

Organisations that audited their involvement with the 10 cases were: Children's Social Care, Preventative Services, GP, Police, Sirona and AWP/Camhs, EDT, NBT, YOT

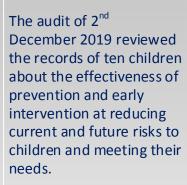


Kendra, age 13, referred to **FYPS** for support following conflict between Kendra and mum. Has had periods of going missing, anti social behaviour and identified at risk of CSE. Step up to Social Care.



Kiera, age 4, Domestic abuse history, and parental mental health. History of hoarding, and neglect. Short lived improvements over time. Now living out of area and being transferred to new area.





The aim of the audit was to ascertain whether there were good multiagency standards for managing cases and whether organisations have implemented a robust and consistent response in line with statutory and good practice guidance, SGSCB policies and procedures.



Kayleigh, age 14, number of missing incidents. Conflict in the family. Support from Off the Record. parenting work accessed by parents.



Keith, age 2, has been supported by Children's centre worker. Parental substance misuse, domestic abuse. Periods of time in foster care. History of CP, neglect. Now living with Dad, well supported at Children's Centre.



Katie, age 9, Worked with FYPS. History of acrimonious split between parents. Allegation of sexual abuse made by sibling against family member at Dad's home. Strategy discussion has taken place, assessment underway



Kirsty, unborn. Referral to children centre as pre birth referral due to mum's Learning needs. Children's centres will be more involved when child is born.



Kyle, age 13, has been involved in anti social behaviour. Has been found with multiple mobile phones, drug paraphernalia. Risk of family breakdown



Kathryn age 6, lives with mum. Parental mental health, adult social care involved. Kathryn is young carer.



Kieran age 12, referred to FYPS by school. Concerns about substance misuse, missing school. History of bullying, domestic abuse.





Kasim, age 4, is an only child. Supported by Children's Centre to complete EHCP, will be supported by school going forward regarding SEN as he is now of school age.



## What is Working Well:

- Voice of child has been heard, including quotes on file. Also in care proceedings
- Good practice by FYPS workers
- Diversion from criminality was swift, good communication between ASB team &FYPS
- GP tried to see child on their own
- Building and maintaining relationships with child
- Resources used evidenced as successful by parent input to audit
- Feedback from family member positive about all service and improved outcome for their child
- Parent reported that professionals helped and were quick and did what they said they would, and the family were not let down at any point
- Parent reported that school staff 'saved her' and kept her in school
- Good information sharing between organisations
- Good recording evidenced, safeguarding alerts on file
- School recognised risk of exploitation
- Use of scaling questions to help talk about feelings
- PCSO engaged well with family
- Police went upstairs to speak to children alone at a DA callout, and used BRAG
- Change of worker provided opportunity for review and improved outcomes
- Good use of multi-agency meeting with good attendance and clear actions
- Parent feedback gathered as part of the audit

## What are we Worried about:

- SERAF completed but worry that this is not accurate
- Risk of Exploitation not shared with health providers
- Risk of mental health not fully recognised
- Delay in referral to Off the Record
- Impact on child when housing is uncertain, including homelessness
- strategy discussion was notified to the GP but there is no evidence of this in the GP record
- Children centre input with family was effective and long term, but this universal provision may not be available for future families
- Referral into adult services, showing think family approach, however that this parent had been known long term to ASC and no referrals had ever been made about the children despite concerns

## What Needs to Happen?

- When there is long term involvement with a family, it is vital to ensure that the 'whole picture' is taken into account and incidents are not looked at in isolation
- When a child is transferred from one service to another there needs to be effective communication to ensure good information sharing
- Where a professional identifies neglect, use of the Neglect Toolkit should be evidenced
- Referrals should be of high quality and give full details of the information known to ensure the best support is identified

