

Core Priorities:
Effective responses to safeguarding concerns
Effective safeguarding structures and systems
Communication and learning
Quality assurance and performance management

PLYMOUTH SAFEGUARDING CHILDREN BOARD

MULTI-AGENCY CASE AUDIT NEGLECT

10 MAY 2017

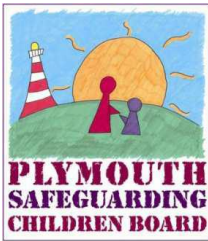
EXECUTIVE SUMMARY

1.0 INTRODUCTION

- 1.1 Working Together to Safeguard Children 2015 requires Local Safeguarding Children Boards (LSCBs) to fulfil their statutory objectives and functions as set out in section 14 of the Children Act 2004 and Regulation 5 of the Local Safeguarding Children Boards' Regulations 2006.
- 1.2 LSCBS are required to evaluate agencies' effectiveness by quality assuring practice, including through joint audits of case files, involving practitioners and identifying lessons to be learned.
- 1.3 This Multi-Agency Case Audit (MACA) into practice with neglect was undertaken by the Plymouth Safeguarding Children Board (PSCB) on 10 May 2017, as part of a rolling programme of audits contained within the PSCB Learning and Improvement Framework, and in accordance with its Multi-Agency Case Audit Process.

2.0 AUDIT METHODOLOGY

- 2.1 Multi-agency quarterly audits are undertaken on five individual cases around a practice theme. Themes for the audits are selected by the PSCB Learning and Professional Practice Sub-Group in response to current practice issues, including learning from Serious Case Reviews, Joint Targeted Area Inspection themes, and national issues. The process does not intend to provide a statistically valid quantitative audit of practice. The audits are qualitative, aiming to provide a window on the system, to illuminate practice strengths and areas for development across the PSCB.

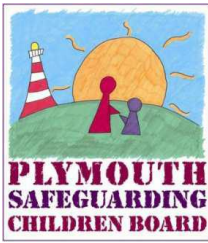


3.0 AUDIT

- 3.1 On 10 May 2017 the PSCB undertook a themed MACA looking at cases where there had been neglect. The theme was identified by the Learning and Professional Practice Group of the PSCB on the basis of its Service Plan priorities, partnership working with the NSPCC, and Joint Targeted Area Inspection Theme.
- 3.2 Five cases were identified via Children, Young People and Families' (CYPFS) data, and consent for conducting the audit was sought from the families. Capacity issues within the Plymouth City Council Participation Team meant that the views of families and young people were not ascertained for this audit. The PSCB Business Manager was unable to secure a contingency plan due to unforeseen staffing issues, and the matter has been referred for further management review.
- 3.3 Seven lead auditors from key agencies participated and facilitated the audit for their agency. These included Children Young People and Families, Devon & Cornwall Police, Plymouth NHS Hospital Trust, Livewell Southwest CIC, Barnardo's, National Probation Service, Learning and Communities, NSPCC, Harbour Drugs and Alcohol Service and Community Connections (Housing and Benefits). Plymouth Domestic Abuse Service and the Community Rehabilitation Company were unable to participate. It is noted that none of the cases were open to the NSPCC during the audit period. In addition, the Local Service Manager from the Plymouth Domestic Abuse Service had been invited to attend, although none of the cases were open to them during the audit period.
- 3.4 A summary sheet of each audit was requested from all lead auditors. The panel gathered on 10 May 2017 where four of the five cases were discussed and learning identified.
- 3.5 With regard to the fourth case, a lead audit implied that the child concerned was at current risk and there were differing professional perspectives. This case was subject to a separate meeting, wherein it was established that the child was safe, care planning was effective, and historical information had been presented as current.

4.0 THEMES

- 4.1 The Audit Panel identified the following key themes:
 - Quality of case recording was variable.
 - Children's plans and case records are not consistently measuring change and outcomes for the child.
 - School records have a strong focus upon educational attainment, but a lack of recorded recognition of the impact of neglect on the child.
 - Evidence of good multi-agency working with some good information sharing.
 - Inconsistent use of assessments to enable identification of risk and care planning.
 - Voice of the child was inconsistent.



5.0 KEY LEARNING

The key learning taken from the identification of themes and main findings are as follows:-

- 5.1 Chronologies and case records must be kept accurate and up to date.
- 5.2 Agencies are to ensure that their assessments and plans make it clear to the child, their family and practitioners involved what the concerns are/were and the expected outcomes and impact for the child and family, All agencies to ensure that care planning is purposeful and not process driven.
- 5.3 All agencies to ensure that they have an understanding of the child's history and that their lived experience informs agencies' planning with the child and their family. Chronologies and case records must be kept accurate and up to date.
- 5.4 Schools to review case management discussions and record-keeping, ensuring that the voice of the child is sought and evidenced.
- 5.5 All agencies to strengthen their systems to ensure that children are continually involved within their care planning, and to ensure that there is always evidence that their voice has influenced decisions made by professionals. The child can be seen as the active partner who can usefully add to what is being set up on their behalf.
- 5.6 There should be a focus for training across all agencies on good practice around assessments, including the Resilience Vulnerability Matrix and DASH assessment.
- 5.7 CYPFs to liaise with Harbour and consider a proposal to undertake joint home visits to families with children, together with identifying value and capacity for Harbour to be involved in future development of PRAS.
- 5.8 Use of Police STORM system to record bespoke action plans/SOPS and increase police practice in consulting child protection planning materials held on police computer systems.
- 5.9 MACA Audit Tool to be amended to include scrutiny of agency attendance and outcome at ICPCs, Strategy and Core Meetings (as appropriate to the selected case), and an amendment to question "*Is there an effective plan in place*" to promote an outcome-focused response.
- 5.10 Auditors would benefit from assistance in planning and undertaken audits on behalf of the PSCB.
- 5.11 All agencies are to ensure that they are capturing within their case files attendance at core, strategy and ICPC meetings and the outcomes.

