



## Disabled Children and Young People's Sub-Committee

### Multi-agency Audit 2022 Summary

#### Introduction

Second multi-agency case file audit undertaken by the Disabled Children and Young People's Sub-committee, looking at the following themes:

- recognition of the impact of environmental factors on safety and welfare of DC&YP
- responses to concerns about behaviours which challenge
- impact of Covid on DC&YP
- recognition and response to extra-familial harm

#### The audit

8 cases reviewed - safeguarding referral and Child Protection Enquiry between Jan 2020 and Mar 2021

Cases reviewed by: Local Authority (Children's Social Care and Early Help); Police; Health (Primary Care, Acute Health Trust NHCT, Mental Health Trust CNTW) with multi-agency discussion of findings)

#### Sample Characteristics

Age range: 7-17 years old  
Gender: 7 males, 1 female  
EHCP in place: 7/8

Team undertaking assessment:  
DCT 4, MASH 4

#### Type of disability

Learning disability 4  
Communication difficulties 2  
Physical disability 2  
Mental health 5 (ASD 2, ADHD 2, Other 1)

#### Service involvement at time of referral

Child protection plan (CPP)	2
Child in need plan (CIN)	2
Early Help	3
Not open to Early Help or CSC	1

#### Historical service involvement

In all cases reviewed there had been some prior involvement from CSC or Early Help. For 1 child there had been 6 previous C&F assessments. 4 C&YP had been subject to a CPP at time of referral or previously.

#### Status of cases at time of audit:

CPP 2	CIN 3	LAC or moved to live with other parent	3
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## AUDIT FINDINGS

For several cases, there had been a **long history of previous CSC involvement**.

Challenges of working with families with children with complex needs and professional optimism about capacity of families to sustain change recognised.

Audit group felt Signs of Safety approach has helped improve assessments and working with families for children with complex needs. Wider use of Harm Matrix suggested to look at cumulative risk/harm.

All agencies providing evidence around **coding or flagging of information relating to disability and safeguarding**.

Coding within CSC records could be enhanced to provide a more accurate description of CYP's disabilities and needs.

Not all GP records had safeguarding codes when C&YP were subject to CIN plans – consideration to be given to how this information can be shared between CSC and primary care.

### **Recognition of the impact of environmental factors on safety and welfare of DC&YP**

In 5/8 cases, agencies judged there to have been good or excellent assessment of the wider factors, e.g. domestic abuse, parental mental health and substance misuse, impacting on disabled C&YP throughout the safeguarding assessment and subsequent plan.

In 3/8 cases, agencies considered that assessments were limited in terms of consideration of impact on environmental factors on the child with over focus on the child's disability with safeguarding opportunities missed. In these cases, it appeared that this judgement was based on concerns about historical assessment of cases and missed opportunities to intervene earlier, not necessarily the current planning.

**Action: to raise awareness of use of Harm Matrix to enhance assessment of cumulative harm and subsequent planning.**

### **Response to concerns about behaviours which challenge**

Behaviours which challenge were a significant factor in 5/8 cases. In 3/5 cases, reviewers assessed that that multi-agency assessment recognised behaviour as a form of communication and a response to environmental factors. There was good evidence that the voice of the child was sought and of challenge where parents 'blamed' a child's behaviour. In the 2 cases, it was felt that opportunities to seek the voice of the child could have been improved and that assessment of environmental factors on the child's behaviour was limited. CPVA was only referenced explicitly in 1 case, and referral pathway not followed. Positive Behavioural Support, with input from CYPS, plans had been developed for 2 children. Reviewers acknowledged the challenge of 'courageous conversations' with parents/carers about the wider family factors which may be impacting on behaviour and how to provide effective support to prevent family crises requiring safeguarding intervention. **Action: this issue will remain a key area of on-going development on the DCYP subcommittee workplan.**

**Covid Impact:** Pressure due to Covid impact was a factor in escalation of safeguarding concerns for three cases. In all cases, reviewers saw impact on CYP's emotional/mental health from missing routine and social contact of school, difficulties understanding the reasons for social distancing and lockdown and respite services ceasing. Parents/carers described fatigue and challenges maintaining a consistent routine with schools closing. There was delay in access to some support services for some parents and CYP. Covid affected the frequency and type of contacts with children and young people across health and social care, with more virtual contact. **Reviewers in frontline roles are seeing on-going impact on CYP, e.g. emotional/mental health issues affecting school attendance, and that families have smaller support networks following the pandemic.**

### **Extra-familial Harm**

Limited evidence that contextual safeguarding issues are routinely explored in safeguarding assessments for DCYP

**Action: to share audit findings with Exploitation Sub-committee and to seek assurance from partners about how consideration of extra-familial harm is incorporated into risk assessments and supervision.**