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# ***HMIe - How Well are Children Protected and their Needs Met?***

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## **HOW GOOD CAN WE BE?**

### **What is our capacity for improvement?**

**Healthy:** having the highest attainable standards of physical and mental health, access to suitable healthcare, and support in learning to make healthy and safe choices.

**Achieving:** being supported and guided in their learning and in the development of their skills, confidence and self-esteem at home, at school, and in the community.

**Nurtured:** having a nurturing place to live, in a family setting with additional help if needed or, where this is not possible, in a suitable care setting.

**Active:** having opportunities to take part in activities such as play, recreation and sport which contribute to healthy growth and development, both at home and in the community.

**Respected\*:** having the opportunity, along with carers, to be heard and involved in decisions which affect them.

**Responsible\*:** having opportunities and encouragement to play active and responsible roles in their schools and communities and where necessary, having appropriate guidance and supervision.

**Included:** having help to overcome social, educational, physical and economic inequalities and being accepted as part of the community in which they live and learn.

## Key Area 2: GIRFEC meeting

### What triggered this development/initiative? How was the need for improvement identified and initiated?

Following a meeting of the East Ayrshire Child Protection Chief Officers Group on the 27 May 2008, when an ongoing significant case review was discussed, it was highlighted there was a requirement to introduce new arrangements for early Multi Agency assessment of current and future referrals with a view to reducing the risk of further significant cases occurring. Agreement was reached by the group that a pilot initiative would be commenced, mid June 2008, to monitor and take action on non-offence child referrals on a weekly basis, similar to those undertaken in other Local Authority areas.

### How good are we now? Overall Evaluation (Brief Summary) of development/practice imitative.

The Early Information and Pre-Referral Group (or Girfec Group - as it is commonly known) comprises of individuals at management level, from Social Work, Police, Education (Schools and Early Education/Childcare Services), Housing and NHS Ayrshire and Arran. The main purpose of the group is to 'monitor and take action on child referrals (non-offence) on a weekly basis', with the intention of bringing immediate benefits in terms of Child Protection. The desired end point of the process was determined to be the identification of the proper lead agency or agencies to take each referral forward.

The Group, as part of its operating procedures undertakes to consider and take decisions on:

- The specific agency that will take responsibility for the referral;
- Requests for further information needed to make a full and proper decision;
- Any evidence of risk to any other child
- Feedback to be given to the original referrer;
- Timescales for action;
- Where no further action is required by any partner agency;

In the initial stages all members of the group agreed that where there was an immediate need to take action to secure the welfare of a child then the matter would not wait for the Early Information and Pre Referral Group meeting but instead appropriate action would be taken straight away. The Group continues to facilitate regular daily contact between Police, Social Work and Health to discuss cases in advance of the regular weekly group meetings.

The Group revised the pro forma referral form used in the Highland Pathfinder to collate information for each referral. Agencies submit their referrals to the Group's Administrative Assistant, based at East Ayrshire Council Headquarters (EAHQ), by 1000 hours each Tuesday. The referrals are collated then forwarded to members either by intranet for council departments, a web portal (NHS) or via secure email to the police. On receipt of the initial referrals each agency then undertakes a trawl of all its information systems and databases looking for any information on the children involved, parents/carers, addresses and any other relevant intelligence on the family or its members, then updates the pro forma before returning to the Administrative Assistant at EAHQ. All referrals require to be researched fully prior to the weekly meeting of the group, which takes place at Kilmarnock police office at 0900 hours every Thursday.

At the weekly meeting, each referral is considered in turn with all agencies having the opportunity to share whatever relevant information they may have on the child, family, address or background etc. Once the full picture is obtained then a decision is made by the Chairperson as to which agency or agencies should take the lead. If there is any disagreement with the decision then the matter is debated and consensus is reached. The Chairperson, initially the senior police representative but is now rotated among

the partners, confirms the decisions following any arbitration. In many instances there is a necessity for multiple agencies to have a part in taking things forward for the child or children. There is also scope to ensure that additional support and assistance is also put in place for the parents/carers, as often they are suffering from mental health issues, addiction, domestic victimisation or commonly a lack of parenting skills etc.

In several cases multi-agency case discussions would be required or an immediate intervention from Police and Social Work would be required, to take executive action. At the conclusion of the meeting the register of referrals database is updated with all additional information supplied by agencies and to record who has been nominated as the lead agency/agencies for each case. Nominated agencies thereafter have responsibility for ensuring that suitable action plans are put in place within their organisation to deal most appropriately with the circumstances of each case.

**How do we know? What key outcomes have we achieved?** How has it improved outcomes (reference to front sheet) Safe, Healthy, Achieving, Nurtured, Active, Respected and Responsible, Included

The weekly meetings perhaps focus most on the safe, healthy and nurtured aspects of the GIRFEC model, with the partners striving to ensure that children and their parents, who are the subject of scrutiny have the right level of support and assistance to best protect their wellbeing within the family environment.

It is of note that several children re-appear at the meetings, which serves to highlight ongoing difficulties in their family and reaffirms to members of the group the necessity to get it right for these vulnerable children on an ongoing basis.

The group also helps to identify the risks associated with domestic abuse within a family and through a partnership approach attempts to mitigate the harmful effects of that abuse.

In the aftermath of the meeting, support, advice and guidance can be provided to children and young people where domestic abuse occurs. The group also provides an integrated approach to support for children and their mothers alike.

**Supporting Evidence: Please ensure that your written submission is supported by sound evidence and is readily available for inspectors if required. Examples included policies, procedures, protocols, minutes of meetings, publicity material, reports, management / performance information etc.**

The MARG register of children referred to the meetings along with the decisions taken in respect of lead agencies and actions will document the evidence of what activity has taken place in respect of each child/family. The weekly minutes of the meeting, evaluation report, and associated operating procedures are all available.

**Example(s) of Good Practice** Illustrates children's experiences for example results have improved outcomes including: Partnership working, Evaluation Report findings, How has it made an impact - more efficient practice, What difference has it made? Tackle inequality? If adopted more widely would it increase life chances of children's experience?

There is no doubt the major benefit of the weekly meetings is the sharing of information and intelligence

between partner agencies, which has allow for a fuller picture to be gained about what is occurring within a family and allows partners to come to a fully informed decision as to how best to deal with a child.

On occasion, when a matter of immediate concern has been raised, swift action can be implemented to safeguard the well being of children by early intervention of Police and Social Work attending directly at the child's home and taking the child in to care using emergency powers, if required.

The bringing together of interested professionals across the full range of partners ensures that no one agency is making decisions based on only one part of the jigsaw but that a more holistic view can be taken of a child's circumstances and, as such, agreement can be reached as to how best to take the matter forward for the greatest benefit to the child.

The group has helped to identify, in early course, those children 'in need' within the local authority area and ensure that universal services are getting the help they need, when they need it.

**How Good Can We Be? Areas for Improvement** Following self-evaluation the areas identified include the following action points:

Following the pilot phase of this initiative there was a growing realisation that the number of referrals could not be sustained and that the group was becoming a safety net, with much duplication with regard to Social Work open cases. In June 2009, a decision was taken to ensure that referrals made to Social Work were actioned by them and that information gathering and initial screening would take place without delaying them for consideration by the Group. Police referrals would continue but with Social Work referrals being submitted by exception, where there was an identified need for a multi-agency information sharing.

Attempts were also made to move the pre-referral meeting on to the next stage with screening prior to submission of referrals to the Authority Reporter but both Police and SCRA procedures did not permit this, although both agencies are currently considering their respective positions.