



Hampshire Safeguarding Children Board

Response to the Recommendations from the

Serious Case Review of Family B

The case was considered by the Hampshire Safeguarding Children Board (HSCB) at its Learning & Inquiry Group on 18 October 2017 under Regulation 5 of the Local Safeguarding Children Board Regulations 2006. The subgroup found that this case met the criteria for a serious case review and agreed the commissioning arrangements in order to meet the requirements of such reviews as laid out in HM Government 'Working Together to Safeguard Children', 2015 (the statutory guidance at the time).

Working Together 2015 allowed LSCBs to use any learning model consistent with the principles in the guidance, including systems based methodology. Sian Griffiths, an independent safeguarding specialist, was commissioned as the lead reviewer to complete the work using a systems-based methodology to ensure full participation by the front line practitioners who had been involved with the family.

To support the process there was a reference group of senior staff from involved agencies which the reviewer used as a sounding board, and where necessary to provide necessary context on organisational policies and practice. The Learning & Inquiry Group quality assured the final draft before presentation to the Board.

The report provides HSCB with the following practice learning points. These are not new learning points but do merit reinforcing and highlighting to Board partners:

1. Continued development and utilisation of the GP led Vulnerable Child Meetings will contribute to best practice in decision making for families.

West Hampshire Clinical Commissioning Group (WHCCG) will continue to use the regular GP Practice Leads meetings to explore with the Leads practical guidance to achieve the most value from their Vulnerable Child Meetings. This work will be led by Clare Harris, Named GP for West Hampshire CCG (WHCCG) on behalf of the 5 CCGs in Hampshire.

Guidance on Vulnerable Family (Safeguarding) Meetings has been developed in collaboration with GP safeguarding leads, the Health Visiting Service and Midwifery. Methods for communicating outcomes to GPs who are unable to attend the Vulnerable Child Meeting have been developed and the use of a risk assessment framework to guide discussions around individual cases is being promoted.

2. Careful reflection when arranging joint professionals meetings and clarity of purpose will maximise effectiveness.

Children's Services have updated their child protection procedures in light of the recently published updated Working Together to Safeguard Children 2018 statutory guidance. This update has included the learning from this review. To inform this, Children's Services have led a multi agency review of the section that refers to strategy discussions. This element has been updated to reflect the need for strategy discussions that take place outside of the MASH (multi agency safeguarding hub)

environment to include a wider range of professionals. To enable this to happen in a timely way and include key health professionals who are hospital based, agreement has been reached to involve professionals via conference calling and other means rather than in person attendance. The Board has written to all member agencies to share the revised procedures and ask them to include this in their separate single agency procedures.

3. The role of professionals in identifying whether a child may have been injured and whether a Child Protection Medical may be required

WHCCG (on behalf of the 5 Hampshire CCGs) will work with Children's Services to develop guidance that (a) gives specific scenarios for when Children's Services should always request a child protection medical examination, and (b) addresses the fundamental role of a social worker (and other professionals) when seeing a child and family following an allegation of physical abuse as part of a section 47 enquiry. WHCCG, in collaboration with Children's Services will support the delivery of training for professionals regarding how and when to request a child protection medical in line with the aforementioned guidance.

The Board, with colleagues from West Hampshire CCG (on behalf of the 5 Hampshire CCGs), and in partnership with the other 4LSCB Board's, has updated the [4LSCB Guidance on child protection investigations](#) to make it clear when a medical assessment is required. This guidance also includes the need to ensure that the outcomes of medical examinations are recorded in writing and shared with relevant partner agency staff at the time of the examination to inform the timely assessment of a case.

In addition, colleagues from West Hampshire CCGs (on behalf of the 5 Hampshire CCGs), and working with health professionals from across the 4LSCB area, have developed a proforma to record the outcomes of child protection medical assessments at the time of the assessment. This will provide a timely written outcome of the assessment that will be available to other professionals, for example, social workers, in order to inform care planning assessments, and avoid delays whilst formal medical reports are drafted. This proforma is currently being piloted in a number of sites across the 4LSCB area and will be reviewed in Summer 2019.

4. When referrals are made for Early Help/Supporting Families it should be made clear as to which Level is intended.

The Multi-Agency Early Help Board established an Early Help Operational Group which reports into the Board. The Operational Group has reviewed the thresholds for Early help support and has agreed they are clear and appropriate for multi-agency professionals.

5. Particular care should be taken when identifying repeated anonymous allegations as malicious without clear evidence that this is the case.

HSCB has asked Children's Services and the Police to ensure that the learning highlighted from this review in relation to anonymous referrals is included in their staff training and relevant organisational policy.