

OSCB Model of Good Multi- Agency Practice

Incorporating the Local Assessment Protocol

*Guidance for professionals which draws on research to set out
best practice and signposts to OSCB procedures/tools*

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OSCB Model of Good Multi-Agency Practice Incorporating the Local Assessment Protocol

Guidance for professionals which draws on research to set out best practice and signposts to OSCB procedures/tools

Practice Guidance	How OSCB supports good multi-agency practice
<p>1: Principles of an effective child protection system <i>Munro Review of Child Protection (2011)</i></p> <ol style="list-style-type: none"> 1. The system should be child-centred: everyone involved in child protection should pursue child-centred working and recognise children and young people as individuals with rights, including their right to participation in decisions about them in line with their age and maturity. 2. The family is usually the best place for bringing up children and young people, but difficult judgments are sometimes needed in balancing the right of a child to be with their birth family with their right to protection from abuse and neglect. 3. Helping children and families involves working with them and therefore the quality of the relationship between the child and family and professionals directly impacts on the effectiveness of help given. 4. Early help is better for children: it minimises the period of adverse experiences and improves outcomes for children. 5. Children's needs and circumstances are varied so the system needs to offer equal variety in its response. 6. Good professional practice is informed by knowledge of the latest theory and research. 7. Uncertainty and risk are features of child protection work: risk management can only reduce risks, not eliminate them. 8. The measure of the success of child protection systems, both local and national, is whether children are receiving effective help. 	<p><u>Oxfordshire Inter-agency Safeguarding Procedures</u> provide the 'step-by-step' processes that all agencies must follow when a child is referred into local authority children's social care. They are consistent with the requirements of <u>Working Together to Safeguard Children 2015</u> (statutory guidance) you can switch between OSCB procedures and Oxfordshire County Council, Childrens Services procedures; using the bottom, left hand side tab.</p> <p>See Professionals pages on <u>www.OSCB.org.uk</u> for guidance on Neglect, Domestic Abuse, Parental Substance Misuse and the Child Sexual Exploitation Professionals' Handbook</p> <p>The OSCB <u>Threshold of Needs Matrix</u> helps professionals to identify the level of intervention that matches the child and family's needs</p> <p>OSCB newsletters and the Safeguarding in Education Network bulletin alerts professionals to the latest research and guidance. To sign up to or see back copies please click on the link below: <u>http://www.oscb.org.uk/oscb-publications/newsletters-and-bulletins/</u></p>

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<p>2: Information-sharing All agencies are bound by the information-sharing protocol of the OSCB</p>	<p><u>OSCB Information-sharing-protocol</u></p>
<p>3: Joint decision-making <i>drawing on Working Together 2013, OSCB procedures and serious case reviews</i></p> <p><i>“In order to avoid either drift or confusion, the decision-making processes must be clearly defined, generally understood, and always put into operation. This is never more important than when the safety of a child is at stake.” The Victoria Climbié Inquiry, 2003.</i></p> <p>In all processes for managing individual cases, professionals are required to discuss risk and make decisions together.</p> <p>For example: Where a child is in need of immediate protection a strategy discussion will take place between children’s social care, police, health and other agencies Joint decisions are made about how the investigation and assessment are to be conducted.</p> <p>Professionals working together on an agreed strategy are responsible for the assessment of risk.</p> <p>Joint decision-making continues throughout the management of individual cases in assessment, planning and review.</p> <p>This entails discussion of the information gleaned and establishing the evidence. It is crucial that professionals challenge each other’s assumptions in order to arrive at a sound consensus over the level of risk. Historically, there are examples of poor practice when professionals ‘go it alone’ or are afraid to ask questions of other professionals who are more senior.</p>	<p>OSCB’s Inter-agency <u>Core Procedures where there are Concerns about a Child’s Safety and Welfare</u> set out the requirements for professionals in relevant agencies to hold strategy discussions and make decisions and agreements together. All decisions must be recorded.</p> <p><i>The procedures include timescales and review points.</i></p> <p><i>The Route Map for Looked After Children ch.3.1.1 <u>[link to LAC route map]</u> in the Children’s Social Care Procedures Manual sets out the decision-making and assessments, with hyper-links, that must be carried out at each stage of planning. This includes the process for assessment for children who are returned from care to live with their families.</i></p>

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4: Assessment

*drawing on the Munro Review of Child Protection (2011)
Laming Inquiry (2003)*

All agencies contribute to the assessment of a child's needs and risks by providing information and analysis. The following are features of good assessment:

- An inter-professional approach based on a common understanding of the child and family, including the **family history**
- Assessment undertaken in a **timely** way
- An **evidence-based** approach that links information-gathering to analysis and planning
- **Seeing and hearing each individual child** in his/her accommodation and taking account of their **views**
- Particular care should be taken to ensure **parents', including absent fathers or mothers, views and contributions** are understood
- Clarity about the **immediate action** needed to safeguard the child
- Clarity about the **difficulties** and potential harm, but also the **strengths** within the family network which should be mobilised as part of the plan.
- Analysis which demonstrates understanding of the child's **ethnicity, culture and religion**. Interpreter used effectively where needed
- **Plans** that respond closely to **identified need and safeguard the child from harm** in the longer term
- Professional judgements based on **inclusive knowledge and reflective practice**

All agencies that know a child and family should contribute to an assessment:

[Common Assessment Framework](#)

[\(CAF\)](#) used by any professional with children and families who need additional help before problems become serious or complex. Helps families to gain support from Early Intervention Services. Parents/yp must give consent.

[Protective Behaviours Referral Booklet](#)

This is an example of a tool to use with young children to help them express their views and feelings about keeping safe.

[Child and Family Assessment \[link to Child and Family Assessments\]](#)

used by Children's Social Care with children and families who need help with complex problems (s17) or for children who are at risk of abuse, neglect or exploitation (s47). Where a child is at risk of harm, parental consent is not needed.

*It is important to understand the relationships between family members. The key social worker/lead professional creates a **Genogram** (family tree) in Frameworki or Document Manager within the child's record.*

*Where relevant, ensure that specialist assessments that have been undertaken, inform the CAF or Child & Family Assessment. For example special educational needs (**Education, Health and Care Plan**) [disability assessments](#), CAMHS (**Care Pathway Approach**), YOS (**Asset**), young carers: [young carers assessment](#)*

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5: Evidence-based assessment

drawing on Brown, Moore & Turney 'Analysis and Critical Thinking in Assessment' 2012

Assessments are effective when they are explicit about, and record:

- The purpose of the assessment eg *Chloe is going missing, her teachers are concerned that she may be being sexually exploited...*
- The reasons for concerns eg. *the parent failed to collect Daniel from school due to alcohol consumed...*
- The 'signs and symptoms' ie. impact on the development of the child/yp eg. *health issues; injuries; behavioural problems; educational progress...*
- The patterns and significant events in a family's history that indicate the nature and depth of the risks and needs eg *Jane does not recognise that her own neglectful childhood caused her harm and does not recognise that her child is suffering...*
- The child's own experience and views about his/her family and circumstances eg *Matthew is very clear that his dad has harmed him and his sister. He does not accept his mum's plan to reunite the family...*
- The strengths within the child & family's network that can be used to reduce the risk eg. *the parent has committed to get the children up and make their breakfast every day and grandmother is going to support for the first two weeks....*
- The progress that has been achieved eg *Anil has attended every appointment and his weight is increasing...*
- When progress is not being made and problems are worsening eg *parents have refused contact with professionals and Robert's behaviour is becoming more difficult to manage.....*

The **OSCB** offers free [training](#) to all professionals. There are e-learning options and face-to-face courses. They draw on research evidence across a range of topics eg domestic abuse; drugs & alcohol; working with difficult, dangerous and evasive people.

Use [The Neglect Tool \(Childcare & Development Checklist\)](#) to assess, record and monitor the impact of neglect on a child and the progress being made by carers. This tool must be used in child protection conferences where neglect is a risk. Work together with the key worker to help complete it.

Use the [Child Sexual Exploitation Screening Tool](#) to assess, record and monitor the risk that CSE might be happening to the child/yp

Use the [Children's Domestic Abuse Risk Assessment Matrix](#) to assess, record and monitor the impact of domestic abuse on a child and the risk/protectiveness of carers

Use the [Parental Substance Misuse Toolkit](#) if parents/carers' use of drugs or alcohol is placing a child at risk or leading to inappropriate caring responsibilities for the child/yp

Use the [Assessing Risk of Further Child Maltreatment Tool](#) where there is evidence of previous abuse/neglect to the child or other children by one or both parents/carers

Patterns of events/behaviours in a family and the impact of change and loss on the child are best exposed by the use of a [Chronology](#) of significant events, compiled as part of the child's record.

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Standardised tools are not a substitute for professional expertise, which includes the ability to build an effective relationship with the child and family (see below). Use the evidence from completed tools to inform your analysis and planning.

6: Thinking About Risk

taken from Trowler I and Goodman S, (2009) Reclaim Social Work: Assessing Risk - a Conceptual Tool

Munro's process for assessing risk contains these key stages:

1. What is or has been happening?

This is the most important component of the risk assessment for two reasons. Firstly because the best guide to future behaviour is past behaviour; and secondly because professionals are rarely criticised for poor predictions per se but the quality of assessment upon which they made those predictions.

2. What might happen? How likely are these outcomes?

There is a strong element of continuity to human behaviour but people are capable of change and maturation. You must however guard against the rule of optimism where professionals give parents the benefit of the doubt and hope for the best. Where you believe there is capacity for parental behaviour to change you must clearly record your rationale... and also how you think this will be sustained. What kind of intervention and skills set has the best chance of success to support this behavioural change?

3. How undesirable are they?

An adverse outcome may be highly probable but this, on its own, does not lead to a high level risk assessment. A judgement is needed on how adverse it is ie. look not just at the care-givers behaviour or circumstances, but at the consequences for the child.

4. The overall judgement of risk – a combination of the likelihood and the seriousness.

Having gone through all these stages, a decision needs to be made about the degree of risk to the child. This judgement may be made in relation to one incident or an overall judgement relating to parenting capacity, family and environmental factors and the child's developmental needs.

Remember to make use of:

- **OSCB inter-agency safeguarding procedures**
- **OSCB Threshold of Needs Matrix**
- **Your agency's assessment/planning format**
- **Assessment tools outlined above**
- **Chronology of significant events**
- **Your understanding of the child's experience and views**
- **Multi-agency discussions & meetings**
- **1:1s, supervision and consultation within your agency**

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7: Outcomes

taken from Research In Practice (2008) Working Together on the Front Line

Outcomes are the impact, effect or consequence of care given and help received. A clear focus on improving outcomes for children and young people should be at the heart of multi-agency practice.

Desired outcomes define what success looks like in a case. They should be SMART: Specific, Measurable, Agreed, Realistic and Timed

A multi-agency group working with a child and family should be able to answer the following questions:

- How will you know whether the child is safer or not?
- What specific outcomes are you seeking to achieve for the child? (Be sure to distinguish these outcomes from the actual services provided or the needs of the child)
- How do you know that these specific outcomes are wanted by the child and family, and take into account their views?
- What information is being used to measure whether progress is being made towards achieving your outcomes?

All children's plans should be evidence-based and outcome-focussed.

Examples of multi-agency plans which should be outcome-focussed:

CAF action plan

Child In Need plan

Child Protection plan

Care Plan (looked after child)

The independent chairs of conferences and independent reviewing officers work to ensure that Child Protection plans and Care Plans are outcome-focussed

How does OSCB measure the quality of safeguarding practice and whether it is having a good impact?

*The OSCB supports inter-agency **learning and improvement** through its framework of case reviews and audits. These reviews lead to learning points and recommendations for change.*

*The **child death overview process** ensures that the factors contributing to child deaths are reviewed and actions are taken to modify these factors, where possible.*

*The **serious case review process** is undertaken where neglect or abuse is known or suspected and a child dies; or a child is seriously harmed and there are concerns about how professionals worked together.*

*The **partnership review process** is undertaken where a child protection incident falls below the threshold for a serious case review.*

***Multi-agency audits of practice** are commissioned by OSCB to review specific priorities or issues of concern.*

Individual agencies report on their audits to the safeguarding board.

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8: Building relationships with parents and carers

“The work is informed by professional ethics, which include respect for culture, and a difficult combination of skills: being able to be authoritative and ask challenging questions about family life as well as engaging with parents in order to work with them to resolve their problems and improve their parenting capacity.” Munro Review of Child Protection (2011)

The Family Rights Group summarises some common experiences of parents in the child protection system:

- Unclear about the totality of the concerns
- Frightened, angry and confused and therefore less able to hear what professionals are saying
- Don't understand processes and feel overwhelmed
- Fear of the child's removal undermines trust in the social worker and makes it hard to make agreements
- Feel 'done to' rather than 'done with' which leads to dependence and resentment
summarised from Munro Review

Professionals need to be able to provide high support and high challenge. Clear expectations are vital. In certain circumstances, the use of a written agreement can be a helpful means of clarifying and recording what parents and professionals have each agreed to do.

Reports to conferences and reviews should be shared with parents in advance, to enable them to contribute fully to the discussion and planning.

Oxfordshire parents and carers who had experienced the child protection system feedback through a Sounding Board their views on [Professional Behaviours That Really Help](#)

Further advice for practitioners on engaging families in order to help them can be found in **Supporting Families, Research and Practice Briefing no 11**, Research in Practice [\[link to Research in Practice\]](#)

The **Under 18s Social Care complaints procedure** is published on the Oxfordshire County Council website [\[link to u18 complaints procedure\]](#)

Guidance on the use of [written agreements by social care staff](#) is in the Children's Social Care procedures

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9: Partnership and joined-up thinking

the following model is adapted from Frost N (2005) Professionalism, Partnership and Joined-up thinking: a research review of front-line working with children and families (Research In Practice)

Levels of operating: Co-operation, Collaboration and Co-ordination should all be features of good partnership work with a child and family.

No partnership

Uncoordinated, free-standing service provision, minimal information-sharing, separate goals and objectives with the child and family

Example: a family has an early intervention hub worker, GP, health visitor, parenting group and the children attend local schools. Each agency is aware of the others and has attended an initial Team Around the Child meeting at which each has committed to aspects of the plan. However, TAC meetings are infrequent/not attended and there is no regular liaison, unless a crisis occurs. The agencies do not have a shared view of how far the whole plan has progressed and therefore are not fully confident of the messages they should be giving to the family, or receiving from the family, at a specific time.

Co-operation

Services work together with the child and family to develop consistent objectives and complementary services

Example: a joint (police & social care) child protection enquiry (s47) results in an initial conference. Good assessment has been undertaken involving the child, family, GP, early intervention, adult mental health and schools. The conference is well-equipped to develop a child protection plan in which the family and all agencies commit to achieving clear outcomes for the child. Each agency understands its role and objectives; the family members understand what is expected from them.

The following are all similar methods of planning which involve the agencies working with the child/family, co-ordinated by a lead professional/key social worker:

In Early Intervention and Thriving Families: [Team Around the Child](#) (TAC)

*In Children's Social Care: **Child in Need planning meeting** [\[link to CiN planning\]](#)*

And...[Child Protection Core Group](#)

***Looked After Child Review group** [\[link to LAC Reviews\]](#)*

*If practitioners cannot resolve their differences and frontline managers are unable to find a resolution, use the [Escalation Policy](#) (and seek help from the **Escalation Leads** (senior managers with responsibility for safeguarding in their agencies) kept updated by the OSCB business manager*

The three 'C's (opposite) are promoted by agencies meeting on a regular basis to review recent cases in which they worked together.

*An example of this is the bi-monthly meetings held by **Children's Social Care, Health and Police** and attended by local operational managers. These aim to resolve any differences or barriers to multi-agency working and also to identify examples of good practice so that learning and trust develop.*

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Collaboration

Services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes

Example: the agencies have used the 'springboard' of the initial child protection conference to call an early core group at which the detailed arrangements of the child protection plan are worked out with the parents. Together they ensure that the plan is practical and achievable; how they will communicate together and a contingency plan. They are able to respond to the parents' request to identify counselling for the father and the health professional advocates on his behalf to provide it swiftly. However, they keep their focus on the long-term outcomes.

Co-ordination

Services work together in a planned and systematic manner towards shared and agreed outcomes. This includes assessments that are focussed and productive; the integration of plans and regular inter-agency reviews of progress.

Example: in a complex case of a looked after young person, social care, residential care providers, education, YOS and Camhs all have statutory duties to perform. The situation is complicated by the frequency of serious incidents and the instability of the young person's placements which have changed three times and entailed him moving out of county.

The independent reviewing officer (IRO) uses the LAC review to ensure that all agencies are working to a single set of outcomes and that the agencies' plans are informed by one another and integrated. The joint tracking of risk is assisted by using the single inter-agency risk assessment and management plan.

Use the [Single Inter-agency Risk Assessment and Risk Management Plan](#) with children/yp who are NOT the subject of a child protection plan, but are a high risk to themselves or others

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The IRO challenges the agencies to ensure that as far as possible, moves are minimised, and that educational and health provision are maintained as seamlessly as possible. The risks are high and the outcomes difficult to progress.

The level of risk is escalated to senior managers on a multi-agency basis by using the Complex Case Panel. The Panel reviews the case and explores whether more can be done at senior level (eg. approval of additional resources) to progress the case.

10: Review

Working Together 2013, OSCB procedures

The purpose is to review developmental progress against the outcomes which were set for the child's plan.

In a child protection plan the review conference must decide whether the child is continuing to suffer, or is likely to suffer, significant harm.

The result of a review will be the update and adjustment of the child's plan; or the conclusion of the plan, having achieved the desired outcomes.

Professionals should

- attend, when invited, and provide details of their involvement with the child and family
- produce reports that will provide an overview of work undertaken by family members and professionals
- check that the inter-agency group is working in a co-ordinated way
- evaluate the impact on the child's welfare against the planned outcomes set out in the child's plan
- consider the child's wishes and feelings
- analyse the current level of risk
- agree further action, including services that would help the child and family

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Refer to the **Complex Case Panel** [\[link to complex case panel\]](#) if the multi-agency partnership working is not achieving the desired outcomes and the risk is increasing

Refer to [OSCB Inter-agency Safeguarding Procedures on Child Protection Review Conferences](#)

Reviews are assisted by repeating the use of the tools listed in 5. (above) to demonstrate change/lack of change in the child's circumstances.

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11: Developing practice skills

Munro Review of Child Protection (2011)

The Munro Review outlines the capabilities required for successful child protection work.

This is an abbreviated list:

- skills in adopting an authoritative but compassionate style of working
- skills to assess family functioning, take a comprehensive family history and use this information when making decisions about a child's safety and welfare
- ability to analyse critically the evidence about a child and family's circumstances and to make well-evidenced decisions and recommendations
- knowledge of child development and attachment and how to use this
- understanding the impact of parental problems such as domestic violence, mental ill health, and substance misuse on children's health and development at different stages during their childhood
- knowledge of the impact of child abuse and neglect on children in both the short and long term and into adulthood
- understanding the respective roles and responsibilities of other professionals

Specialist Safeguarding Training is for staff with specific responsibilities for safeguarding children/young people within their role and/or are the lead/designated professional for their organisation/setting.

Aims:

- To help practitioners think critically and carefully about child protection cases
- To feel more confident in carrying out the responsibilities for safeguarding in his/her role
- To provide opportunities for people to learn and work together, exploring professional dilemmas in an inter-agency context

Social workers with case-holding responsibilities for child protection, independent conference chairs and children's social care & YOS managers have specific Specialist Safeguarding Training tailored to their specific statutory duties. This is provided by Oxfordshire County Council.

*There is a wide range of live and e-learning courses provided by OSCB. **OSCB training** courses are free and multi-agency. They are kept updated by latest theory and research. See training brochure and book places on www.OSCB.org.uk*

To understand [children's development in relation to trauma](#), including abuse/neglect, access these simple guidance sheets designed for practitioners.

'Note: These guide sheets are split into different age groups.



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