Multi-Agency Meetings Good Practice Guide (February 2017 v1)

The need for this guide was identified following a series of audits of multi-agency plans. Although the quality of plans has improved over the past two years, a number of features were identified for improvement relating to membership of multi-agency groups, the focus of discussion, responses to the voice of the child. This Good Practice Guide covers any multi-agency meeting that does not already have an agreed formal structure. For example, it is not expected to apply to section 47 strategy discussions, Initial Child Protection Conferences or Reviews or Children Looked After meetings.

Which meetings can the Good Practice Guide cover?

- Child Protection Core Groups
- Child in Need Meetings
- Team Around the Child Meetings

- Professionals Meetings
- Any Generic Multi-Agency Meeting

Useful Documents:

Assessment tools Table

Calderdale Communicating with Children Toolkit

Strengthening Families Approach to Conferences framework

Multi-Agency Group Agreement

Professionals Meetings

Pathway for Working with Resistant Families

Preparation

Things to consider:

Timescales – How frequently do the meetings need to take place? Is this realistic to address the needs of/risks to the child?

Agenda – Is the agenda set? Does the agenda need to be sent out to members of the meeting in advance? How far in advance? Who is responsible for setting the agenda? How will the discussion, decisions be recorded[1] and by whom? Who is responsible for circulating relevant documents? How is this communicated to the members?

Who needs to attend? – Are all the key[2] agencies that need to advise/support this child and family involved in the multi-agency meeting? If not, why not? The rationale for exclusion of key agencies should be recorded in the notes of the first multi-agency meeting.

What happens if a key agency will not be represented at the multi-agency meeting? – Any key agency should be represented at multi-agency meetings by someone who is fully briefed, can contribute to the discussion and who can comment on the level of progress/unmet need/risk to the child/ren. If this is not possible, the allocated worker from the key agency should provide either a written or verbal report for presentation at the meeting which summarises the intervention since the last multi-agency meeting and which provides an analysis of progress against expected outcomes and assessment of risk/unmet need.

How will the voice of the child be represented? – Is the child able to attend the meeting? Do they have/need an advocate? If unable/inappropriate to attend, how will the child's views be established? Who will represent the views, wishes and feelings of the child? How will they be presented?

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[1] An assumption is being made that the multi-agency meetings will be recorded and that the discussion will be linked to expected changes for the child reflected in a plan against which progress will be measured.

[2] In this context, **Key Agencies** are those who have current relevance for the child and family and/or who are already or who need to be actively involved with the child or family.

Successful Multi-Agency Meetings

Things to consider:

What are the expectations of the multi-agency group, parents/carers and the child in the meetings and to achieve desired outcomes? – Is everyone clear about their own role and responsibilities? How is this communicated? Is the purpose of the meeting clear? What will happen if parents do not cooperate with multi-agency meetings and planning? How will members know when there is no longer a need for a multi-agency meeting or plan? What if some members disagree with the decisions made? If anyone identifies any poor practice or is in dispute with any of the other agencies, it is important to use their own agency's 'escalation policy' – this usually means reporting the concern to their own line-manager and taking further action as necessary.

How is the discussion of the meeting structured? – Using a framework will help to maintain focus on the child's needs or risks previously identified. It is important, not just to 'tell the story' but to analyse what that means in terms of impact on the child and progress made to reduce needs or risks. Bringing together single agency chronologies into a multi-agency chronology will assist analysis and provide opportunities to share relevant information.

How is the child's voice[3] taken into account? – The record of the meeting should reflect the child's views about their current and past situation; how their views are being taken into account and influencing the decisions made; how their views are reflected in the outcome of the decisions made and if not acted upon, why not; how the decision will be communicated to the child. The child's plan should show how the views of the child will be obtained.

How is progress assessed? – The child's plan should show clearly how progress is being measured using appropriate tools and measures. The plan should include realistic timescales for the required changes to occur. The record of the meeting and review of the child's plan should show progress made or lack of it, how this has been measured and by whom.

What if progress is not being made? – All plans should include a contingency plan which states clearly what will happen if progress is not made within the required timescale. Ideally contingency plans will be discussed and agreed in advance with the child's parents and may include: additional support from extended family members[4]; changes to the child's living arrangements e.g. temporarily living with extended family, family member leaving the family home; reassessment of risk or need; consultation on statutory action.

When will the plan/purpose of the meeting be reviewed? – This should be agreed and recorded at the first multi-agency meeting.

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[3] The views of the child include: observations of the child; observations of the child's interactions with others; child's statements; products of direct work; standardised assessments e.g. SDQ etc.

[4] A Family Group Conference would determine who is available to support the family at an early stage.