

Practice issues from Serious Case Reviews

6. Not convening strategy discussions

What is the issue?

Children's social care or the police do not convene a strategy discussion when one is needed

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Strategy discussions should be convened when there is reasonable cause to suspect that a child is suffering, or is likely to suffer, significant harm. Our analysis of SCR reports found several instances where a strategy discussion should have been convened but was not. This led to a lack of information-sharing and the potential for over-reliance on the views of one agency.

One case example involved a nurse practitioner referring to children's social care (CSC) after noticing a bruise on a child during a routine vaccination. CSC and the police visited the home and recommended examination at the hospital. The hospital paediatrician thought the injury could be accidental but did not take into account information known by the police and CSC. No review strategy discussion was held in which the police, CSC and the paediatrician could share their information and undertake a holistic risk assessment.

Why does this occur?

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The **analysis within the SCR reports** found the following reasons for not convening a strategy discussion:

- agencies may hold internal meetings about the case but not involve other professionals
- several competing meetings may be held, which impedes collaborative decision-making.

This document is one of a set of 14 briefings intended to support managers, senior managers and practitioners by:

- identifying difficult issues in multi-agency safeguarding work, focusing on interprofessional communication and decision-making
- exploring why these issues arise, and therefore how they might be addressed.

The briefings are based on analysis of 38 Serious Case Reviews (SCRs) published between May 2014 and April 2015, augmented by information gathered from multi-agency summits in London, Leeds and Birmingham. The summits were held in September 2015 and were attended by 194 practitioners and managers from across children's social care, health, education, police, probation and Local Safeguarding Children Boards (LSCBs).

The briefings are the result of a pilot process that developed and tested new ways that SCR findings can be shared and used to support improvement.

Participants at the three summits also identified a number of underlying reasons for this issue including the following:

Misunderstanding of purpose and status of strategy meetings

Practitioners at the summits thought there may be a misconception that proof of harm, rather than just concerns of risk of harm, is needed before convening a strategy discussion. People also thought that there was a lack of awareness that you can use a strategy discussion to decide how you will gather information; you don't need all the information before you convene the meeting. Participants also reported that the strategy discussion process was used less frequently where a child or young person was already allocated to a social worker. There are significant differences in the way that meetings are convened and organised – in some areas they are mandatory, in others they are not.

Lack of police capacity to attend strategy meetings

In at least one area it was felt that the capacity of the police to attend strategy discussions was decreasing:

'Over the last 18 months police are saying they can't attend strategies and are very much dictating around strategies and when they can happen.'
(Named Nurse)

Reliance on medical opinion, despite lack of attendance at meetings

Some practitioners felt that there was an issue with medical staff not attending multi-agency meetings, even if one was convened. Despite this, their opinion might be given precedence in decision-making. If health staff cannot attend the discussion, their advice is presented/interpreted by a social worker or police officer, which can lead to confusion.

Thresholds and capacity to respond

Practitioners at the summits thought that thresholds and capacity can mean that agencies have a tendency to take a route of 'no action' where possible:

'A paediatrician's view that there are no abuse-related concerns can give other agencies an "out".' (Learning Mentor)

An issue for some professionals was the differing thresholds for child protection and safeguarding risks. It was felt that education, police and social services all took a different view of when intervention was necessary.

Format of meetings

It was noted that, in the interest of timeliness, strategy discussions were often telephone discussions held between two professionals. A face-to-face meeting was thought to enable representation from more professions but could lead to delays.

Professional challenge

Several participants highlighted an issue with professional challenge and the ability of practitioners to challenge what they deem to be 'expert opinion'. Education staff were felt to defer to the experience of social workers and, despite having the most contact with the child, may not get enough say in the process.

Solutions suggested by summit participants

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Participants at the summits suggested the following possible solutions:

- multi-agency training events
- more instruction for professionals about how a strategy discussion should function – definitive proof of abuse is not always necessary
- take into account workloads and ability to attend in person
- better and more comprehensive presentation of evidence.

Questions for you to consider

Unpicking the issue

1. Is this issue familiar to you?
2. Locally, is the issue exactly the same as described above? If not, what does this issue 'look like' for you?
3. What good practice is there in relation to this issue? Are there weaknesses you are aware of and how would you describe them?

Why do you think this happens in your local area?

1. Do some or all of the reasons described above apply in your area?
2. Is it an issue that has been identified in local SCRs, audits or inspection feedback? What light have these activities shed on the issue?
3. What knowledge do you have from your own experience about why this happens?
4. What organisational factors are involved locally?
5. How does local culture, custom and practice, within and between agencies, contribute to this?

Thinking through the solutions

1. Have there been previous efforts locally to address this issue? What was the result?
2. Given your understanding of the reasons for this issue, what further actions do you think would be helpful in addressing it?
3. What strengths can you build on, and what are the areas of difficulty?
4. What action would need to be taken at a strategic or leadership level?
5. Who would need to be involved to achieve improvement?
6. Are there any unintended consequences you anticipate for the different agencies and professions involved?
7. How will you know whether any actions have had an impact?

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