



EAST AYRSHIRE CHILD PROTECTION COMMITTEE: 03 JUNE 2011

PERFORMANCE & QUALITY SUB GROUP REPORT

1. PURPOSE

- 1.1. To appraise the East Ayrshire Child Protection Committee (EACPC) of progress in relation to the work of the Performance & Quality Subgroup.
- 1.2. To report to the committee the outcomes from the recent file audit.
- 1.3. To advise the committee of proposed self evaluation activities for 2011-2012

2. PROGRESS OF PERFORMANCE & QUALITY SUB GROUP

2.1 The sub group has met on one occasion since the last Child Protection Committee.

2.2 File Audit

- 16 children's files were audited between February and March 2011.
- Files were from Children & Families Social Work, Health, Education, Early years, Police and SCRA.
- Themes audited were; the involvement of health professionals in the initial stages of CP investigations; quality and consistency of assessments and the involvement of children in the child protection process.

A copy of the report detailing the outcomes from the audit is attached at appendix 1.

2.3 Self-evaluation

The subgroup is developing a process for the continuous collated analysis of self evaluation activity, including a portal for single and multiagency information to be deposited. The Performance and Quality development session is planned for September 2011. The purpose of this will be to bring together and analyse self evaluation information from all agencies/services. From this we can identify which quality indicators have self evaluation activity completed, identify areas of good practice and areas for development. Finally we will identify key gaps in self evaluation activity. A self evaluation plan for 2011/12 will then be developed which will include actions arising from the recent file audit and Significant Case Review.

In 2011-12 the sub group propose small and frequent file audits should be undertaken as opposed to large, periodic audits. The first of these will take place in June 2011 and will evaluate 2 outstanding issues from the EACPC Action Plan

for 2010-11 which are, contingency plans for children who have suffered neglect and plans for children whose names are removed from the child protection register (appendix 2).

3. RECOMMENDATIONS

3.1 It is recommended that the East Ayrshire Child Protection Committee:

- (i) note the progress of the group; and
- (ii) approve the proposed approach to future file audits.

Susan Taylor
Chair of EACPC
31 May 2011

Report prepared by Maureen Bell, Nurse Consultant Child Protection



Agenda Item 3.2
Appendix 1

East Ayrshire Child Protection Committee File Audit of Multi Agency Files

HMle Self Evaluation using quality indicators –

How well are children and young people protected and their needs met?

Assessing multi-agency practitioner's files using Quality Indicators:

How effective is the help children and young people get when they need it?

Children and Young People feel involved in decisions being made about them and why.

Children and Young People are safe and their needs are met.

Children benefit from the strategies to keep them safe.

Childrens plans evidence clear outcomes and contingency planning arrangements where appropriate.



East Ayrshire CPC Multi Agency File Audit

BACKGROUND

The overall aim of this file audit is to further improve the HMle Child Protection Quality Indicators as a result of inspections of the service since external audit process began in 2008. The CPC Performance and Quality Sub Group collates all of the key areas of improvement as identified through inspections (including followup) and progresses this work in line with East Ayrshire Child Protection Committee Self Evaluation Action Improvement Plan 2010/11 which is attached as appendix 1 of this report.

METHODOLOGY

The focus of the audit exercise is to measure capacity for areas of service improvement across a range of **desired/expected outcomes** as set out in the CPC Self Evaluation Action Plan all of which are also dovetailed with the national Getting it Right for Every Child SHANARI wellbeing indicators. An audit sample of 16 multiagency files were undertaken in February & March 2011 utilising a file audit tool. In total 12 multi agency staff were involved in the exercise.

Summary of Key Strengths

- Overall the involvement of health professionals at the early stages of investigations and associated assessments lead to a reduction in risk for the child and an improvement in their health and well being was good.
- The overall impression was that professionals were making some attempt to involve children and record their views, although this was more evident for older children. In response where evident key decisions were made with the child's views taken into account.
- Overall the analysis of the information available in deciding on the needs and risks fro children was good and linked to plans.

Examples of Good Practice?



East Ayrshire CPC Multi Agency File Audit

DETAILED FINDINGS

Quality Indicators 2.3, 5.2 and 5.3

Involvement of health in Early stages of Child Protection investigations (Tripartite)

Evaluation Level 4 – **Good**

In the majority of the files reviewed there was involvement with the appropriate health professionals during the assessment of the child/unborn child's needs. Where there was a child protection investigation the stage at which this took place varied, but it did involve the appropriate staff to enable an assessment of physical signs of harm and comprehensive information gathering and sharing. In addition the non-offence referral process (GIRFEC meeting) facilitated the involvement of all of the health professionals known to the family.

The tripartite discussion process as currently agreed which involves contact with a given point in health and discussion with specialist staff was not evident. However, the involvement of health professionals did lead to children's health needs being assessed and action taken to reduce any distress or pain they were in. Medical examinations were undertaken where necessary in appropriate child friendly assigned health premises and by suitably qualified paediatricians and Child medical examinations.

All files reviewed demonstrated robust information gathering and sharing between health and other agencies leading to the risks for the child being identified and timely and effective action taken.

Areas for Improvement

The formal tripartite Discussion Process should be adhered to in all situations. This would provide consistency in approach and would reduce the time and effort by social work staff. This should include recording details of what the discussion was and where it took place.

Quality Indicators 2.1 and 5.1

Involving Children & Young People/Views

Evaluation Level **3- 4 Good**

The evidence of children views and their inclusion in the child protection process was variable in the files reviewed, although overall it was good. The evidence from files demonstrated where children who were old enough to verbalise or record their views in writing this was evident in files. Where the child was too young to do this there was some attempt to reflect their views through observation of their behaviour and demeanour in assessments.



East Ayrshire CPC Multi Agency File Audit

The files in many cases demonstrated the involvement of the child at later stages of the child protection process and rarely at the initial or investigation phase.

A limited range of methods were used to gain older children's views including drawings, "Having your Say" forms, direct quotes from conversations with a child, recording of the professionals conversation with the child as well as views of the child recorded in minutes of meetings.

Areas for Improvement

Professionals should continue to built on the progress and be careful to identify the most appropriate and best skilled person to seek the views of children and involve them in the child protection process. This should happen at the earliest possible stage, a range of methods should be identified and staff should be trained on their use.

Quality Indicators 3.1, 5.1, 5.2 and 5.3

Quality & Consistency of Assessments

Evaluation Level 3

Chronologies

Chronologies were present in the majority of case files although the quality of the content was variable. There were some very good examples of chronologies in early years files and some in health files although they more variable in quality of content. Social work files contained chronologies as part of the child's Integrated Assessment but it was unclear the source of the information for these chronologies.

The information contained in chronologies varied from agency to agency but it overall the information was relevant and appropriate to the purpose. The impact on the assessment of the child's needs was dependant on the quality of the information in the chronologies. A good chronology impacted on good and effective identification of where interventions were necessary to improve a situation for the child.

Areas for Improvement

Training and supervision of staff should be routine in improving the consistency in the quality of chronologies. Where an agency collates a chronology for an individual child, information affecting siblings should be recorded on all siblings files.



East Ayrshire CPC Multi Agency File Audit

In addition they should commence with events pre-birth. The data Sharing Partnership should be approached to re-invigorate the work to develop an IT solution to facilitate integrated chronologies/single agency & multiagency.



East Ayrshire CPC Multi Agency File Audit

Quality Indicators 2.2, 2.3 5.2

Re-referrals to the GIRFEC Group and impact of decisions

Evaluation Level 4

Integrated Assessment Framework (IAF)- GIRFEC Model

Integrated assessments in files do not reflect direct participation of all the professionals involved, with the exception of social work staff. This included midwifery staff where the assessment was for the purpose of a pre-birth assessment. There was no evidence of completed IAF in any health case files suggesting they were not shared for filing.

Level of detail

The historical information was very good and detailed although much of it would be best recorded on a chronology. In some there was more focus on the past risks than the present. In the main assessments were based on information from all agencies including support services/voluntary organisations and reflected current needs and risk and included information about all family members. The evidence of children's views in assessments was variable and more likely to be present where it included older children.

Analysis

Overall the analysis of the information available in deciding on the needs and risks for children was good and linked to plans. The plans however were more focussed on outputs rather than outcomes and there was little recorded evidence of the impact of the plans on the quality of life of the children, although it could be considered from the outputs that intervention on the plans had a positive impact on children.

Overall there was consistency in the approach to assessment by use of the GIRFEC Practice Model and a common language in various agencies files.

Areas for Improvement

- Integrated chronologies should be completed detailing the source of information. An IT solution would facilitate the collation of these.
- The process for completing an IAF should be reviewed to ensure full and direct contribution by all staff involved.
- Completed IAF should be filed in all agencies case notes for the child.
- All plans should detail the impact of professional interventions and the outcomes for the child.
- Steps should be taken (see above) to ensure assessments reflect the involvement of children in the assessment, planning and evaluation phases. This should be applied to children of ALL ages and consideration should be given as to the best person to do this.



East Ayrshire CPC Multi Agency File Audit

GIRFEC Meeting

The process of the Non-Offence referral Process or GIRFEC meeting provides effective and robust information sharing. All cases identified an appropriate lead professional and this was clearly communicated in the agency files. Where the case was an open and allocated case to social work these were always referred back to them as the lead professional.

It was not always evident that lead professionals were robust in their response to feedback from the GIRFEC meeting.

Impact

In 3 of the files reviewed the information sharing at the meeting led to the initiation of the child protection process and direct action taken to remove the child from risk or risk from the child.

There was some evidence (2 files) of a lack of continuity in information sharing and actions taken when a child moved from primary to secondary school.

Areas for Improvement

- Further evaluation should be undertaken to review practice of lead professionals in responding to outcomes from the GIRFEC meeting.
- Education should ensure there is continuity in their response when a child moves from primary to secondary school.



East Ayrshire CPC Multi Agency File Audit

In summary the following areas for improvement within services in the East Ayrshire Area are as follows:

- The formal tripartite Discussion Process should be adhered to in all situations. This will provide consistency in approach and would reduce the time and effort by social work staff. This should include what and where the details of the discussion are recorded.
- Professionals should continue to built on the progress and be careful to identify the most appropriate and best skilled person to seek the views of children and involve them in the child protection process. This should happen at the earliest possible stage and a range of methods should be identified and staff should be trained on their use.
- Training and supervision of staff should be routine in improving the consistency in the quality of chronologies. Where an agency collates a chronology for an individual child information affecting siblings should be recorded on all siblings files.
- In addition they should commence with events pre-birth. The data Sharing Partnership should be approached to re-invigorate the work to develop an IT solution to facilitate integrated chronologies/single agency & multiagency.
- Integrated chronologies should be completed detailing the source of information. An It solution would facilitate the collation of these.
- The process for completing an IAF should be reviewed to ensure full and direct contribution by all staff involved.
- Completed IAF should be filed in all agencies case notes for the child.
- All plans should detail the impact of professional interventions and the outcomes for the child.
- Steps should be taken (see above) to ensure assessments reflect the involvement of children in the assessment, planning and evaluation phases. This should be applied to children of ALL ages and consideration should be given as to the best person to do this.
- Further evaluation should be undertaken to review practice of lead professionals in responding to outcomes from the GIRFEC meeting.
- Education should ensure there is continuity in their response when a child moves from primary to secondary school.

NEXT STEPS

The CPC self evaluation action plan will be revised to address the areas of service requiring improvement as noted above. The actions will be fully discussed with managers and practitioners at all levels of the service. A number of the key areas of improvement will require a **lead officer** to be identified to implement key actions through the associated CPC subgroups and/or the wider childrens service planning groups. These will be reviewed by the CPC Performance and Quality Sub Group on a regular basis to ensure that the appropriate steps are taken and the identified improvement actions are fully implemented.



**East Ayrshire CPC
Self Evaluation Plan
2010/11**

Wellbeing Indicator	Desired/Expected Outcome	Area for Improvement	Linked QI	Methodology	Lead	Target Date	Progress as at April 2011.
Safe Healthy	Children and young people get the right help they need at the right time.	Involvement of health staff in early stages of planning the response to CP concerns <i>(HMIE EACPC report 2010)</i>	2.3 5.2 5.3	Audit CP1 reports- to review involvement of health at CP investigation stage. File audit – to review involvement of health at point of initial referral. (CP investigations)	J Dowd (CPA)	March 2011	File audit completed February and March 2011. Findings reported to EACPC 03.06.11
		Arrangements in place for medical examination for children during child protection process <i>(HMIE EACPC report 2010)</i>		Audit of CP1 information Evaluation medical examination process.	D Burns	February 2011	To be completed Summer 2011 and reported to EACPC September 2011



Appendix 1

East Ayrshire CPC Self Evaluation Plan 2010/11

Included Respected	Children and young people feel involved in decisions being made about them and why.	Views of children and young people in the child protection process (EACPC business plan)	2.1 5.1	Questionnaire seeking views of children and young people and their families. Audit of case conference minutes File audit (same sample as above)	C Wassell J Dowds J Dowds	March 2011	Parent and child questionnaire piloted for initial and review child protection case conference. Very low response. File audit completed February and March 2011. Findings reported to EACPC 03.06.11
Safe Healthy	Children and young people are safe and their needs and risks met.	Quality and consistency of assessments of needs and risks (HMIe EACPC report 2010)	3.1 5.1 5.2 5.3	Audit CP1 reports File audit (Same sample as above)	J Dowds J Dowds	March 2011	File audit completed February and March 2011. Findings reported to EACPC 03.06.11



Appendix 1

East Ayrshire CPC Self Evaluation Plan 2010/11

Safe	Children and young people benefit from the strategies to keep them safe.	Re-referrals to the Girfec Group and impact of decisions made. <i>(HMle EACPC report 2010)</i>	2.2 2.3 5.2	File audit of a sample of those re-referred on 3 or more occasions plus data from other case file audit activity.	C Gray	March 2011	Garth Associates consider re referrals with file sample for EACPC research brief.
		Re-registrations:- That children are supported following de-registration and when re-registration onto the child protection registers, circumstances are systematically reviewed.		Re-registrations highlighted to EACPC via quarterly statistical reporting. File audit sample selection will include, where possible, examples of re-registration.		March 2011 JUNE 2011	Re-registrations included in EACPC quarterly statistical reporting from Q4 2010/11
	Children's plans evidence clear outcomes and contingency planning arrangements where appropriate.	Ensure consistent and timely interventions when children experience neglect with clear contingency plans in place if improvement in their circumstances is not evidenced.	2.4 5.4	File audit sample selected for children who have experienced neglect.		March 2011 JUNE 2011	To be examined in file audit June 2011.



East Ayrshire CPC
Self Evaluation Plan
2010/11

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Safe Healthy	Children and young people get the right help they need at the right time.	Involvement of health staff in early stages of planning the response to CP concerns <i>(HMIE EACPC report 2010)</i>	2.3 5.2 5.3	Audit CP1 reports- to review involvement of health at CP investigation stage. File audit – to review involvement of health at point of initial referral. (CP investigations)	J Dowd (CPA)	March 2011	File audit completed February and March 2011. Findings reported to EACPC 03.06.11
		Arrangements in place for medical examination for children during child protection process <i>(HMIE EACPC report 2010)</i>		Audit of CP1 information Evaluation medical examination process.	D Burns	February 2011	To be completed Summer 2011 and reported to EACPC September 2011
Included Respected	Children and young people feel involved in decisions being	Views of children and young people in the child protection	2.1 5.1	Questionnaire seeking views of children and young	C Wassell	March 2011	Parent and child questionnaire piloted for initial and review

	made about them and why.	process (EACPC business plan)		people and their families. Audit of case conference minutes File audit (same sample as above)	J Dowds J Dowds		child protection case conference. Very low response. File audit completed February and March 2011. Findings reported to EACPC 03.06.11
Safe Healthy	Children and young people are safe and their needs and risks met.	Quality and consistency of assessments of needs and risks <i>(HMIe EACPC report 2010)</i>	3.1 5.1 5.2 5.3	Audit CP1 reports File audit (Same sample as above)	J Dowds J Dowds	March 2011	File audit completed February and March 2011. Findings reported to EACPC 03.06.11
Safe	Children and young people benefit from the strategies to keep them safe.	Re-referrals to the Girfec Group and impact of decisions made. <i>(HMIe EACPC report 2010)</i>	2.2 2.3 5.2	File audit of a sample of those re-referred on 3 or more occasions plus data from other case file audit activity.	C Gray	March 2011	Garth Associates consider re referrals with file sample for EACPC research brief.

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	Children's plans evidence clear outcomes and contingency planning arrangements where appropriate.	Ensure consistent and timely interventions when children experience neglect with clear contingency plans in place if improvement in their circumstances is not evidenced.	2.4 5.4	File audit sample selected for children who have experienced neglect.		March 2011 JUNE 2011	To be examined in file audit June 2011.