understand history and context in current circumstances.



## Managing Risk - Core Skills

- **Oversight & supervision** - enables someone else to see change, progress, heightened/lowered risk etc and with their 'distance' from the case, often promotes healthy enquiry of practitioners.
- **Learning from SCRs/research** - offers key information to use in practice, such as well-known risk factors (e.g. domestic abuse, mental health problems, substance misuse and relationship breakdown or new relationships).



## Managing Risk - Core Skills

- **Focus on the child** - it is very easy for practitioners to be drawn into the problems/vulnerabilities of the parents, and lose their focus on the child.



# Capturing a baby's perspective

## Points from the conversation:

- Professionals maintained a clear focus on the child, despite the evident needs of the parents.
- Use of observation to access the voice and lived experience of the child.



# The Voice of the Child - Ofsted 2011

## Key findings

In too many cases:

- the child was not seen frequently enough by the professionals involved, or was not asked about their views and feelings
- agencies did not listen to adults who tried to speak on behalf of the child and who had important information to contribute



## The Voice of the Child - Ofsted 2011 (cont)

- parents and carers prevented professionals from seeing and listening to the child
- practitioners focused too much on the needs of the parents, especially on vulnerable parents, and overlooked the implications for the child
- agencies did not interpret their findings well enough to protect the child.



# The Voice of the Child - Ofsted 2011 (cont)

## Practice implications

Practitioners should:

- use direct observation of babies and young children by a range of people and make sense of these observations in relation to risk factors.
- see children and young people in places that meet their needs - for example, in places that are familiar to them.



# The Voice of the Child - Ofsted 2011 (cont)

## Practice implications

Practitioners should:

- routinely involve fathers and other male figures in the family in assessing risk and in gathering all the information needed to make an assessment.
- consider the implications of risk to children where they have concerns for their own personal safety.
- ensure that respect for family privacy is not at the expense of safeguarding children.



## Effective communication with young children/babies

- Effective techniques for communicating with pre/non-verbal children include active listening and talking, observation and different types of play. Toys that are colourful and make a noise are ideal for engaging and communicating with babies.
- Liaise with other practitioners and family members who know the child well.



## Effective communication with young children/babies

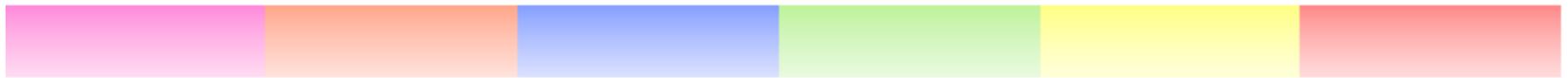
- Careful and skilled observation helps practitioners to understand what is happening in the life of the child.
- Practitioners need to be grounded and well-informed about child development.



# Effective communication with young children/babies

Issues to consider:

- **The age of the child** - having knowledge of child development ages and stages.
- **The child's attachment** - with their primary care giver and relationships with others.
- **The environment** - observation of the child in their world.



# Effective communication with young children/babies

Initially, it can seem as if the baby 'does nothing', but careful observation will show a unique child who is very responsive to their environment.

A skilled observer may notice the baby's:

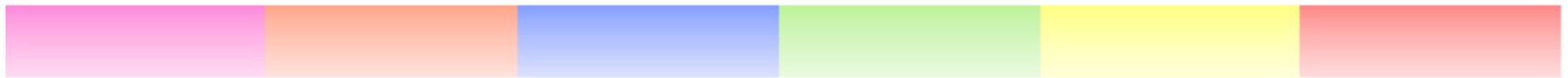
- moving eyes
- clenched and unclenched fists and feet
- wriggling
- sucking movements with tongue and cheeks
- stillness when concentrating on watching carer or a moving object/light
- moving head responding to sounds.



# Effective communication with young children/babies

## Does the child....?

- appear alert
- respond to people?
- show interest in the human face?
- track with the eyes?
- vocalise frequently?
- exhibit expected motor development?
- enjoy close physical contact?
- signal discomfort?
- appear to be easily comforted?
- exhibit normal or excessive displeasure?
- appear outgoing or seem passive and withdrawn?
- have good muscle tone?



# Effective communication with young children/babies

## Does the Parent...?

- respond to the infant's vocalisations?
- change voice tone when talking to or about the baby?
- engage in face-to-face contact with the infant?
- exhibit interest in and encourage age-appropriate development?
- respond to the child's cues?
- demonstrate the ability to comfort the infant?
- enjoy close physical contact with the baby?
- initiate positive interactions with the infant?
- identify positive qualities in the child?



## Pen Pictures

Baby recognises her mummy and daddy as people who look after her and love her. She gives special responses just for them - grinning at mummy in the morning when mummy plays peeking into her, and giggling and making a silly noise just for daddy when she sees him.

Baby is determined, strong willed, observant, loves going out and having baths. She enjoys seeing other children and watching them - so loves going to baby groups with her mummy (2-3 per week). When she's tired, Baby likes her blankie (a muslin) to partially cover her face - and everyone/everything to be quiet around her!



## Case Note Recordings

- Purpose of visit
- Observations of the child (including the child's voice)
- Assess Progress on Child's Plan
- Direct work undertaken on visit



## Process

### Points from the conversation:

- The case benefitted from the involvement of a consultant social worker with a protected caseload.
- Practitioners were aware of the pre-birth protocol, which had been fully implemented.





# **Multi-agency Pre-birth Protocol to Safeguard Unborn Babies**

**September 2016**

**Next review due on:**

**Version**

**Updated by:**

December 2016

V2.0

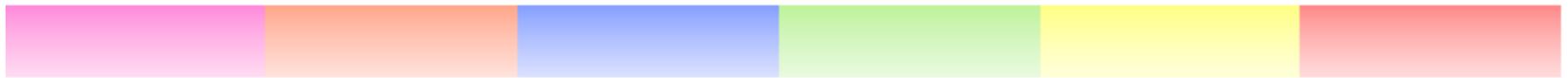
SSCB Multi-agency Task and finish  
group for Pre Birth protocol



## Extracts from Multi-Agency Pre-Birth Protocol

When agencies are able to anticipate safeguarding risks and vulnerabilities to an unborn baby, such concerns should be addressed through a pre-birth assessment. The aim of the assessment is to ensure that;

- The risks and vulnerabilities are identified as early as possible.
- To take any action to protect the baby (and any other existing siblings).
- To support parents in caring for the baby safely.



# Extracts from Multi-Agency Pre-Birth Protocol

Young babies are particularly vulnerable to abuse, and work carried out in the ante-natal period can help minimise any potential harm if there is early assessment, intervention and support.

The ante-natal period gives a window of opportunity for practitioners and families to work together to;

- Form relationships with a focus on the unborn baby but including any siblings.
- Identify risks and vulnerabilities at the earliest stage.
- Understand the impact of risk to the unborn baby when planning for their future.



## Extracts from Multi-Agency Pre-Birth Protocol

- Explore and agree safety planning options.
- Assess the family's ability to protect the baby.
- Once the baby is born, identify if any assessments or referrals are required before birth (e.g. Early Help Assessment).
- Ensure effective communication, liaison and joint working with adult services that are providing on-going care, treatment and support to a parent, plan on-going interventions and support required for the child and parent(s).



# Extracts from Multi-Agency Pre-Birth Protocol

Developing a Safeguarding Birth Plan will plan for the delivery of the baby and the immediate post-natal period, including who should be notified of the birth of the baby. This is disseminated to the agreed partners and birthing units.

- Disseminated to relevant professionals including Emergency Duty Team (EDT).
- Should include contact names and numbers of professionals involved and agreed arrangements for discharge.
- All professionals are clear about their role and disseminate amongst their colleagues as required.



## Activity

- In groups of 3-4 people, share your experiences of good multi-professional working.
- What worked well?
- What helped/made it worked well?
- If something didn't go well - what could be tried to improve multi-professional working?



## Timeline/Processes

[July 2016] Assessment C&F

[August 2016] Legal Gateway Panel agree Public Law Outline (PLO)

[September 2016] PLO meeting

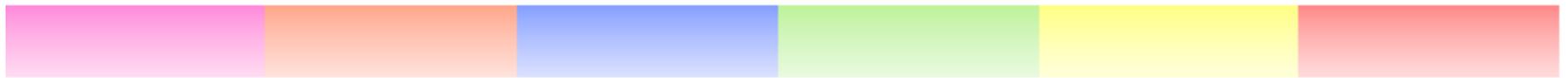
[October 2016] Strategy, Review PLO, Addendum report by Psychiatrist & Pre-birth Assessment

[November 2016] Pre-birth Planning mtg and Child in Need Mtg (CiN)

[December 2016] Interim Supervision Order granted and CiN Mtg

[February 2017] Supervision Order not granted, removed from Legal Gateway Panel and CiN mtg

[May 2017] - CiN mtg



# Key Learning Points

## Points from the conversation:

- Practitioners from other agencies other than CSC do not always understand the complexities, timescales, process and relative roles and responsibilities within the legal process.
- Managing risk in Child in Need can result in practitioners feeling vulnerable. To work well, the CiN process needs to be well planned, vigorously managed, regularly review and underpinned with strong leadership and excellent communication across the multi-agency team.



## Key Learning Points (cont)

- Importance of planning ahead to facilitate multi-agency engagement, particularly because of increasing pressures on specialist staff across the system.
- Issues in relation to CiN were noted, including drift, change of personnel and communication.
- Some professionals appeared to believe the number of children subject to child protection plans is being 'capped'.



## Key Learning Points (cont)

- Lack of clarity about the referral process and use of the Early Help Assessment.
- There was disquiet expressed about the step-down of CiN plans by CSC without multi-agency consultation.
- Practitioners must be careful not to lose sight of the competency and engagement of the second carer, particularly where they are being relied on to provide part of the safety plan.



## References

- Research in Practice Frontline Briefing, 2014 - Communicating effectively with children under five
- Community Care Inform Children, October 2016 - Managing risk in social work
- Lambeth Safeguarding Children Board (2015). Child I Serious Case Review



## References

- Lundberg b (2013) Serious Case Review in respect of the death of Keanu Williams, Final Overview Report. Lichfield: Kirwen Maclean
- The voice of the child: learning lessons from serious case reviews - A thematic report of Ofsted's evaluation of serious case reviews from 1 April to 30 September 2010



# Guidance

<http://sscb.safeguardingsomerset.org.uk/wp-content/uploads/SSCB-Pre-birth-Protocol-Version-2.0.docx>

<http://www.somerset.gov.uk/organisation/trusts/somerset-childrens-trust>

<http://www.workingtogetheronline.co.uk>

<http://sscb.safeguardingsomerset.org.uk/wp-content/uploads/Resolving-Professional-Differences-Protocol.doc>



Thank you

