#### Aims:

for the MSCB to be assured of the answers to the following questions:

- 1. How good are multi-agency, frontline practitioners at recognising children who are at risk of or are experiencing physical abuse? (following the journey of the child from initial concern, to identification of risk, early help, referrals, Section 47 enquiries through to child protection conferences)
- 2. How well are we helping children who are at risk of or are experiencing physical abuse? (Protection plans through to case recording and supervision and outcomes for children and young people) 3. What are the key lessons from frontline multi-agency practice in cases of physical abuse?

#### **Recommendations:**

- 1. Case 2 requires additional assurance regarding the quality of safeguarding practice in this case. There is evidence that the child remains at risk of significant harm.
- 2. Case 2 requires additional assurance regarding the quality of safeguarding practice in this case. There is evidence that the child remains at risk of significant harm.
- 3. Improved effectiveness of danger statements and safety goals in reflecting the nature of harm/risks to children and the intended outcomes of our interventions.
- 4. consideration needs to be given to a review of the level of the use of school-based resources in CP cases.

#### **Key learnings 2:**

- 7. Need for a) clarity regarding the focus of the intervention and b) an assessment of the impact of the intervention on the risk/harm and in supporting improvements in the quality of parenting and care-giving responses.
- 8. Need to further embed the 'Think Family' approach across children's and adult services, including third sector, non-statutory organisations.
- 9. Probation and GP not involved in the audit

### Examples of good practice case 1 (child 8yrs old)

history of severe DVA including threats to kill and coercive control, neglect, parental substance misuse (alcohol) and physical abuse

- 1. Management summary was detailed, summarising the risk profile and the impact of harm to the children's daily lives
- 2. Evidence of good information-sharing
- 3.The core assessment captured the lived experience of the children well
- 4. Very effective management oversight
- 5.Good evidence that the voice of the child is sought and reflected
- 6. Good evidence that the SW respected the cultural diversity of the family and sought ways to ensure equality of opportunity evidence that the voice of the child is sought and reflected



#### **Key learnings 1:**

- 1. The need to follow the London Child Protection Procedures in relation to physical abuse and paediatric medicals
- 2. The need to understand history.
- 3. The importance of engaging fathers/male carers
- 4.Challenges in relation to categorisation of abuse. In two cases neglect or emotional abuse was used
- 5.Less evidence of exploration of the families' cultural understanding of the use of physical chastisement as an appropriate form of discipline
- 6.concerns regarding the quality and sufficiency of the child protection plans.

#### **Examples of good practice case 2:**

complex case including neglect domestic abuse, possible parental mental health (in relation to dad) physical abuse and a child going missing.

- . Effective analysis of risk
- Regular core group meetings and effective information-sharing within the multi-agency network.
- Core assessment was "well written... drawing on current and historic information in an effective manner outlining the risk profile from each parent together with the needs and views of each child..."
- 4. Excellent work related to diversity and equality of opportunity

# 7 minutes briefing: Multi-agency Physical abuse audit Carla Thomas

Example of good practice case3 (Child 5yrs old):

Open CIN case regarding DVA, there may also be some concerns regarding parental substance misuse

- 1.Regular core group meetings; this involved effective information-sharing between agencies.
- 2. The assessment is described as, "well written... drawing on current and historic information in an effective manner and outlining the risk profile from each parent together with the needs and views of each child..."
- 3. Evidence of good/skilled direct work
- 4. Good evidence of multi-agency partners seeking and responding to the voice of the child
- 5. Evidence of good planning

## Supporting material

Available on request