



CHILD PROTECTION COMMITTEE
JOINT SELF EVALUATION REPORT

5.3

<u>Quality Indicator</u>	<u>Themes</u>
5.3 Recognising and assessing risks and needs	<ul style="list-style-type: none"> Recognising a child or young person needs help Initial information gathering and investigation Assessment of risks and needs

Overall Evaluation

VERY GOOD

Evaluation of current service and practice

How good are we now?

In 2008 HMIE joint inspection of services to protect children in East Ayrshire, reported that this was an area requiring significant improvement and investment, they graded the indicator “Weak.” Following the publication of the report an action plan was put in place to develop practice in this area and significant progress has been made. Within this section we hope to highlight the key work that has taken place in East Ayrshire strengthening our skills in recognising and assessing risks and needs

‘How good are we at assessing risks and needs to help children and families? How good can we be?’ was published by HMIE, 2008. The Performance and Audit sub group undertook a piece of work to reflect upon practice and establish an action plan in respect of this self evaluation guide. This action plan focuses on key areas of practice, how we would evaluate our current progress and improvements that had been made.

RECOGNISING A CHILD OR YOUNG PERSON NEEDS HELP

The CPC is committed to ensuring that all staff are alert to and identify where a child is in need of protection.

- Child Protection guidance is readily available signposting the necessary steps to ensure staff take appropriate and timely action and refer the child to the appropriate agencies. Single agency and multi agency training is in place to ensure all staff are assisted in how to recognize that a child needs help and knowing who to contact. For example East Ayrshire Council and NHS Ayrshire and Arran continue to train staff from all sectors in awareness of protection issues.
- Following the HMIE report in January 2008 a number of issues related to specific developments required in Social Work services. A specific team was deployed to action outstanding assessments. A series of development days were held with frontline staff, the feedback from these days led to a redesign of service delivery.

- The Initial Response team in the north of the authority was established in January 2009. The team has a robust system of receiving, prioritizing and actioning referrals when they are received and within 24hours, there are no outstanding referrals.
- East Ayrshire Eligibility Criteria, which was agreed by cabinet in October 2008, this ensures services, are targeted to children, and young people who need it, when they need it. The team lead on all initial reports regarding concerns for children and assessments for pre-birth assessments, they also have responsibility for the timely completion of assessment reports to the Children's Hearing. All the social workers in the team have undertaken child protection training, risk assessment and risk management training, and both teams have social workers that are able to do Joint Investigative interviews with the police.
- The initial response team in the South of the authority was established in September 2009 following on from two development days with all the staff, a process of Job Shadowing the north team has taken place to ensure consistency of practice across the service.
- All educational establishments including early years Partner Providers have a designated Child Protection Co-ordinator and pre-school centres and schools have a LAC Co-ordinator. These staff have been trained to recognise children and young people in need of support or protection. All staff within Educational Services are familiar with SC57 and the procedures to be followed, whenever there is a child protection concern, in making a referral to the appropriate line manager or head of establishment. Education personnel are aware of the pressures on Social Workers in responding to case loads.
- Within Educational Services there is greater recognition of educational dimensions of young peoples' assessment taking place. As a precursor to responding to high tariff situations the staged intervention protocol with Educational Services and the involvement of community link workers and Social Work assistants provides an early support to potentially escalating situations of care and welfare and child protection. All of these interventions are designed to take into account the social, emotional and developmental needs of the children and young people.

INITIAL INFORMATION GATHERING AND INVESTIGATION

- The Child Protection committee reviewed its Information sharing protocol in 2009 as part of its commitment to ensure its protocols and procedures are up to date and relevant.
- Interagency training continues to reinforce the importance of partner agencies to information sharing and assessment of needs and risks.
- **Integrated Assessment Framework** is to be rolled out in East Ayrshire. The first meeting of the GIRFEC Training Group will take place on 22nd of September where agreement will be reached on the time lines for the first phase of roll out, initially

planned for October /November 2009.

The Integrated Assessment Framework *Objectives*:

- To support a child centred approach to assessing and meeting need
 - To reconfigure planning & assessment and resource allocation forums to embed Integrated Assessment into practice
 - To deliver an aggregated model of training to meet the requirements of all practitioners promoting integrated working & assessment practices
 - To build on communication, consultation and change management strategies
 - To continue to support the development of an electronic solution to data sharing for children
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- East Ayrshire has chosen to roll out the integrated assessment model on a geographic basis on all *new* Staged Intervention tier 2 and 3 cases: CP1s; SBRs; and LAAC Reviews. The actual scale of each phase of geographic implementation, however, requires further discussion given the overall time frame within which we would hope to have full implementation completed.
 - This first stage will not apply to cases other than all *new* Staged Intervention tier 2 and 3 cases: CP1s; SBRs; and LAAC Reviews.
 - The Officer Locality Group, Children & Young People, is the main approving body for the work of the GIRFEC Sub-group through the agreed reporting structure.
 - The Ayrshire Children's Senior Officer Group has a responsibility for pan Ayrshire children's services developments and will soon take over responsibility for pan Ayrshire developments in GIRFEC and I.A.F. from the existing I.A.F. Project Board.
 - The key stakeholders involved in this stage of the Implementation of IAF are as follows:
 - ◆ East Ayrshire Social Work Services
 - ◆ East Ayrshire Education Services
 - ◆ NHS Ayrshire and Arran
 - ◆ Police
 - ◆ Voluntary Organisations
 - ◆ Scottish Children's Reporters Administration

◆ Children & Families

◆ Procurator Fiscal

- GIFREC PRE REFERRAL GROUP Weekly pre-referral multi-agency meetings assists the assessment of all children and young people affected by domestic abuse receive what ever assistance required and a lead agency is identified. Representatives attend from police, social work, schools, early years, housing and health. A summary of the work of this meeting is attached in GIFREC Early intervention meeting report. This approach has further strengthened and developed the information sharing between and within services and departments in relation to a concern about a child.
- When a decision has been made that a child protection investigation is necessary partner agencies are involved at the relevant stages. Multi-agency working with police and health colleagues and joint investigative interviews are conducted with the police and social work staff where necessary. This ensures that comprehensive and competent information is gathered to provide a robust basis for further assessment or gathering of evidence.
- Health professionals are routinely involved in child protection investigation with positive impacts on the outcomes for the child. A pilot of a formal Tripartite Discussion process has been undertaken and the outcomes from the evaluation of this and the GIRFEC process are being used to inform future practice.
- Where there are concerns about a child the needs of any siblings are also considered. Where notified of a CP investigation health check systems for information which will inform an assessment of risk and share information which is relevant
- When necessary emergency powers are utilised to ensure the immediate protection of a child from the court. All Social Work staff are trained and informed of their responsibility to use the law to protect children during their four day induction program, and are also advised during the course of their work by a well informed and knowledgeable management team. There is a designated solicitor within the Local Authority whose specific remit is child protection who is on hand to advise, prepare documents to be lodged at court and make representation in court to the Sheriff. In May 2008, the Authority Reporter in East Ayrshire highlighted to the Child Protection Committee the rise in child protection orders. It was agreed that there would be merit in conducting a focused analysis of the child protection orders granted. The work was completed and provided to the CPC on 26.08.09. The author of the report will present the information to the CPC on 28.10.09 when recommendations will be considered and full up actions required agreed.
- Children have 24 hour access to a pediatrician should a child require any medical examination or treatment identified in the course of an investigation and front line staff would organize this.

- **High Risk Pregnancies** community midwives identify high risk pregnancies and refer to Social Work where multi agency assessment or care is required. They provide support, including follow-up where there non-attendance at antenatal appointments. There is also specific member of social work staff designated to work with pregnant substance misusing parents and the Vulnerable Pregnancy Protocols are employed to identify and plan for those babies whilst in utero.
- **Details to be inserted re improvements in timing of the pre births??- health/ social work. Request been made for SWIFT information**
- High Risk pregnancy protocol has been in place since 2005. A piece of work is currently being undertaken to ensure that the protocol is also fully reflected in the adult protection procedures. This will further enhance the current practice in place when a vulnerable adult is identified as a high risk pregnancy, and the appropriate supports and joint working take place between adult and children's services.
- Chronological history: Staff in key agencies maintain chronological histories within their case files. All children on the child protection register have a chronological history within their files. Social services have introduced a procedure that in all new cases and children on the register that an electronic chronology of significant events should be started in respect of the child to include any concerns and action taken in response to those concerns. The availability of chronological histories assists staff in the identification of repeat concerns.

ASSESSMENT OF RISKS AND NEEDS

- Risk Assessment All social work 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.
- All Social Work children and families team managers completed a two day "Managing risk in child protection" development session with an experience external consultant.
- All children and families' social workers and addiction workers completed two day "Risk assessment, analysis and management course". This course is now run annually.
- Health Visitors and midwives risk assess children where notified of domestic abuse incidents.
- Case File Audit, supervision and attendance at CP meeting evidence good – very good needs assessment particularly by Health Visitors and school nursing.
- Health Visitors and school nurses are trained in assessment and use the GIRFEC practice model on a single agency basis.
- Where the attendance of a child, young person or an adult, at an accident and

emergency department raises concerns about the welfare of a child, the department will liaise with child protection health team, who will initiate a response by the child's school nurse or health visitor.

- Comprehensive Risk Assessment will be completed where appropriate for the first Child Protection review case conference. This is completed on the Integrated Assessment Framework paperwork which incorporates the SHANRI principles, My world Triangle and the Vulnerability matrix. This will be completed after discussion and investigation by partner agencies and where completed, contains a risk and resilience assessment and uses the headings identified with the Department of Health's risk assessment triangle. This has made the information available to conference more robust and benefits children by providing accurate and full information along with recommendations for the care plan.
- The family and child, where age appropriate, are fully involved in the completion of this assessment and the final documents is shared with them.
- Systems have been put in place to tackle previous issues in the delay in Social Work assessment report. Regular meetings take place between the senior manager Children and Families, Authority Reporter and Children's Panel chair. The time intervals working group and interim prioritization procedures are in place and monitoring systems ensure the completion of assessments and reports.
- Mechanisms have also been put in place to ensure an improved quality of reports with training to social services staff and management overview which has resulted in a higher quality of report being provided to meeting. The outcome is that an increasing number of reports presented to child protection case conferences clearly demonstrate the vulnerability matrix and SHANARI principle with clear statements of risk and recommendations.
- This improvement in quality of report was evidenced in the CPC file audit exercise where it evidenced that the assessments clearly linked to the recommendations that were subsequently made.
- Assessments that take place are not seen as an individual event but an ongoing process which is reviewed and updated overtime and with changing circumstances.
- Significant changes to the case and circumstances for the child and family will then result in a multi agency review meeting to ensure that the care plan in place is reviewed to ensure that the changing needs of the child are met.
- Challenging Families CPC guidance was agreed in November 2008, distributed to all agencies and is available on the CPC webpage. A multi agency training course is available on the CPC training calendar and 73 multi agency staff have been trained. The protocol assists staff when dealing with challenging and/or unco-operative parents, working with parents and carers who use disguised compliance and assist staff to identify where the actions of parents/carers who are challenging, uncooperative or who use disguised compliance impact on child care/protection issues

- GOPR guidance is in place and will be reviewed to ensure that it is continuing to meet practitioner's needs. Robust GOPR assessments inform decision making. The addiction staff, based across East Ayrshire within locality Children & Family teams work alongside social workers providing an expert addiction perspective which includes assessment of parental drug/alcohol use, motivation for change and ultimately the capacity of the drug/alcohol user to care for the child. The addiction staff have close working relationships with addiction staff working across East Ayrshire with NHS or voluntary sector providers ensuring the safety of the child whilst the care giver receives support towards recovery from their drug/alcohol problem.
- Transfer Of Case files; East Ayrshire Child Protection Committee ratified the West of Scotland Case file transfer procedure. As a matter of routine, transfer of a child's files go with the child if they move out of East Ayrshire to another Local Authority whilst on the register, we formally request that we receive a child's files should they move into East Ayrshire, in keeping with the recommendations of the public enquiry report in the Western Isles "An Inspection into the Care and Protection of Children in Eilean Siar." East Ayrshire has formulated Keeper of the Register procedure, which emphasizes transfer arrangements, maximising information sharing across authorities. The case file audits initial findings raised a concern about children transferring into the area where the information about previous registrations in another area was not initially evident. The CPC will consider the recent Good practice Paper which is being drafted through the West of Scotland Chairs group to consider agreement of the transfer of case files for non child protection registered children.
- MAPPA, Multi agency public protection arrangements, risk assessment process in place for all registered sex offenders. Manifesting in individual cases is evidence of direct links between high-risk offenders under the management of MAPPA and child protection and vulnerable adult procedures. In such cases effective links between the three systems are vital, on an operational level, to ensure that all the relevant information is shared amongst the agencies involved and that an agreed, comprehensive and consistent approach to risk management is adopted. Beyond operational concerns, the Chief officers group have the primary responsibility for the strategic and operational development of MAPPA in this regard, in consultation with the MAPPA Strategic Oversight Group and the MAPPA Operational Group, which necessarily attend to the development of an effective strategic interface between Adult Protection, Child Protection and MAPPA, the three primary strands of public protection.
- Senior personnel from Children and Families Social Work Services attend MAPPA meetings and share information with other agencies where there are concerns about young people who may be considered to be actual or potential victims, either directly or indirectly. This information will be shared for the purpose of developing comprehensive risk management plans of which a robust victim strategy is a central component.
- Out with office hours the West of Scotland Standby Service provides social work services for East Ayrshire. The service level agreement is currently being revised as

part of an ongoing review of the service provision and quality of the assessments and reports provided.

Outcomes

Effective joint working to meet the needs of the child

Improved information and assessments of the needs and risks for the child

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.

Service specific action plan

Assessing risks and needs action plan

MAPPA annual report

Individual agency self evaluation

no backlog in referral about children in need in social services.

Self evaluation of initial response team Process map of referrals to initial response team

CPC file audit results

A&E audit

Tripartite Audit

GIRFEC evaluation

Health Case file audit report

Examples of Good Practice

- The establishment of the Initial Response Team in Social Services has improved the structure for dealing with referrals to remove delay in responding to the most serious referrals of children in need. This has ensured that children get the help they need when they need it. All referrals are screened on the day they are received and prioritised.
- There has been significant improvement in the quality of assessments provided by front line social work staff. They are now clearly structured and provide analysis and recommendation.
- System in place within Social work for all new cases and all children on the child protection register to have an electronic chronological history
- GIRFEC- Early Intervention weekly meetings
- A & E Liaison process- has improved information sharing between hospital and community health services and the response to children who may need help.
- Schools- Checking files and report writing prior to school holidays in anticipation of investigation or case conference during holiday period.

EXAMPLE OF PRACTICE

Three separate cases have highlighted the excellent practice that has taken place in East Ayrshire in relation to Children who have resided in other areas. Each of the cases involved complex histories of child abuse by both sets of parents/partners involving several children. These allegations included physical, emotional and sexual abuse. An example of identification of a concern pre birth, not disclosed by the parents. Significant information gathering took place contacting professionals through out Britain to gather information in relation to the potential risks to the child at birth. It clearly evidenced the detailed lengths that workers will go to in information gathering. In two of the cases although there had been no prosecutions in relation to any of the child victims the evidence which was eventually gathered from police, CAMHS, local authority records (including local authorities in another part of Scotland and Wales) and from an independent social worker still involved with some of the children was extensive and compelling. The cases also evidenced clear communication and joint working that was required to ensure that the child was safe. In one case it should be noted that one police officer who became involved some years ago and who repeatedly raised concerns about the behaviour and the risks posed by a particular individual remained involved notwithstanding changes in address/jurisdiction until grounds were established at court. While the CPO's were granted on the basis of the available evidence at the time it was far from 'best evidence' and so it was after the initial CPO's were granted that the considerable multi-disciplinary/ cross boundary efforts were made to obtain all available evidence to enable the reporter to present detailed evidence to the court. The cases are examples of effective joint operational working between the agencies concerned and SCRA. Every person/agency contacted was more than willing to give their time and expert knowledge and lines of communication remained open throughout. Nobody at any stage in relation to either child raised doubts about parent's confidentiality and both investigations remained focused on the child protection issues throughout the entire investigation/assessment/legal order phase

EXAMPLE OF PRACTICE

Comments from a children and families social worker in relation to the helpfulness of the use of the IAF format for Comprehensive Assessments.

"I had worked with the family for sometime; the family were on the Child Protection Register. The use of the comprehensive assessment, in particular the SHANNARI assisted me to focus my attentions on each child as an individual and to ascertain if there had been progress in the Childs situation. This could then be evidenced to consider the children's names being removed from the child protection register. I also incorporate an assessment of parental substance misuse using the Getting our Priorities Right framework. The combined assessments were crucial to the decision making process and helped me to clearly focus on the risks and protective factors evident for each individual child".

How Good Can We Be? Areas for Improvement

Action points identified following self-evaluation:

- Social Work Services need to ensure that every worker is clear about their responsibility to keep electronic systems up to date with relevant information about children and their families and that the system is able to provide us with the tools we need to improve our monitoring of trends and themes in the work that we do.

- Social Work Services need to as a matter of routine, when a child has been referred to social work, need to let the referrer know what action we have taken, whilst being mindful of their obligation to maintain confidentiality, so that they are confident that we have taken action in response to their concern.
- Communication with other Local Authorities needs to be robust to make clear East Ayrshire Council's expectation that we will receive the files in respect of those children about whom there are concerns and who come to live in East Ayrshire, even when it is not the practice of those Local Authorities to do so.
- We will continue to develop multi agency working when staff are dealing with violent, aggressive and challenging families.
- Review of Tripartite discussion process
- Ongoing audit and evaluation is required of needs assessment in health files as this element of practice varies in quality throughout EA
- Improve practice in assessing and recording needs and risks
- Implementation of IAF
- Shared understanding of needs especially of young people and adults with learning disabilities