

**Practice Note: Learning from audit**

Slough safeguarding partnership carried out a multi-agency audit of young babies. A comprehensive report is available in addition to this Practice Note.

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| **What we learned** | **Points for practice** |
| ***About core groups;***There was drift between core group meeting and no-one stepped forward to challenge. | There are many staff changes in all partner agencies and so a risk of drift and delay. When practitioners attend the first core group meeting, it is essential they make a note of the date of the next meeting, and not rely on a prompt from SCF. * If the meeting does not happen, call the social worker.
* If a practitioner is unable to attend, arrange for a colleague to attend ensuring they are briefed OR provide a briefing to the social worker ahead of the meeting
* If a practitioner is leaving a service, ensure they share all their meetings with their manager and agree who will need to be briefed.
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| ***Contingency planning:***There was evidence of this in child protection conferences, but following step-down, parents were not always informed about the implications of non-compliance. | All practitioners should share with parents the implications of non-compliance and encourage rather than “tell” parents to comply. |
| ***Supervision:*** Beneficial to provide immediate challenge to practitioners, but not always followed through to next session. | Supervisors and supervisees should keep a record of all supervision sessions. Previous challenges should be revisited and outcomes discussed to ensure continuity and show that challenge has impact. |
| ***Personal characteristics and cultural awareness,*** *(race, gender, ethnicity, orientation, nationality, religion)*are not always recorded and or incorporated in to assessments. | All practitioners should reference and incorporate the personal characteristics/identity of each family member into the assessment. These should be clearly considered and noted when assessing/understanding need/risk. |
| **What we learned** | **Points for practice** |
| ***Children receiving early help services should be prioritised for information sharing.*** There is a myth that sharing information about these children is less urgent that children in the CP system. | Children receiving early help services should have equal priority for information sharing with children in need or those receiving support through a child protection plan. If the information is not shared promptly, the children will become children in need or children on a child protection plan. These children need a swift and robust response to prevent things from getting worse for them and their families.Practitioners should refresh their understanding by reading this link<https://www.proceduresonline.com/berks/slough/p_info_sharing.html?zoom_highlight=information+sharing> |
| **Practitioners need to understand how the new Early Help strategy will work for children and young people.** | The Children and Young people’s Partnership Board is re-designing early help. Practitioners need to be on the alert for news about this. |
| **There are lead safeguarding GPs in every surgery as well as a named GP for safeguarding in Slough. They meet with midwives and health visitors regularly to discuss cases they are concerned about.** | Like everyone, GP’s are busy and difficult to recruit and safeguarding issues only arise from time to time. Communications and recording can be challenging in this environment. GPs will not always be aware of safeguarding concerns. Every effort should be made to inform them about the safeguarding concerns in relation to their patients. Many GP practices also have a care coordinator or social prescriber that works with vulnerable patients. They could be involved in discussions regarding support. |
| **When working with young babies, it is important to understand their additional vulnerabilities especially when they are non-verbal and not mobile.** | Practitioners should understand the pre-disposing factors to abuse and neglect in young babies and understand their additional vulnerabilities, putting them and the risks to them at the centre of practice. For example, practitioners should check out the recently updated bruising protocol.<https://www.proceduresonline.com/berks/slough/p_bruising.html?zoom_highlight=bruising+protocol> |
| **Fathers need to be fully involved.** | Too often interventions overly focus on mothers and not enough on fathers. Practitioners need to update their knowledge, e.g. reading this national report <https://www.gov.uk/government/news/new-review-investigates-babies-harmed-by-fathers-and-stepfathers> |