

LPR Leo

Learning Point	Actions	Progress/Comment	RAG
<p>1.1 Whilst the family were discussed in meetings professionals were not always "think wider family approach". When making assessments SW's must consider all members of the family or household to assess their impact on the family and household as a whole.</p>	<p>Genograms to be prepared with families at the start of involvement. No Recourse to Public Funds (NRPF) status should be included within the genogram - this is applicable to all agencies who are working with the family.            Seek assurance that all relevant agencies are invited to meetings such as CIN meetings, e.g. Mental Health Services and Adults Social Care were appropriate.            Agencies should think wider family approach.            Link with the Safeguarding Adults Board (SAB) to explore how we can ensure that Adults Social Care are involved in cases where relevant.            Ensure that all relevant agencies are involved in the case at the outset.            Professionals completing an initial assessment with a family should explore who lives in the household and prepare a genogram.            Thurrock LSCP to devise a genogram template showing the minimum standard expected (who lives in the house, significant people in the lives of the family and which other agencies are involved with the family).            A family portal, where agencies can input information about the family and young people to be considered.            A small group to be convened tasked with designing a genogram template.</p>	<p>A small multi-agency Task and Finish Group including the Safeguarding Adults Board is taking forward proposals for a model for a genogram.            There is awareness training on Think Family planned for November 2021.            The completion date will coincide with the Think Family Conference in March 2022.</p>	<p>A</p>
<p>1.2 Whilst the family were discussed in meetings professionals were not always "think wider family approach". When making assessments SW's must consider all members of the family or household to assess their impact on the family and household as a whole.</p>	<p>Practitioners to start asking the question of involvement of other agencies and who lives in the family home. Think Family approach.</p>	<p>The Think Family approach is being developed across Southend, Essex and Thurrock (SET). A podcast and accompanying resources have been shared across the partnership. A SET Think Family Conference is being planned for March 2022.</p>	<p>A</p>
<p>2 Health were not included in the CIN process. All relevant professionals need to be involved within multi-agency meetings to ensure effective multi-agency plans are in place.</p>	<p>Children's Social Care are logging the involvement of GPs and Health professionals. If there are cases when professionals are not being invited, this should be raised as a concern.            A similar recommendation has been made in SCR Frankie. A dip sample to be considered/undertaken within FST and Assessment Service to assess that all relevant notifications have been made and invitations sent.            Encourage attendees at meetings to raise the issue if there are agencies not present at meetings that they think should be there.            To explore if Children's Social Care can access the details of the parents on the Adults Social Care recording system. This will enable them to see if the parents are open and ensure that they are included.</p>	<p>Over the past 12 months there has been significant collaboration between Thurrock CCG and Children's Social Care to enhance information sharing and communication. A presentation has been delivered by Thurrock CCG to Children's and Adults Social Care 'Get to know your Health Service'. This will be updated and delivered twice a year.</p>	<p>G</p>
<p>3 It is important to recognise and acknowledge that when families are living in poverty this is not easily remedied. Focus needs to remain on the cause and impact of the poverty on the children. Professionals, having fully explored the family finances and exhausted access to all the funds and services available across the partnership, locally and through charities, must escalate cases to senior managers for further consideration if the children's lives continue to be impacted.</p>	<p>Map the process of what should be done when a family is living in poverty, including those who have No Recourse to Public Funds. Detailing what organisations and support networks are available for families with this status. There is an officer within the MASH Team from the Home Office who provides advice and guidance to practitioners on NRPF. This is to be shared across Adults and Children's Services.            Create a pathway to show what steps should be taken when a family is identified with No Recourse to Public Funds. Adults and Children's Services to identify the relevant guidance within their services. This is to be shared with frontline practitioners and the partnership.            Any practitioner who feels that every option has been exhausted should escalate the case to Senior Leaders. This is also the case when a family is experiencing poverty.            What do agencies do now? What is done when all options have been exhausted?</p>	<p>No Recourses to Public Funds (NRPF) training and awareness sessions are being delivered. A mapped process of what to do when a family is living in poverty is being devised to be shared across Children's and Adult's Services. This will include a list of charitable organisations and support services available to No Recourse families and how practitioners can escalate the situation within their organisation.</p>	<p>G</p>

<p><b>4</b> In cases of neglect more frequent and effective use of both GCP2 and the Clutter Score would have assisted in measuring the neglect. The use of specialist assessment tools by CSC and partners in their work with families where neglect is a concern will assist in quantifying need and measuring any perceived improvements/deteriorations. This is important to ensure consistency in assessments when there are changes in the practitioners working in the family.</p>	<p>This is tasked to the Neglect sub-group.</p>	<p>This action has been added to the work of Neglect sub-group. Graded Care Profile training and awareness sessions are being delivered and practitioners are completing GCP2 assessments where neglect is identified. This data is captured in the LSCP quarterly dataset returns.</p>	<p>G</p>
<p><b>5</b> (IC24) Clinicians must make full use of the health advisors information. They cannot assume a caller will restate all their concerns again. When a decision is made to downgrade the category of a call, steps must be taken to ensure the actions required of a parent have been carried out, and there has been an improvement in the child's condition. Clinicians need to be sure that the advice given has been understood.</p>	<p>YA is meeting with Manager within 111 service. They have prepared a separate action plan following this report. The meeting is to go through their action plan. Once this has been agreed, this can be shared by YA.</p>	<p>Thurrock CCG has provided an update in relation to conversations with IC24. Full details are available from the LSCP Business Team</p>	<p>G</p>
<p><b>6</b> Whenever a professional advises a family to take a child to A&amp;E they must ensure that the family understands the instruction, and consider whether the family has the means and ability to carry the advice out. The professional should make enquiries to ensure the required action has been taken.</p>	<p>No formal process in place across agencies. IC24 are looking at this - it is part of their action plan which YA will feedback on.  - Request from reps on the LPRG to see what is in place for this within the agencies.  - Look at other areas to see if there is a pathway/policy - checking on the means and their understanding of the instructions.  - Guidance note to include about what A&amp;E services are available - contact numbers etc.</p>	<p>Thurrock CCG has provided an update in relation to conversations with IC24. Full details are available from the LSCP Business Team</p>	<p>G</p>
<p><b>7</b> Communication and information sharing between health services proved problematic in this case. These are not issues that are unique to Thurrock or unknown. Until such times as the information technology systems within health are integrated, a process needs to be in place to ensure that in circumstances where a health professional directs a parent to take their child to hospital they contact the A&amp;E department and make the department aware of the reasons why they have directed them to A&amp;E.</p>	<p>As above.</p>	<p>Thurrock CCG has provided an update in relation to conversations with IC24. Full details are available from the LSCP Business Team</p>	<p>G</p>
<p><b>8</b> As partner agencies receive information from a service they should routinely check that the unique "identity set" information is correct and inform partners if they identify errors.</p>	<p>Links in with the genogram - to be checked at the point of asking the questions to prepare this etc.   This can be started in advance of the preparation of the genogram.</p>	<p>Agencies to include the step of routinely checking the information they receive is correct and communicate errors.</p>	<p>G</p>
<p><b>9</b> There might be internal barriers to the effective sharing of reports between GP practices and allocated SW's</p>	<p>CCG, GPs and CSC have devised a template for information sharing - piloted in October 2020. Audit being undertaken by CSC and GPs in July. Thurrock CCG and Thurrock Children's Services to feed back outcome of audit.</p>		<p>G</p>
<p><b>10</b> When either an adult or a child is recognised as assuming a caring role, the full extent of that role and its impact should be clearly articulated within assessments, and shared with partners to inform plans. Professionals must spend time ensuring adults understand what is required of them when making plans to address both health and social issues. Where there are concerns regarding an adults level of understanding this should lead to further assessment and, where appropriate, a change in the plan.</p>	<p>The Partnership to seek assurance from agencies that they have shared the expectation in these circumstances with front line staff. Agencies to be reminded of the recommendation and the expectation for both child and adult.</p>	<p>Thurrock LSCP to seek assurance from agencies that they have shared the expectations. Agencies confirm that they have re-shared the expectations from this recommendation with their frontline practitioners and within their wider organisation.</p>	<p>G</p>

11.1	Partners who have provided information as part of CSC assessment should be routinely made aware of the outcome of the assessment; this was not evident in this case.	Process currently in place where referrers get feedback. The process to be re-iterated within Children's Social Care, however, when referrals are being made a generic email address (where viable, ie, within NELFT and BTUH Safeguarding Team) to be included that the response can be sent back too. All agencies to supply to Children's Social Care generic emails that are currently available. Children's Social Care to discuss within their service how this can be incorporated.	When generic email addresses are provided a response is sent to the referrer and the generic address for the agency.	G
11.2	Partners who have provided information as part of CSC assessment should be routinely made aware of the outcome of the assessment; this was not evident in this case.	Undertake a survey with schools to see what responses are being received back - Business Team to add this topic to the Consultation Survey.	A survey is scheduled to be undertaken in January 2022.	A
12	There is evidence that CSC, were considering previous referrals regarding the children in this family, in their decision making. What was missing was a full picture of the whole family and consideration of whether there had been any safeguarding concerns for fathers, now adult, children.	This back to recommendation 1.	Podcast being prepared across SET which looks at the Think Family Approach. The Think Family Podcast and resources has been completed, pubised and shared with practitioners and carers via Board/Partnership websites.	G

The following index indicates how the rating is decided:

Blue	Action complete.
Green	Action on track and progressing to plan.
Amber	Action commenced, some delay will recover to completion.
Red	Action experiencing threatening problems and issues, behind schedule and not expected to recover.