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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 4: Involvement of Health Professional in CP Investigations, including the Tripartite Discussion Process

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| <p><b>What triggered this development/initiative?</b> How was the need for improvement identified and initiated?<br/>           HMIe Inspection Reports<br/>           West of Scotland Managed Clinical Network Standards</p>   |  |  |
| <p><b>How good are we now?</b> Overall Evaluation (Brief Summary) of development/practice imitative.<br/> <b>Good</b></p>  |  |  |
| <p><b>How do we know?</b> What key outcomes have we achieved?<br/> <b>Safe:</b><br/>           Decision making in child protection investigations is informed by robust information sharing and includes the involvement of a health professional with specialist knowledge.<br/> <b>Healthy:</b><br/>           Where necessary all children who require a medical examination or health assessment have this undertaken and plans are developed to meet their needs.</p> |  |  |
| <p><b>Supporting Evidence:</b><br/>           CP1s &amp; Case Files<br/>           Evaluation report of:<br/>           Tripartite process<br/>           GIRFEC pre-referral group &amp; process</p>  |  |  |
| <p><b>Example(s) of Good Practice</b><br/>           GIRFEC Pre-referral screening group &amp; process</p>   |  |  |
| <p><b>How Good Can We Be?</b> Areas for Improvement</p> <p>Implement the recommendations of the Tripartite and GIRFEC Screening Evaluations:<br/>           Review and redefine the tripartite discussion/IRD process<br/>           Further develop the skills of practitioners and develop processes to enable robust information gathering and sharing at all stages in the child protection process.</p>   |  |  |