

2 How well do we meet the needs of our stakeholders?

Key Area 2: Impact on children and families in need of protection

Quality Indicator
2.3 Children and young people are helped by the actions taken in immediate response to concerns

Themes

- Initial response of staff to children and families who need help
- Impact of immediate actions by staff to keep children safe

Overall Evaluation – Very Good progress has been made in responding to any concerns for children and families who may be in need of help and assistance. Multi-agency staff immediately refers to the Initial Response Team in Social Work. Any action required to be taken is based on an initial assessment of children and families within the appropriate timescales. As a double safeguard the Multi-agency GIRFEC Group meets weekly and to share information about multi-agency concerns and identifies the most appropriate agency/person to respond.

Evaluation of current service and practice How good are we now?

THE INITIAL RESPONSE OF STAFF TO CHILDREN AND FAMILIES WHO NEED HELP

- **Initial Response Teams** in the North and South of the Authority provides an immediate response to children about whom concerns have been raised to assess and plan for their care and protection. There is timely and rigorous assessment and allocation of cases to avoid delay in response. The setting up of a dedicated team has allowed workers to focus on new referrals of concerns for children and young people and for families to be supported by the investigating worker throughout the initial process of investigation. Families and children are fully included in this process and workers are at all points of an investigation clear about what the process is and what the possible outcomes are. Children benefit from the comprehensive package of support that is provided by the Initial Response team in response to immediate concerns. All children who have been referred due to concerns about their welfare are visited on the same day, where an assessment of the nature of concern has deemed to warrant it.
- **Initial Investigations** discussion to explain the process and purpose of investigation and initial social work intervention is routinely had with families and children and supporting them throughout the process is the task of front line staff. They understand their responsibility in this regard and this is clearly communicated by strategic management and on a one to one basis through supervision with staff. Staff have access to a manager for advice or to share information at all stages of initial investigations.
- Outcomes of activities for children and families, for example:- The % of hearings scheduled to take place within 20 and 30 working days, the % of written notifications of referral outcomes issued within 5 working days, the % of written notifications of hearing decisions issued within 5 working days, and others.' Is monitored by SCRA.
- **Multi-agency GIRFEC Group** meets weekly to identify those children about whom there have been referrals or information to other agencies, including Social Work, to plan for a coordinated approach to concern and identify the most appropriate professional to implement this plan.
- **Risk Assessment** All staff have access to, and use, an assessment Tool Kit and GIRFEC materials for assessing risk and need and this informs the completion of a Comprehensive Risk Assessment for those children that are on the Child Protection Register.
- **Children where the risk of significant harm** out ways protective factors then statutory and legislative powers will be used to protect them. We seek Child Protection Orders for those children who are in need of immediate protection and make full use of the Children's Hearing System to seek Warrants and Supervision Requirements, with conditions applied if necessary, to benefit and safeguard children. Children and families are prepared by staff before hearings encourage full participation in this process. SCRA ensures that written communication is translated. If a meeting is required, or a person is required to give evidence as a witness, interpreting services are always made available by SCRA. SCRA also ensures that the appropriate facilities are available for vulnerable witnesses and this is informed by the liaison between SCRA, other agencies and the vulnerable witness and his/her family.

- **Training and Development** - All established workers have undertaken Risk Assessment and Risk Management training to inform their practice in working with risk so that we are effectively, efficiently and accurately assesses the level of concern for a child and this is happening to the benefit of the children who we are working with. Team managers oversee the process of investigation and are rigorous in directing workers in the appropriate course of action that needs to be taken. *There is an extensive programme of multi-agency training and full detail is listed in Quality Indicator 7.3 (Staff training, development and support).*
- **“Getting Our Priorities Right” Protocols** are used to make sound assessment of families where there are concerns about drug misuse and the vulnerable pregnancy guidelines and assessment tool is routinely applied when we are aware of vulnerable pregnancies. Children benefit from assessments completed using sound assessment frameworks.
- **Pre-Birth Cases** are routinely planned for placements, pre birth, for those children that will be unable to go home after discharge from hospital. The parents of such children are involved in the decision making process from the early stage of a pre birth case conference and are prepared for the possibility of such outcomes in advance of Initial Child Protection Case Conferences.
- **Medical Examinations** - There is a rota of on-call paediatricians and an associate specialist to offer advice and undertake medical examinations and this is communicated to SWD and police annually.

IMPACT OF IMMEDIATE ACTIONS TAKEN BY STAFF TO KEEP CHILDREN SAFE

- **Kinship Care Funding** is provided so that where ever possible children who can not remain at home are able to live with family members to minimise trauma. Financial support in the form of Kinship Care supports families to be able to provide for those children. Children have benefited from being able to live with family members because of financial support that might otherwise have had to be received into the care of Local Authority or out of Authority foster carers.
- **Emergency Placements** in all cases, where children require emergency placements, they are always provided. The Local Authority has a designated member of staff to coordinate and identify placements for children, both in and out of the authority, and the member of staff has direct responsibility to monitor and feed back to senior management the availability and appropriateness of such placements. The designated member of staff liaises with the social worker to obtain the relevant and up to date information regarding a child who has been referred, and to establish what type of placement requires to be obtained to meet the needs of the individual child. Discussions with the family placement team establish the availability of carers and the level to which they will meet the child’s needs. The designated members of staff also meets with the team manager for fostering on a monthly basis to ensure that we are fulfilling our responsibilities to provide appropriate placements on a needs led basis subject to sound assessment. “There will be liaison with the reporter as necessary.”
- If a child is referred to a Children’s Hearing, the Hearing must ensure the child has an opportunity to express his/her views (C(S) Act 1995, s.16 (2)), the hearing must consider whether a Safeguarder should be appointed, the child can have a representative at the hearing, there is a right of appeal against the hearing’s decision. The child and family will be informed that they can request a review of a supervision requirement if one is made.’

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- VIA write directly to the parent or guardian of the child to obtain the views of the child and family members. Court familiarisation visits are also offered as a further step to ensure the child is as comfortable as possible throughout the criminal process. Children can see court room, the waiting room, remote site or CCTV link in operation where appropriate.
- Training is available to all prosecutors in relation to child witnesses, precognosing or interviewing children, sexual offences and a number of other relevant matters. This allows prosecutors to deal with children sensitively and confidently.

Police –should some of this go in the evidence box?

- Child Referrals submitted by initial attending police officers – in accordance with Child Protection Standard Operating Procedure (SOP) document, which will be available to Inspection team.
- VPD incidents covered by reporting police officers – The requirement of the Domestic Abuse SOP to submit a Vulnerable Persons Incident (VPD) report. Available to Inspection Team.
- C P Register checks - in accordance with Child Protection Standard Operating Procedure (SOP) document, which will be available to Inspection team
- Statutory provision to remove children: In accordance with Children (Scotland) Act 1995.
- Safety of child prioritised: The welfare of the child must always be the primary concern.

- Access to medical services: The agreed protocol in relation to medical examinations of children in Ayrshire. Health have ownership of the supporting documentation.

How do we know? What key outcomes have we achieved? Impact and benefits

There is effective collaboration between agencies and a co-ordinated approach towards identifying concerns, assessing needs, agreeing actions that lead to the right help at the right time.

How do we know? What key outcomes have we achieved? Impact and benefits

Please include evidence of policies, procedures, protocols, minutes of meetings, publicity material, reports, etc.

- File audit
- Initial Response Team timescales – management information report
- Multi-agency Training Records

SCRA

Case investigation memo's from the Reporter Administration Database (RAD).

- Supervision records.
- Minutes of meetings (as aforesated).

HEALTH

- Supervision
- Advice calls to Child Protection Health Team

POLICE

- There is a good awareness of child protection matters by police officers attending incidents. Protocols and processes are in place to ensure the needs of the child are met. Legislation provides for the removal of a child if appropriate.

EDUCATION

- Standard Circular 57 procedures.
- Interview protocols

Examples of Good Practice

GIRFEC Group - *As a result of police intelligence presented at a GIRFEC meeting where by there had been separate incidents referred, and the education department being able to advise that the children had been absent from school and nursery, a child protection visit was conducted that day by the Social Work department, supported by police. The children were found to be in the home. Conditions with the home were poor and there was no responsible adult to care for them. As a result of this action the children were removed and taken to a safe place.*

How Good Can We Be? Areas for Improvement Action points identified following self-evaluation:

- Continue to address the issue of availability of suitable placements and children should be place according to where they will best get their needs met.
- Improve the levels of written information provided to foster carers about the history, circumstances and plans for children placed with them.
- Wider involvement of health professionals in assessments and decision making process.
- Further training for Education personnel on risk assessment, Social Work thresholds for intervention and response times