Learning from Local Reviews and Audits and National Reviews

This learning has been compiled from

Local Child Safeguarding Practice Reviews in Leicestershire & Rutland
Local Rapid Reviews
Local Leicester, Leicestershire & Rutland Multi-Agency Audits
Out of Area Local Child Safeguarding Practice Reviews (National case review repository)
National Child Safeguarding Practice Review Panel Reports
NSPCC Learning from Review publications

Key Practice Points on:

Key Practice Points	Key Resources (links to external sites)
Recognising Harm and Abuse	
It is important to focus on the harm to the child, rather than identifying or confirming the evidence of a particular kind of abuse.	**Local Resources:** Responding to Abuse and Neglect procedure
Remain child-focused: ensure that a positive relationship with family members does not lead to a loss of focus on the child. Do not be overly optimistic about the capability of parents and carers to look after their child.	
Neglect	
Neglect is usually – but not always – something that is persistent, cumulative and occurs over time. Build up a picture of cumulative experiences of neglect, a family's situation over time and assess parental capability to change.	**Local Resources:** Neglect procedure Neglect Toolkit and Scoresheet (top of page for links) 7-Minute Briefing on Neglect Neglect Toolkit training video Understanding Neglect and its Impact in Adolescence training video: Part 1 and Part 2 Sign up for upcoming "Introduction to Neglect" training here **National Resources:** Child Protection in England: National review into the murders of Arthur Labinjo-Hughes
Be aware of children who are more vulnerable to neglect – new-born babies and premature babies; disabled children, or children with complex health needs; and teenagers, whose needs can be missed, especially where there are younger siblings.	
If you have access to a family home, identify and record concerns around a child's living conditions. However, remember home conditions are not always a measure of neglect. A clean and tidy home does not automatically mean there is no neglect.	
When considering neglect, do not be overly reliant on presenting home conditions, a child's outward appearance or self-reporting by adults.	
Pay attention to untreated health conditions, accidents and injuries.	
Respond to missed appointments ('Was Not Brought').	
Recognise any concerning patterns of care, such as the child being left with neighbours, use of inappropriate carers such as very young babysitters or adults who present child protection concerns or a lack of supervision.	

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In cases of suspected neglect, or reported concerns about a child appearing thin, hungry, and seeking food, any agency should proactively advise that the child is weighed (whether this is by a GP, Health Visitor or School Nurse) and the results entered onto the child's centile chart.	and Star Hobson (May 2022 – Child Safeguarding Practice Review Panel) "Neglect: Summary of key issues and learning for improved practice around neglect" (December 2022 – NSPCC) 'Was Not Brought' Video
Routinely consider a child protection medical to provide a baseline for a child's health and development when assessing neglect.	
Use the Leicester, Leicestershire & Rutland (LLR) Neglect Toolkit to capture the here and now as well as the development of neglect over time and to take a child developmental approach to neglect. Use the linked scoresheet for home use to break down analysis and consider key areas such as physical care, health, safety and supervision, love and care, stimulation, and education.	
Employ professional curiosity and consider parental motivation, capacity to change, parental disengagement, avoidant behaviour or any disguised compliance.	
Remember that the potential for significant harm as a result of neglect increases where a child has a chronic medical condition that is being poorly managed by a parent.	
Domestic Abuse	
Be domestic abuse-informed: do not take an incident-based approach but focus on the continuous patterns of behaviour by the person causing the harm and the impact on adults and children, seeing both as direct victims who are entitled to support.	**Local Resources:** Domestic Abuse procedure (includes section on Clare's Law) Domestic Abuse Toolkit (scroll to bottom of page for link) 7-Minute Briefing on Domestic Abuse and Violence Domestic Abuse Awareness – Practitioner E-learning **National Resources:**
Understand and account for all risks, not just physical violence.	
Try to distinguish between domestic abuse and parental conflict.	
Consider stalking and harassment as high-risk areas of domestic abuse, particularly post parental separation.	
Consider coercive control and behaviour, including coercive reproduction where a woman can be coerced into a new pregnancy, continuing a pregnancy or ending a pregnancy.	
Ensure that risk assessments incorporate information from children and about abusers as well as information from non-abusing parents.	

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Remember that children's mental health may be affected by domestic abuse.	Domestic Abuse Act 2021 "Multi-agency safeguarding and domestic abuse" (September 2022 – Child Safeguarding Practice Review Panel)
Consider the potential long-term psychological and emotional impact on a child of witnessing (seeing or hearing) the physical and emotional suffering of a parent, or an assault, or the outcome of any assault.	
Remember that children and adults who have experienced domestic abuse are likely to be traumatised. Being trauma-informed means responding to individuals and families in a non-judgemental, non-blaming and strengths-based way that prioritises building trusting relationships and avoids re-traumatisation.	
Ensure that you know about the Domestic Violence Disclosure Scheme (Clare's Law).	
Recognise that support needs for victims/survivors of domestic abuse need careful consideration and you may need to facilitate links to services in response to victim trauma.	
Where domestic abuse services are known to be involved with a family, ensure invitations to conferences and core groups are sent to them. This is especially important if any of the abuse is aimed at the child as well as the adult.	
Physical Abuse and Emotional Abuse	
With allegations of or concerns regarding physical abuse, there should always be a strategy discussion with multi-agency consideration of a child protection medical, where the explanation for injuries is not consistent or corroborated or does not reflect what you are seeing in / hearing from the child or their demeanour.	**Local Resources:** Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children procedure Child R Local Child Safeguarding Practice Review (Leicestershire & Rutland SCP) (via NSPCC national case review repository) Medically Unexplained Symptoms, Perplexing Presentations and Fabricated or Induced Illness procedure
Remember bruises/marks/injuries may be an indicator of child abuse regardless of whether there is an explanation about how they occurred. When accidents and injuries are reported, practitioners should not only consider neglect through lack of supervision, but also the possibility of physical harm.	
Bruises/marks/injuries must never be interpreted in isolation and must always be assessed in the context of medical and social history, developmental stage and explanation given. There must be a full clinical examination / relevant investigation.	

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Where Fabricated or Induced Illness (FII) is suspected, do not concentrate on proving FII, as it can be a distraction from placing the needs and welfare of the child at the centre of professional concern and may hinder conversations with parents and lead to delays in making referrals for support and safeguarding.	7-Minute Briefing on Perplexing Presentations / Fabricated or Induced Illness FII New Information and Procedure training video Sign up for upcoming "FII: Fabricated or Induced Illness – New information and procedure" training here
Sexual Abuse	
Be aware that sexual abuse which takes place within family environments often remains hidden and is the most secretive and difficult type of abuse for children and young people to disclose.	**Local Resources:** Sexual abuse procedure **National Resources:**
Looked after Children/Children in Care may have additional challenges to disclosure of abuse by foster carers, care workers or kinship carers due to their own histories of abuse and neglect. Looked after Children/Children in Care may present their distress in different ways to other children and young people. Practitioners should use professional curiosity and be prepared to "think the unthinkable". Children and young people are not always safe in care. When there is a notable increase in dysregulation, practitioners should not assume that this is related only to past trauma but could be an indicator that something is wrong now. It is important to ask the direct questions.	"Child sexual abuse: learning from case reviews – Summary of risk factors and learning for improved practice around child sexual abuse" (January 2020 – NSPCC) "Listening to children and young people's experiences of disclosing child sexual abuse: Insights for the proposed mandatory reporting duty in England and Wales" (September 2023 – NSPCC Learning)
Social workers and Looked After Children Nurses should offer to see the child or young person alone and record or report if the child or young person declines the opportunity to be seen without the carer.	Centre of Expertise on Child Sexual Abuse Signs and Indicators and Communicating with Children – Centre of Expertise on Child Sexual Abuse

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Exploitation	
Consider extra-familial safeguarding risks experienced by children.	**Local Resources:** Child Exploitation, CSE and Assessment of Risk Outside the Home (Contextual Safeguarding) procedure Gang Activity, Youth Violence and Criminal Exploitation Affecting Children procedure LLR Criminal Exploitation Screening Tool (link at top of page) Sign up to upcoming "Child Exploitation – Introduction to CSE, Trafficking, Missing & County Lines" training here. Are you Listening? film about child criminal exploitation **National Resources:** "'It was hard to escape': Safeguarding children at risk from criminal exploitation" (March 2020 – Child Safeguarding Practice Review Panel) "Child Sexual Exploitation: learning from case reviews" (August 2023 – NSPCC)
Where a child is a victim of criminal exploitation, ensure a joint approach between families and practitioners. There should be a focus on building relationships, whole family work and a non-judgemental approach to parents.	
Individual risk management plans for children should involve relevant local agencies, be monitored and respond rapidly and flexibly to changing levels of risk.	
Be aware of the intersectionality of different vulnerabilities experienced by children that increase their potential for exploitation and risk outside the family. For example, social isolation, mental health needs and exclusion from school or experiences of discrimination, disaffection and trauma and loss. Do not see vulnerabilities as independent from each other; consider how they interact.	
Identify patterns of behaviour and explore the potential significance of indicators of child sexual exploitation such as: underage sexual activity; self-harm; worsening mental health; substance misuse; changes to hygiene or physical appearance; spending time with older individuals or groups; going missing from care, home or school; or having new things or money.	
Remember that sexual activity involving a child under the age of 16 should be considered a potential safeguarding concern. Sexual activity involving a child under the age of 13 should always result in a child protection response. Recognise that 16- and 17-year-olds are still children that may be in need of protection.	
When considering sexual harm in the context of a child under 16 'consenting' to sexual activity, it is important to take into account all relevant contextual information from agencies that know the child well, and the individual circumstances of the incident, including power imbalance. Use of local risk assessment tools which can consider risk, including indicators that may increase vulnerability, should be used consistently to inform interventions.	

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Ensure your recording is methodical and thorough, capturing the voice of the child, so that escalating patterns of risk can be identified.	
Remember that children often share information about child sexual exploitation in a disconnected or fragmented way. They might not understand they are being exploited. Be prepared that children may retract the information they shared about their experience. This does not mean that CSE did not happen. This should not stop formal action against people responsible for CSE where there is other evidence to support this.	
Use language which centres on the child's experiences.	
Collate location-based information to provide opportunities to identify and respond to risk of exploitation.	
Remember a strategy discussion can provide an essential opportunity to share information and evaluate risk including in response to sexual harm. It is essential that, when more than one Local Authority is represented, the Authority holding responsibility for a subject child must be visible and able to contribute to the meeting so that historical information can assist in understanding risk.	
Direct practice: working with babies	
Recognise and respond to the vulnerability of babies, including unborn babies.	**Local Resources:** Pre-Birth and Post Birth Planning procedure LLR SCP Pre-Birth Pathway Flowchart (scroll to bottom of page) Concealment and Denial of Pregnancy procedure Bruising, Marks, or Injury of Concern in Pre-Mobile Babies and Non-Independently Mobile Children procedure
Consider that the womb is the unborn "baby's first home". A variety of factors affecting a mother can mean that a baby in the womb is already suffering actual harm, rather than being at risk of harm.	
Remember the importance of the use of a pre-birth assessment process. Pre-birth work needs to support the identification of vulnerabilities in pregnant women and the need to make timely referrals, including where a woman's lifestyle is chaotic and they are seeking termination.	
Information sharing practice in response to babies born in the absence of ante-natal care needs to be robust, as this may provide opportunities for assessment and support from appropriate agencies. There needs to be a balance between the right to confidentiality for the adult and the	

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unborn child during pregnancy and consideration of when it is appropriate for agencies to share information and involve statutory agencies.	Early Help Assessment procedure 7-Minute Briefing on Safeguarding un/born babies Baby's First Home (Womb) training video From Bump to Baby: The impact of substance abuse during pregnancy training video And Baby makes 3: How couples can manage a relationship while becoming parents training video Practice Principles – engaging fathers and male carers in effective practice Myth of Invisible Men training video Myth of Invisible Men: Working with Men – Festival of Learning 2023 training video ICON Local Webpage ICON Launch training video ICON Festival of Learning 2023 training video ICON – Never, Ever Shake a Baby (Morning at Home) video
Consider potential vulnerabilities that can affect the mother and, in turn, the un/born baby: for example, alcohol misuse; substance misuse, including smoking tobacco during pregnancy; mental ill health; Adverse Childhood Experiences (ACEs); domestic abuse; learning disabilities and/or learning difficulties; homelessness; sex working.	
Recognise the impact of a mother's vulnerabilities can be an increased risk of miscarriage, premature birth, low birth weight and sudden infant death syndrome. These issues may impact on the mother forming an initial attachment to the unborn baby.	
All practitioners should be curious about how physical and emotional wellbeing may impact on parenting and use opportunities to discuss and identify stressors for new mothers which may include both emotional and physical health issues, but also stress within a new relationship, or family dynamics.	
Consider and record how visible the father / male carer is in the antenatal period and after the baby's birth. Ensure there is detail about how well he was prepared to parent a new-born baby, his involvement and interaction with the baby at, and immediately after, birth and if the father / male carer has been involved in routine health appointments for the child / universal or targeted provision to the child. Record how the father / male carer was directly or indirectly engaged/included in your provision to the baby.	
With substance misuse, talk to mothers about the impact of their substance use on their unborn baby and advise parents not to use drugs to soothe babies.	
Engage and involve parents and all other main caregivers in parenting education to help them understand how to safely care for their baby.	
Offers of Early Help support should be communicated across agencies.	

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Keep the 'voice of the child' and their daily lived experience in focus – where babies and infants cannot verbally communicate, reflect on what the child is saying or expressing through their noises, actions or behaviours.	ICON – Never, Ever Shake a Baby (Home from Work) video ICON Touch Point video LLR Safer Sleeping Risk Assessment 7-Minute Briefing on Safer Sleeping Safer Sleeping for Babies training video Safer Sleeping Resources webpage (LR SCP) **National Resources:** "'Out of routine': A review of sudden unexpected death in infancy (SUDI) in families where the children are considered at risk of significant harm" (July 2020 – Child Safeguarding Practice Review Panel) "'The Myth of Invisible Men': Safeguarding children under 1 from non-accidental injury caused by male carers" (September 2021 – Child Safeguarding Practice Review Panel) "Unseen men: learning from case reviews" (September 2022 – NSPCC) "Bruising in non-mobile infants" (September 2022 – Child Safeguarding Practice Review Panel) "Infants: Summary of key findings and learning for improved practice around
Remember the Pre-Mobile / Non-mobile baby procedure should be followed for a baby with any kind of mark or injury.	
Ensure that ICON messages are conveyed and understood. I – Infant crying is normal and it will stop C – Comfort methods can sometimes soothe the baby and the crying will stop O – It's OK to walk away for a few minutes if you have checked the baby is safe and the crying is getting to you N – Never ever shake or hurt a baby	
Ensure consistent safe sleep messages are conveyed and understood. Do not assume another practitioner has provided information. Routinely give and discuss information about safer sleep and ask about and view sleeping arrangements.	
Provide messages to new parents on the dangers of drowning and use of bath seats, including parental supervision.	

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	working with children aged two and under" (March 2023 – NSPCC) "Parents with substance use problems: learning from case reviews" (December 2023 – NSPCC) The Lullaby Trust (Safer sleep for babies, Support for families)
Direct practice: working with a child / young person	
Put the child / young person at the centre of the child in need or child protection process.	**Local Resources:** Good Practice Supporting the Voice of the Child procedure Was Not Heard videos 7-Minute Briefing on Modern Slavery (effects on a child living in a household involved in modern slavery) Self-Harm and Suicidal Behaviour procedure Leicester, Leicestershire & Rutland Practice Guidance: Supporting Children and Young People who Self-Harm and/or have Suicidal Thoughts (link at top of page) 7-Minute Briefing on Children with Mental Health Needs **National resources:**
Focus on the lived experience of the child: understanding what a child sees, hears, thinks and experiences on a daily basis, and the way this impacts on their development and welfare, is central to protective safeguarding work.	
Build a trusting and respectful relationship with the child, which goes beyond listening and recording their views.	
Reflect on what the child is trying to communicate and express through their words, actions, behaviour, interaction with others and physical presentation.	
Take a trauma-informed approach. Recognise that challenging or help-seeking behaviour may well reflect harm and distress. Be aware of and challenge circumstances where children seek to minimise potential risks of harm and show reluctance to accept support.	
In assessing risk in adolescents, be aware of the possible impact of childhood trauma or prior neglect.	
Explore a child's experience of living with, for example, neglect, domestic abuse, parental mental health concerns, substance misusing parents. Understand how this impacts on their safety, health and overall development. Ensure the child's views inform analysis and assessment so that intervention is appropriate to address key concerns and needs.	

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Explore a child's experience of living in a household where crime is suspected/has taken place – for example, where a family member is involved with modern slavery or exploitation.	"Child Mental Health – Summary of risk factors and learning for improved practice for professionals working with children struggling with their mental health" (May 2023 – NSPCC) 'Was Not Brought' Video NSPCC Learning: Why Language Matters blogs "Returning children home from care: learning from case reviews – Summary of risk factors and learning for improved practice for reunification" (January 2024 – NSPCC) "d/Deaf children and children who have disabilities: learning from case reviews" (February 2024 – NSPCC)
Remember that sexual activity involving a child under the age of 16 should be considered a potential safeguarding concern. Sexual activity involving a child under the age of 13 should always result in a child protection response. Recognise that 16- and 17-year-olds are still children that may be in need of protection.	
Remember that children are not responsible for their missed appointments ('Was Not Brought').	
Where a child has mental health issues, be aware of the support CAMHS provide to children throughout their pathway. Case conference invitations should be extended to CAMHS, even when the child is still on their waiting list, so that information sharing can take place.	
Be aware that any agency can make a CAMHS referral directly.	
Do not assume that, once a referral has been made regarding mental health support, a child will receive the help they need. This sometimes means that children are left unsupported.	
For young people with complex mental health needs who are missing from education, ensure multi-agency working to assess what alternative provisions are available and how the young person can be supported to re-enter education.	
When working with a child with a disability, complex health needs or additional needs, look beyond their diagnostic label and consider their lived experience. Do not overestimate parents' ability to meet these needs. Do not automatically attribute what you are seeing to a child's additional needs – consider if there are indicators of abuse or neglect.	
When working with a child with a disability, complex health needs or additional needs, recognise that, because of the heightened dependence on caregivers, neglect may be more of a risk to health and life than in nondisabled children. If neglect is a concern, protection plans need to be proactive.	
Be aware of a child's education situation, including where a child is Electively Home Educated, and if this information is known by all agencies working with the child.	

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Remember a child's absence from school can often be an early indicator of an increased need within a family.	
Consider the need for coordinated support to address poor school attendance, particularly when children may have trauma needs.	
Direct practice: working with the family	
Understand the significant relationships in a child's life, including their extended family or peer network – for example, consider parents, grandparents, siblings and step or half siblings, family friends and any carers including babysitters.	**Local Resources:** Children of Parents with Mental Health Problems procedure Children of Parents who Misuse Substances procedure Children of Parents with Learning Disabilities procedure Working with Resistance: Building Confidence in Practice Resource Practice Principles – engaging fathers and male carers in effective practice Myth of Invisible Men training video Myth of Invisible Men: Working with Men – Festival of Learning 2023 training video Sign up for upcoming "Working with Families with Multiple and Complex Needs" training here.
Consider people that the child might not live with.	
Remember the importance of a whole family approach to risk assessment and support. Listen to the views of the wider family and those who know the child well.	
Ensure there is not an overreliance on parental self-report.	
It is important to support the wider family (including family friends) to understand their responsibility to share any safeguarding concerns.	
Consider changing relationships and dynamics in a household and understand what this might mean. Holistic family assessment needs to take account of any changing risk factors arising from extended family members.	
Contact arrangements should be discussed in a child-focused way.	
Explore the details of parents' and carers' backgrounds, including involvement with children's social care either in childhood or as parents, and current circumstances. Understand the impact that the histories of those involved in a child's life may have on the child's experiences. This will ensure a better assessment of parenting capacity and should be done regardless of whether the parents live together or apart.	

Key Practice Points	Key Resources (links to external sites)
Signpost adults who need support to relevant services. If they may be eligible for statutory health or care services, make a referral to those agencies. If the adult has their own safeguarding issues, consider contact with Adult Social Care.	**National Resources:** "'The Myth of Invisible Men': Safeguarding children under 1 from non-accidental injury caused by male carers" (September 2021 – Child Safeguarding Practice Review Panel) "Unseen men: learning from case reviews" (September 2022 – NSPCC) "Parents with a mental health problem: Summary of key issues and learning for improved practice around parental mental health and child welfare" (April 2023 – NSPCC) "Parents with substance use problems: learning from case reviews" (December 2023 – NSPCC)
Do not assume that family members have the capacity to seek out support independently for children who present with emotional need, including self-harm and suicidal ideation. Understand how services can be coordinated and the benefits of multi-agency responses to ensuring referral pathways are implemented consistently to get the right help to children, without barriers. Support carers' understanding and access to support.	
Where issues such as parental alcohol or substance misuse exist, there needs to be an explicit focus on how capacity, willingness and likelihood to change will be established.	
When working with parents with alcohol or substance misuse, explore signs which directly contradict self-reported abstinence – such as the smell of cannabis smoke, empty bottles and cans, or the presence of drug paraphernalia. Respond to changing circumstances and identify triggers for increased use.	
Whilst parental mental health problems are not in themselves a child safeguarding concern, recognise how mental health affects parenting capacity.	
Recognise that every mental health issue is different and will affect different people in different ways. Focus on parents' short and long-term ability to safely care for their child and recognise when poor mental health is impacting this.	
Remember other significant adults in a child's life may have normalised, or not fully understood, the impact of a parent's mental illness.	
Do not over-estimate the capacity of the 'well' parent to cope with parenting a child and at the same time support an adult with mental ill-health. This impact should be properly assessed and support offered, for example, in the form of a Carer's Assessment.	

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Build trust and cooperation with families who can be or appear to be reluctant to engage. Create the motivation and opportunity for change whilst being authoritative and challenging where needed.	
Analyse the engagement of families critically. Understand the signs of parental disengagement and interpret this as evidence when making decisions about a child's safety.	
Lack of engagement, patterns of missed appointments, cancelled home visits and blocking of communications are all indications of avoidant behaviour and require proactive follow-up.	
With 'disguised compliance' or 'resistance', an understanding of adults' own experiences is essential to addressing concerns about their lack of engagement. It is important to understand the underlying issues giving rise to reluctant or sporadic engagement, particularly where professionals are 'working with consent'.	
Take into account the role of fathers/adult males in assessing risk and routinely include comprehensive and detailed pictures of fathers in assessments. The same level of curiosity and enquiry should be applied to understanding men's lives/experiences as it is to that of women. Consideration of fathers' supportive and caring capacity avoids a binary view of men as either good or bad.	
Ensure that fathers/male carers are "visible" in recording – do not just document their attendance. Identify opportunities to fully understand their role as a partner and father/carer outside of the reports made by the other parent.	
Direct practice: considering equality and diversity / working with diverse communities	
Give central consideration to gender, sexual, racial, ethnic and cultural identity and the impact on the lived experience of children.	**National Resources:** Child Q Local Child Safeguarding Practice Review (via NSPCC national case review repository)
Ensure that the child and related adults' ethnicity is consistently and clearly documented in records. There should be greater certainty in relation to ethnicity as this can have implications for certain medical conditions and risk factors for different ethnic groups – for example Sickle Cell	

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Disease. Direct questions in relation to both adult and child ethnicity should form the basic part of information gathered although parents/carers may choose to withhold this.	Safeguarding children who come from Black, Asian and minoritised ethnic communities (NSPCC webpage)
Consider the protective potential of culture, alongside wider cultural issues, and experiences of structural racism, and how these factors affect safeguarding practice.	
Unpack biases and assumptions that may impact on how a child is perceived and how any risk to them is assessed. This includes assumptions and biases that relate to culture, ethnicity, gender, sexuality and a child's family's economic situation.	
When working with children from Black, Asian and minoritised ethnic communities, consider if they are affected by Adultification bias. This particularly affects black children.	
Seek to understand a family's culture and be aware of any additional challenges the family may be experiencing in accessing services or engaging with services. Work with parents from minoritised communities to recognise and allay their fears about professional involvement.	
Remember that communication barriers might support misunderstandings and confuse the picture of a child's life. Consistent use of interpreters across agencies is essential to communicate and strengthen the ability of practitioners to gain an understanding of family life when English is not the first language.	
Multi-Agency Working	
Multi-agency working should keep focus on the need to improve outcomes for the child.	**Local Resources:** A Guide to Multi-Agency Meetings in relation to Safeguarding Children and Young People Information Sharing procedure Uncooperative and Hostile Families (including Disguised Compliance) procedure Professional Curiosity for Practitioners: Building Confidence in Practice resource
Roles and responsibilities across agencies must be clearly understood. For example, when undertaking multi-agency assessments, all agencies must be aware of which agency is leading and what action is being taken.	
Remember that strategy meetings and core groups are contexts to analyse and challenge. Decisions to close cases, step down, or maintain at the same level need to be based on evidence of the positive impact of previous interventions or reducing risk. Everyone at a multi-agency meeting is responsible to make sure that a plan is progressed and to raise concerns if the plan is not working.	

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Ensure that minutes from a strategy discussion / child protection conference / core group are routinely shared, and in a timely manner, to ensure relevant roles and actions are clearly understood, particularly when more than one Local Authority is represented. Agencies should challenge if this is not happening.	Professional Curiosity for Supervisors and Managers: Building Confidence in Practice resource Sign up for upcoming "Child Protection Meetings: How to Hold Good Multi-Agency Protection Meetings" training here.
Multi-agency planning processes are important to support good information sharing, build relationships between agencies and provide coordinated support to children and their carers. This is particularly important when children may be subject to public law proceedings but are residing within their family network with no orders in place. All agencies should feel able to escalate concerns if expected planning frameworks are not applied.	
It is important to work with other practitioners across agencies to achieve safety around the child. Writing down key actions, roles and responsibilities in a plan for everyone will make expectations clearer.	
When working with a family where an involved individual is managed by the Probation Service, ensure that the Probation Service representative is involved within the core group and strategy discussions.	
Information in reports about the observed circumstances of children needs to be jargon-free and avoid using generic phrases such as 'children doing well'. Inaccurate use of language does not support critical thinking and can give false assurances when viewed by other practitioners.	
Share information in a timely and appropriate way.	
Triangulate information within and between agencies: seek out missing information, consider disparate pieces of information in the round, check self-reporting by adults and ask what bigger picture is being painted about a child's experience. Poor quality recording, inaccurate and out-of-date information can result in partial understanding of the needs of the child.	
With looked after children, it is essential that, although Children's Social Care may hold parental responsibility and have decision making powers, decisions are made in the context of multi-agency working. When there is a disagreement, for example, about medical treatment, direct contact should be expected between Children's Social Care and the relevant Health practitioner	

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and, where possible, exploration with a parent. This will aim to make a well-informed and agreed approach which balances the views of the parent, including Children's Social Care (the corporate parent) and birth parent; the child, where age appropriate; and Health practitioner. Using existing escalation processes will aid problem solving when resolution is not easy to achieve.	
Retain professional curiosity and respectful uncertainty. Ensure that unclear or confusing information provided by a parent or carer is cross-checked with other sources to ensure that it is accurate and properly understood.	
When finding it hard to engage with families, consider what might be stopping engagement and which professionals are best placed to provide support.	
Reflecting on practice	
When a case is moved to another practitioner or when going on leave, ensure that information is handed over in a timely fashion.	**Local Resources:** Resolving Practitioner Disagreements and Escalation of Concerns procedure Professional Curiosity for Practitioners: Building Confidence in Practice resource Professional Curiosity for Supervisors and Managers: Building Confidence in Practice resource **National Resources:** NSPCC Learning: Why Language Matters blogs
Be mindful of how individuals absorb, respond and act upon messages according to their learning style.	
Ask the 'second question' – this means in addition to asking 'what' is happening, asking 'why' is this happening.	
Consider your choice of language. For example, when describing a child's behaviour, emphasise potential vulnerability and underlying needs, rather than "choices" and agency.	
Follow up any referrals you have made. It is important that referrers are provided with updates when services are not taken up so that further efforts to provide single agency support, or escalation of concerns, can be considered.	
Maintain accurate record keeping of incidents and conversations and document any advice given or information shared with other agencies.	
Do not describe a child as 'safe and well' if they have not been spoken to.	

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Check previous judgements have not become fixed. Be aware of confirmatory bias. Do not be over optimistic. Continuously re-evaluate risk and need. Employ critical thinking and challenge.	
Be prepared to challenge the views of others and escalate concerns.	
Employ professional curiosity and consider parental motivation, capacity to change, parental disengagement, avoidant behaviour or any disguised compliance.	
Where a child / young person has experienced accumulated harm over their childhood, this should inform a trauma-informed approach. When there is a notable increase in dysregulation, practitioners should not assume that this is related only to past trauma but could be an indicator that something is wrong now. Professional curiosity about current harm will strengthen the understanding of day-to-day life for the child and provide a wider perspective of their lived experience.	
Where there is a pattern of engagement and disengagement, try to understand why.	
Record any concerns and raise them in supervision.	