

Audit Findings from the Assessment of Initial Need and Risk

7. Next Steps:

These findings form part of wider ongoing work to improve front-door practice:

- The partnership will develop a single multi-agency action plan.
- Independent scrutiny, MACH development days and surveys with families and professionals will continue to provide feedback.
- Learning will feed into training, threshold policy review, cultural competence development, and practice guidance.

6. What We Need to Strengthen Together

- **Consistent information sharing** (strategy minutes, discharge summaries, Family Help registration, school info).
- **Routine GP involvement** starting at the point of referral.
- **Clear Family Help ownership**, with a named lead and consistent recording.
- **SMART, child-focused safety planning**, jointly created and reviewed in single agency supervision.
- **Stronger cultural competence**—confidence discussing race, faith, identity, language and cultural norms.
- **Embedding the child's voice** using direct tools and ensuring it informs decisions.
- **Stronger professional curiosity**—exploring discrepancies, hearing all parents, considering patterns over time.

5. Understanding the Child's Lived Experience

Voice of the child was not always well captured, and sometimes overshadowed by adult-focused narratives. Across the cases, practitioners generally recognised risk, but the depth of understanding of the child's experience varied. Examples:

- Children's voices were sometimes inferred rather than captured directly.
- Delays in seeing children after disclosures reduced opportunities to understand their authentic views.
- Cultural identity, neurodiversity, and online harm were not always fully considered in assessments.
- In cases with repeated concerns (domestic abuse, parental mental health, cumulative neglect), the emotional impact on the child was not consistently explored.

Where children were seen, heard and understood, assessments and plans were stronger, more relevant and more effective.



4. Areas for Development

The audit emphasises that inconsistency, rather than absence of practice, is the challenge.

Key themes included:

- Information sharing gaps, particularly cross-county information, strategy minutes, Family Help plans and discharge information.
- Limited GP involvement in referrals, planning and follow-up; GPs were often not notified or asked for information.
- Family Help coordination was unclear or unregistered in several cases, making accountability and oversight difficult.
- Safety planning varied, with some plans lacking SMART actions or clear links to reducing risk.
- Cultural identity and diversity factors were inconsistently explored and recorded.

These themes mirror national learning from recent reviews.

1. Purpose of the audit

This multi-agency audit reviewed six children to understand how effectively partners identify and respond to initial need and risk at the front door.

Purpose of the audit:

- Assess the quality of referrals and threshold decisions.
 - Review information sharing, timeliness and multi-agency working.
 - Consider how children's lived experiences shape assessment and planning.
 - Identify strengths and opportunities for partnership-wide improvement.
- The audit was discussed in a multi-agency meeting, including representatives from health, police, education, social care, IRO services and the WFSCP.

2. Key Strengths in Practice

Several positive themes were evident across the partnership:

- Prompt referrals in all cases; incidents were acted on quickly and concerns were not left unaddressed.
- Threshold decisions were generally accurate, with strong alignment between referrers and Multi Agency Children's Hub (MACH) outcomes.
- Timely MACH decision-making; most completed within 24–48 hours.
- Strong multi-agency collaboration, especially in complex situations involving domestic abuse, mental health and cultural factors.
- Good examples of education involvement, including Family Help leadership and participation in planning meetings.
- Child-centred practice was visible in several cases, including assessments written directly to the child and forward-thinking planning around hospital discharge and school reintegration.

3. What Good Practice Looked Like

- Well-evidenced referrals from health and specialist teams enabled proportionate responses (e.g., perinatal team, refugee resettlement team).
- Professional curiosity was demonstrated through checks of historical information, deeper exploration of parental mental health, and scrutiny of domestic abuse patterns.
- Robust joint working: MARAC processes, team-around-the-settings, coordinated plans for hospital discharge and education reintegration.
- Culturally aware practice: effective use of interpreters and translation support (notably for Child 5's family).
- Family Help used well in some cases: evidence of clear safety plans and coordinated activity when plans were registered.

These examples show high-quality practice exists across the partnership.