eball61 11/16/2023

SW Padlet 1: What Resonates?

What are the challenges when working within multi-agency safeguarding?

Attendance in meetings

♡ 8

Consistency

♡ 4

That the things we see in reviews are the same across the country. Shows that we need nation wide changes rather than little bits here and there.

♡ 6

Ownership

♡ 3

Viewing cases holistically

♡ 4

Having the right information at the right time.

♡ 5

Getting professionals to attend meetings due to their work capacity/competing demands.

♡ 1

Accountability

♡ 3

Performance data is so challenging to get from partners.

♡ 2

Timely and effective communication between all professionals

♡ 0

Obtaining information from other LA's and the time it takes to do this

♡ 2

Referrals to childrens social services declined until situation escalates

♡ 3

Communication

♡ 2

Responsibility of the right agency

♡ 1

Parents attending, particularly fathers/ step parents.

♡ 2

Questions

I wonder if GP had someone who was managing what could be safeguarding concerns ans sharing those as referrals would this help?
I think more pharmacists should consider observing a more safeguarding prospective with kids and repeat prescriptions could indicate risk to a child

♡ 0

Ensuring all processionals take account of the information/ attendance etc

♡ 2

Different thresholds at different LA's

♡ 3

As a Student on placement I am really seeing the importance of all agencies, organisations anyone involved working collectively. So important so share information so all professionals involved are singing from the same hymn sheet

♡ 1

---

use of translators

♡ 2

Agencies quickly closing or saying closing due to non engagement.

Constantly passing the book , but not supporting this

♡ 1

Working in a therapy role - the theme around 'soft intelligence' really resonated. What do you do with this?

♡ 1

Not being in children's services, the process, jargon and acronyms are often confusing.

♡ 1

Not only information gathering but analysis and understanding impact

♡ 1

Missed appointments and how that can be captured in my service

♡ 2

Thresholds too high

♡ 3

The confidence and organisational cultural change to sharing information... it shouldn't be a constant failure

♡ 1

Poor info sharing . Sometimes professionals feel like a certain service is not relevant , when they are

♡ 2

Lack of experienced workers

♡ 1

Info gathering if the bigger picture , deep diving rather than beck covering

♡ 1

---

lack of understanding/ ownership of roles and responsibilities

♡ 2

Some agencies come across as not wanting to take on accountability of safeguarding- happy to share worries with the expectation for others to do something about the worry!

♡ 3

No time for critical reflection.

♡ 1

Poverty

♡ 1

Information sharing

♡ 2

Trying to acquire and understand the information required to competently assess risk and need

♡ 2

Lack of services - preventative services and on the other side fostering services/placements

♡ 1

A lot of expectations on social workers

♡ 2

There has always been challenges in information sharing

♡ 1

---

poor communication between services

♡ 3

Always a conflict between time to deliver within a trully trauma informed reflective, family focused

approach versus pressure to complete work !

♡ 2

Communication with professionals involved

♡ 2

Thresholds and seen as business as usual

♡ 0

Still a misunderstanding there that sharing of information happens within some service sectors - ie health, housing, etc

♡ 2

Not enough support services

♡ 1

High turnover of staff, families having to tell their story several times, key information then being missed

♡ 2

Often comes across that worries are always for social care/ level 4 threshold services to support- lack of emphasis /use of early help support!

♡ 1

Iatrogenic harm from assessment of families using a risk lens only. Many are struggling and not intentionally harmful. They need adequate, tailored support, not putting on a parenting course.

♡ 1

Work in a parental mental health role - sometimes children's SWs seem to have very medical focus on "mental illness" and fixed ideas and approaches (professional curiosity issue)

♡ 1

Bureaucratic processes

♡ 4

Valuing each others professional knowledge and developing effective relationships

♡ 2

Despite all the issues mentioned today it is still the social worker that gets the blame if it all goes wrong.

♡ 2

The conversation around how we can all record what we need to record, be able to collate the information promptly to be able to risk assess effectively within a true multi agency arena- resonates- often just assumed communication is happening and someone somewhere is joining things up!

♡ 0

Across borough transition points and processes are often difficult to navigate around.

♡ 1