



EAST AYRSHIRE CHILD PROTECTION COMMITTEE

How well do we protect children and meet their needs?

HMIe Self Evaluation Framework Report

September 2009

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1. PURPOSE

1.1 This paper highlights the approach adopted by the East Ayrshire Child Protection Committee (EACPC) in self evaluating child protection practice.

2. BACKGROUND

2.1 The committee is committed to ongoing self evaluation and has promoted the use of the quality indicators as a framework for evaluating practice since they were published by HMle in 2005. The committee has adopted a rigorous approach to self evaluation, with reflection, learning and improvement being central to this activity. We have recognised that self evaluation is an evolving process which takes place at all levels – at a strategic level, at a management level and at an operational level.

2.2 Our self evaluation activity has consisted of three approaches:

- Multi-agency self evaluation activity in respect of specific areas of focus. These areas have been the focus of specific work for the committee as they reflect our improvement activity in response to the inspection findings in 2007. There has been a particular emphasis on impact and outcomes for children and young people.
- Multi-agency self evaluation has also taken place across the range of quality indicators, but with a specific focus on the quality indicators which were subject to lower gradings in the 2007 inspection.
- Single agency self evaluations have ensured that individual agencies are aware of the quality of their own practices and how this impacts and enhances partnership working. This has continued to be a focus for the committee as our first joint inspection highlighted that some single agency processes required to improve. Each agency has embarked on single agency self evaluation in a proportionate way, recognising existing strengths and needs.

2.3 The detail of our self evaluation activity is set out below, with supporting documentation available in respect of each.

Specific Areas of Focus

The EACPC has undertaken self evaluation on a continuous basis in developing, implementing and reviewing each of the following:

- Improvement plan from HMle Child Protection Inspection
- GIFREC Early Intervention and Pre Referral Group
- Child Protection Committee Development Days
- Initial Response Team
- Tripartite Discussions
- Management Information

CPC Joint Self Evaluation Report

The committee has also undertaken joint self evaluation across the range of quality indicators, but has focussed on the key reference quality indicators and the areas identified at the last inspection which received lower gradings.

For this reason, the CPC joint self evaluation report has a focus on the following quality indicators:

Number	Quality Indicator	Reference (QI)	Area for improvement
1.1	Improvements in performance	X	
2.1	Children and young people are listened to, understood and respected	X	
2.2	Children and young people benefit from strategies to minimise harm	X	
2.3	Children and young people are helped by the actions taken in immediate response to concerns	X	X
2.4	Children's and young people's needs are met	X	X
5.3	Recognising and assessing risks and needs	X	X
5.4	Effectiveness of planning to meet needs		X
5.5	Improvement through self-evaluation	X	
9.2	Leadership and direction		X

Single agency self evaluation activity has been recorded on an ongoing basis, and is available to inspectors if required. Information is available in respect of:

- Social Work Services, East Ayrshire Council
- NHS Ayrshire and Arran
- Family Protection Unit, Strathclyde Police
- Educational Services, East Ayrshire Council
- Housing Services, East Ayrshire Council
- COPFS
- SCRA

In response to a request from inspectors, information in relation to the seven key themes identified by the inspectors has been collated on a multi-agency basis as follows:

- Children missing from education
- Internet safety
- Young runaways
- Children who may have been trafficked
- Child protection medical examinations
- Management of sex offenders in relation to child protection
- LGBT inclusion and equalities

3. CONCLUSION

- 3.1 The supporting documents outline the East Ayrshire Child Protection Committee self evaluation journey, and illustrates how agencies are working together on a continuous basis to improve child protection services and arrangements. They also highlight the key improvements that have been made in strengthening child protection services in East Ayrshire since the publication of the last inspection report in January 2008.

Susan Taylor
Chair of Child Protection Committee
22 September 2009.

Key Area 1
What key outcomes have we achieved?

Key Performance Outcomes

Quality Indicator 1.1

Quality Indicator 1.1 Improvements in performance	Themes <ul style="list-style-type: none"> • Performance data and trends over time • Overall quality of services to protect children. • Performance against the relevant aims, objectives and outcomes set for children in improvement plans.
Overall Evaluation There is a substantial body of data and evidence to show significant improvement in the overall position compared to that identified by HMle in 2008. GOOD?	
Evaluation of current service and practice How good are we now?	
<p>PERFORMANCE DATA AND TRENDS OVER TIME</p> <ul style="list-style-type: none"> • We have compared our current performance with the findings identified in the previous HMle Report (2008) and can evidence significant improvements in performance. The 2008 HMle Joint Inspection report noted: <i>‘Very good partnership working at a strategic level encouraged joint working...services were committed to improving their services and have made a good start in jointly reviewing and evaluating their work.’</i> • We can show that we make good use of available data through analysis to inform and drive service improvement activity and can demonstrate that our performance has improved since the last report. • Partners use and share a range of performance data and this is detailed in the evidence box below. • Trends in performance are scrutinised on a multi agency basis by the Child Protection Committee (CPC) Performance and Audit subgroup. Through the activities of the group we compare and benchmark our management information and nationally reported data with that of comparator authorities and the Scotland position. • Regular and comprehensive reports containing performance and statistical data on aspects of the child protection ‘system’ are presented to the CPC. These provide a summary of key local and national policy drivers relating to integrated children and young people’s services and progress against key performance indicators. • Where we identify an area of performance that needs to be improved we will work together on a multi agency basis to do so. For example we are working together to tackle performance in relation to the provision of reports by Social Work to the Children’s Reporter. This is described in more detail as a good practice example below. • The 2008 Joint Inspection report identified particular areas within Social Work that required improvement activity. We recognised that these needed to be tackled on a multi agency basis and actions were incorporated within the Inspection Action Plan approved by the CPC. The efforts of Social Work services and its partner agencies to tackle the issues identified within the Report were recognised within the SWIA Performance Inspection Report (2009) which recognised that: <i>Social work services had worked hard in addressing the shortcomings highlighted in the HMle report.</i> • The improvement in Social Work performance could only be achieved through strong, systematic working on a multi agency basis. Improvement activity is described in greater detail in the information provided for other indicators. 	

OVERALL QUALITY OF SERVICES TO PROTECT CHILDREN

- We have clearly defined outcomes for all our services. These are defined on multi agency level at a strategic level through the Child Protection Committee Annual Report and Business Plan and the Integrated Children's Service Plan. Improvements have been made to the outcome setting and performance reporting processes by aligning the East Ayrshire Integrated Children's and Young Peoples Plan, the CPC Annual Report and Business Plan and the Single Outcome Agreement to encompass the same three year period. An outcomes based approach is reflected in service planning and delivery arrangements across partner agencies and further detail is provided in the evidence box below.
- We have systems in place to collect performance data and this is detailed in the evidence box below. This shows that our services are improving.

PERFORMANCE AGAINST THE RELATIVE AIMS, OBJECTIVES AND OUTCOMES FOR CHILDREN IN IMPROVEMENT PLANS

- Our commitment to achieving the best possible outcomes for vulnerable children and young people is reflected in CPC Annual Report and Business Plan and the Integrated Children's Service Plan. The commitment to partnership working and a shared strategic approach has enabled us to tackle specific areas of performance where improvements are required. The HMIE report of 2008 identified that performance in relation to recognising and assessing risks and needs was weak including the following specific points:
 - Social work assessments were often subject to lengthy delays or failed to be completed
 - Domestic abuse referrals were not assessed and prioritised
 - Immediate home visits and initial risk assessments were not always carried out when needed
 - Pre birth case conferences were sometimes delayed until after the baby was born
 - There was a backlog of assessments where there were high level concerns
 - Out of hours social work assessments were not detailed enough

Action for tackling these areas was set out in the action plan developed in response to the report and incorporated within the CPC Business Plan and reflected in single agency planning and performance arrangements.

- Integral to our multi agency approach is the evaluation of performance data and trends through the Performance and Audit Subgroup and we are able to demonstrate that our improvement activity has resulted in children and young people in need of protection receiving an improved service response.
- The SWIA Performance Inspection Report (2009) noted the range of data collected and commented in the context of an upward trend in the numbers of children on the child protection register and in the number of referrals that: *These figures and percentages are not in themselves 'outcomes'. They did however reflect professional views and public concerns about children's safety and well being.*
- The SWIA Performance Inspection Report (2009) also reflected our analysis of the situation that: *...the main trigger for many of these registrations had been an increase in parental substance misuse and early identification of risk through the multi-agency vulnerable pregnancy protocol. This was consistent with evidence of high substance misuse in East Ayrshire.*

Whilst numbers of children on the Child Protection Register is currently on a downward trend these comments support our view that we have made significant improvements to service delivery.

MANAGEMENT INFORMATION

- The Performance and Audit sub group is responsible for considering the information that is submitted to the committee.
- Deploying Staff a key development of the Audit and Performance group is to provide the CPC with child protection activity figures broken down geographically and mapping in staffing information to ensure that 'hotspot' areas are easily identified. This will enable the CPC to have a strategic overview for monitoring trends and considering their impact on services and resources.
- PAN Ayrshire management information is being reviewed by the Ayrshire CPC chairs and health meetings. The aim is to develop an Ayrshire management information minimum dataset, recognising that some of the services operate on an Ayrshire Wide basis.
- CPC statistical seminar held in January 2009 was in recognition of the ongoing significant rise in child protection activity within East Ayrshire. On a multi agency basis this led to:
 - Addiction Services informing the Child Protection Committee of current statistical evidence of service users in East Ayrshire and the new structures implemented
 - Addiction Services addressing the needs of local service users
 - Revising the Child Protection Committee membership to include a Lead Officer, East Ayrshire Alcohol and Drugs Partnership
 - Commissioning of an independent research study on trends; patterns and vulnerability of children and young people in East Ayrshire
- Child Protection Orders - In May 2008, the Authority Reporter in East Ayrshire highlighted to the Child Protection Committee the rise in child protection orders (CPO). It was agreed that there would be merit in conducting a focused analysis of the child protection orders granted. (A final report has been produced which presents key recommendations and the CPC will consider any for areas for improvement actions at its meeting on 28 October 2009) The scope of the report was to:
 - Identify the rise in the number of CPOs granted in 2008, to consider this in the context of the previous 5 years, from 2003 to 2008, and to identify if any patterns exist;
 - Identify the number of children placed on CPOs who were already subject to supervision requirements;
 - Identify whether evidential difficulties followed after CPOs were granted in respect of any children.

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

Children and young people are now:

- more likely to be seen at an earlier stage;
- in accord with a more systematic approach to assessing and defining risk and need; and
- within the context of strengthened and robust multi agency and partnership working arrangements.

Evidence

PERFORMANCE DATA AND TRENDS OVER TIME

Partners use and share a range of performance data. This has been used to inform and drive improvements in single and multi agency service delivery resulting in improved levels of protection for vulnerable children in need of protection as detailed under this and other indicators.

- At a national level an extensive portfolio of statistics is published e.g. Accounts Commission Statutory Performance Indicators, SEED Child Protection return, CLAS (Looked after and Accommodated Children) return, Educational Attainment of Looked After and Accommodated Children).
- Within the NHS a systematic approach to action planning is in place, with actions having clearly defined objectives and a structure to facilitate an implementation and monitoring. A programme of audit/self evaluation activity gathers data which can measure the effectiveness of services.
- The NHS has management information systems in place to monitor workload.
- Social Work generates an extensive range of performance and management information from its SWIFT system and this is used both operationally and strategically.
- The Council is developing its approach to performance management through implementation of the CORVU system which will collect and aggregate a suite of key performance indicators relating to each area of service provision including child protection.
- Within Social Work the Child Protection module on SWIFT has been fully implemented and this improved the quality and range of performance data available to us.
- SCRA provides monthly reports and annualised data to Social Work.
- SCRA produces data warehouse reports covering team performance.
- SCRA produces Regional/team KPI monthly reports. MoD monthly monitoring, IPS – 8 weekly monitoring
- Divisional Key Child Protection Performance Indicators for Ayrshire Division are set and monitored.
- The Police produce a range of statistics which are measured against objectives and disseminated as appropriate. These include:
 - Number of Scottish Intelligence Database (SID) Logs submitted
 - Vulnerable Persons Database (VPD) records to Reporter regarding children involved in domestic abuse incidents
 - Number of referrals to partner agencies regarding vulnerable children
 - Number of reports to SCRA
 - Number of report to PF

OVERALL QUALITY OF SERVICES TO PROTECT CHILDREN

- Our Community Planning commitment to an outcomes focussed approach is reflected within the Single Outcome Agreement in the target to reduce child protection reregistrations.
- Child Protection annual report and Business Plan
- Within Social Work action to achieve outcomes is reflected within the Children and Families and Criminal Justice Service Plan and work plans.
- SCRA Team Plan.
- Standard Operating Procedures are accessed and used by all Police officers. These include:
 - Delivery of specialised training on Child Protection.
 - Child Protection Standard Operating Procedures
 - Domestic Abuse Toolkit/protocol
 - VPD Training
 - Specialised Units
- Effective use of statutory powers by all agencies.

PERFORMANCE AGAINST THE RELATIVE AIMS, OBJECTIVES AND OUTCOMES FOR CHILDREN IN IMPROVEMENT PLANS

- Our objectives are clearly set out within the Child Protection Annual Report and Business Plan, the Integrated Children's Service Plan and individual agency service planning processes. The cycles of the two are now coterminous and the former is the main vehicle for reporting upon Child Protection Activity.

The Children's Service Plan Annual Review 2008/09 noted that:

- A youth survey was carried out in 2007 with 100 young people aged 9 – 20 years, to identify their knowledge of child protection issues. Results showed that over one third of respondents had seen information on East Ayrshire Child Protection with school being the most common location identified. A further survey will be carried out in 2009 targeting Primary 5 and Secondary 2 pupils. This is intended to be a long term survey with the same class years being surveyed over a period of 4 years.
- Another successful Child Protection Conference was held in February 2009 with an emphasis on Looked After and Accommodated Children. Over 100 delegates attended from relevant agencies and the conference and workshops provided delegates with information on GIRFEC; The LAAC Health Perspective; Early Years Framework and the Corporate Parenting Action Plan.
- The annual report of the Children and Young Person Service Plan which is submitted to Cabinet and the CHP Committee and includes progress against performance data.

The Child Protection Annual Report and Business Plan 2008/09 identifies and describes in detail a range of key achievements since the HMIE Inspection 2008:

- Establishment of Early Information and Pre Referral (GIRFEC) Group
- Single Agency Risk Assessment: Training Social Work commissioned a specialist training consultancy to implement an extensive programme of risk assessment training for staff.
- Creation of Initial Response Teams within Children and Families, Social Work
- Corporate Parenting Events
- Opening of the new Sunnyside Children's Residential House in Auchinleck
- Expansion of 'Break the Silence' Project
- Use of the Solihull Approach to Parenting in East Ayrshire
- East Ayrshire Children's Charter
- Commencement Child Protection Committee Development Days
- Development Multi Agency Public Protection Arrangements (MAPPA)

In addition:

- NHS Ayrshire and Arran has identified areas for improvement through self evaluation and published inspection reports. In response a systematic approach to action planning is in place, with actions having clearly defined objectives and a structure to facilitate an implementation and monitoring these.
- The NHS has a programme of audit/self evaluation activity in place which gathers data on which we can measure the effectiveness of services and base service/ improvements on. The impact of interventions on children is being measured through case file audit using an innovative electronic tool.
- SCRA has corporate evaluation processes in place which review statistical data.
- SCRA Team Plan and Regional Plan.
- SCRA 2008 practice audit – report and follow up. Includes widening out from compliance audit to incorporate a focus on qualitative aspects of service delivery. Current focus on decision making – self assessment completed July/August 2009

- SCRA Self assessment return for 2009 practice audit on decision making.
- SCRA case sampling exercises.
- SCRA – monitoring of practice consistency to ensure compliance with practice and operational practice guidance notes.
- SCRA Children & Families Survey report. Currently at early stages of development, with focus on identification of areas for improvement and establishing baseline measures, rather than providing evidence of established improvement trends.
- SCRA Victim Information Scheme.
- SCRA local focus on prompt registration of referrals.
- SCRA Inspection Analysis report
- SCRA Electronic case file audit tool
- SCRA Minutes of Regional Performance Review meetings, team meetings, reporter practice meetings, supervision and appraisal, weekly planning meeting to discuss legal points and practice, monthly file review, Authority Reporter case sampling, local liaison meetings with social work (between Authority Reporter and managers and between Reporters and Team Leaders).

Examples of Good Practice

- Child Protection Committee Statistical Seminar in January 2009 was in recognition of the ongoing significant rise in child protection activity within East Ayrshire. The seminar discussed a general overview of trends and statistics; addiction and vulnerable pregnant women issues in East Ayrshire and the impact on the protection of children and young people. The seminar enabled full and open discussions and suggestions on how best to meet the needs of those most vulnerable in East Ayrshire. The feedback from participants was extremely positive and identified a number of areas for improvement which are reflected in the 2009/10 Annual Business Plan and Report.
- The Education and Children's Services Statutory Performance Indicator *Children's Reporter Liaison* is derived from TI3 data provided by SCRA. It is recognised that the performance of Social Work services needs to improve and in order to achieve this a range of activity has been initiated in order to achieve this including the establishment of a Time Intervals Working Group and liaison between SCRA and social Work in relation to monthly management information reports produced by SCRA. Social Work and SCRA have worked closely together to identify practical means of improving our performance in relation to the delivery of reports within timescales and this has included use of the IRT assessment as a direct report to the Reporter. We have also established a time intervals working group within Social Work comprising operational, performance and resource staff to tackle our performance in this area. An action plan has been produced. The TIWG 3 figure is monitored by the AR and Regional team on a monthly basis and the improvement recently has been particularly encouraging.
- On an annual basis an audit is carried out of the processes in place to support children with additional support needs in all educational establishments.
- Within the Police established formation of dedicated units like the Family Protection Unit (FPU) has been recognised as a major strength.
- The special measures provided for children within the VW(S) Act 2004 were fully implemented within Crown Office and Procurator Fiscal Service (COPFS) by April 2007. Cases are appropriately identified and special measures sought to support children appearing in Court as witnesses.
- Cases jointly reported to the Procurator Fiscal and the Children's Reporter are discussed and considered prior to a decision being taken as to the most appropriate manner for them to be dealt with in accordance with the Lord Advocates guidelines. Such cases are discussed regularly by the Reporter and PF to ensure no delay.
- Social work and SCRA have worked together to undertake an analysis of Child Protection Orders issues within East Ayrshire in the context of an increasing trend over 5 years. Findings and recommendations were presented to the CPC in 2009.

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

- Social Work recognises the need to improve performance in relation to submitting reports to the Children's Reporter within timescales and is working in partnership with SCRA to achieve this.
- Partners recognise the need to improve our approach to recording outcomes
- Further improve communication both vertically and laterally in relation to high level strategy and dissemination of performance information and will be tackling this as part of our response to the SWIA Performance Inspection 2009.
- SCRA is currently going forward through the revised planning and performance framework and the planned integrated approach to self assessment. A corporate, regional and team pack will eventually be available to help inform ongoing self assessment and improvement activity in East Ayrshire. It will also be applied in each Authority team in SCRA
- The NHS has recognised the need to extend the programme of audit and linking this directly to continuous improvement.
- Improvement in Police referrals to other agencies could be made if referrals could be shared electronically

N.B. TO AGREE 2/3 HIGH LEVEL MULTI AGENCY ACTIONS

Key Area 2
How well do we meet the needs of our stakeholders?
Impact on children and families in need of protection
Quality Indicators 2.1 – 2.4

Quality Indicator 2.1 Children and young people are listened to, understood and respected	Themes <ul style="list-style-type: none"> Communication Trust
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Overall Evaluation The Child Protection Committee continue to have **very good** arrangements in place to ensure the views of children and young people involved in child protection processes are actively sought. Multi-agency staff continue to foster excellent relationships and there are sound communication processes in place to ensure that children and families understand the decisions being made about them. Staff also work extremely hard to build relationships with children and families so that they feel respected, understood and able to trust the people who are there to support and assist them.

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

COMMUNICATION

- **Assessment and Decision Making Processes-** measures are in place, which informs progress in this area. Including:
 - Meetings** - The timely distribution minutes is a key priority to ensure improved communication between all agencies and ensuring that all professionals working with children and young people have up to date information on multi-agency discussions and decisions. Social Work staff are actively encouraged to share reports with children and families before meetings. This forms an important part of the preparatory work that staff undertake with families and children to ensure their voice is held when they attend meetings.
 - Case Conference Consultation Pilot** project is taking place in relation to gathering the views of children/young people and families following initial child protection case conferences. This pilot will take place October 2009 to December 2009 in the Cumnock Area. The CPC recognises that it is essential that we continue to improve our practice in child protection and how we seek children and families views about their needs and effectiveness of services. At the end of each initial Child Protection Case Conference it will be agreed which worker will be best placed to meet with the family following the case conference to discuss the child protection process and complete the form. The information from these forms will be used to evaluate and improve child protection services. The forms focus on the child and families experience of the child protection process
 - Schools** have a named school nurse and where the child has additional support needs their school nurse will be known to them. Families know who their Health Visitor is and how to contact them, also written details in child red book of same.
 - Early Years** staff work hard to foster positive relationships with parents, carers and children. There are regular opportunities for parents and carers to communicate with early years staff both on an informal and formal basis. This can take place at the start or end of the nursery session on a daily basis or through a planned appointment. Children have a named key worker in the nursery who knows each child in their group well. The key worker can identify changes in a child's behaviour or presentation through their regular contact and observations of a child or in their conversations with children.
 - Children and Families with a Disability** The Children and Adults Support Team and the Learning Disabilities Team work alongside Children and Families Social Workers when there is a child or an adult protection concern. This includes working very closely with the child's educational establishment.

- **Children or family members, whose first language is not English or who have communication difficulties**, receive support to understand what is happening and to take part in meetings or interviews. Social workers access the National Interpreting Service which has been set up to ensure that communication issues do not act as a barrier to services for minority ethnic families. Officers conducting more in depth interviews arrange for a personal interpreter to be present at interview.
- **Vulnerable Witnesses.** The special measures provided for children within the VW(S) Act 2004 were fully implemented within Crown Office and Procurator Fiscal Service (COPFS) in April 2007. Cases are appropriately identified and special measures sought to support children appearing in Court as witnesses. When considering cases, where a child is cited to give evidence, Victim Information Advice (VIA), routinely write to the child and parent/guardian requesting information to inform our vulnerable witness application. The views of the child, where provided, are always considered fully in relation to the circumstances of the offence. Regular letters are sent updating the families and child(ren) with regard to the application and the particular measures granted by the Court. Strong multi-agency liaison relationships exist between the Police, Social Work, SCRA when considering the views of the child where a child is a witness or accused. Any decision regarding prosecution is dealt with by a fully trained legal member of staff working within the guidance issued by Crown Office, Edinburgh. Each Depute undergoes continuing training, in particular vulnerable witness training, which considers the appropriate use of children as witnesses and how they can best be supported to give their evidence.
- **Children's Hearings** - 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.
- **Return Missing Person/ Abscondee** child interviews: In accordance with the Standard Operating Procedure (SOP) for children reported missing, all children are the subject of a 'return' interview when traced. A report is then submitted to the Area Reporter outlining the circumstances.
- **Restorative Justice Warnings** - In accordance with police force policy utilise an effective method of diverting young people away from offending, by encouraging them to take responsibility for their behaviour and to understand the consequences of their actions.

TRUST

- **Assessment and Decision Making Processes** - when children not wishing to attend the meetings about them, or where it is not appropriate that they do so, they are supported to have their views represented in other ways. Including:
 - **"Who Cares (Scotland)"** regularly attend LAAC reviews and children are actively encouraged to use the advocacy service by staff in the Children's Houses. Also all children are encouraged to spend individual time with the independent Chair for Child Protection and LAAC prior to the meeting so the process can be explained to them.
 - **Having Your Say Forms** Children are always provided with forms when attending Looked After and Accommodated Children's reviews and Child Protection Case Conferences. When attending meetings about them, children are also given the opportunity to speak, expressing their views and commenting on the views of other people. Additionally, the independent reviewing officers for Looked after Children and Child Protection will, where the child wishes, spend time with the child or young person to ensure their views are heard, even if they do not wish to attend formal meetings. Children and young peoples views are recorded and clearly reflected in minutes.

- **NHS Midwives** all women who are pregnant have a named midwife responsible for their care. It is routine for mums to be, parents and young people to contact their named nurse/midwife when they need support and advice. Contact is made by telephone, text, email and in person.
- **Early Years** Parents and carers whose children attend early years establishments seek advice and support from either the child's key worker, a senior member of staff or manager or a family care worker. Early Years services are particularly relevant because of the potential impact they can have on parents, children and local communities at a time when parents are very receptive to ideas and support. These services also provide excellent examples of collaboration across agencies which can be built upon as children move into other service provision i.e. schools.
- **Children's Hearing** Heads of educational establishments talk through issues with a child or young person of what a Children's Hearing is about, who will be there, layout of room and what to expect. Information provided is age appropriate and children are supported through advocacy services, pastoral support in schools and pupil Guidance structures in secondary schools.
- **Relationship Building** children have been able to build up relationships with consistent adults and that they trust us enough to talk to us when they need help:-
 - **Youth Services** provides focus for developing relationships outwith the formal school setting. An open door policy helps children, young people and their parents/carers approach staff they can trust knowing that they will be listened to and their views taken into account.
 - **Breakfast Clubs** are one of the ways of providing a relaxed, informal atmosphere that allows for early identification of risk and disclosure of concerns to a trusted adult. Pupils in a number of secondary schools have been trained by Child-line in mentoring and buddying to support younger pupils. All staff in all sectors from pre-school and day carers to youth work and trained in these procedures.
 - **Pupil support/guidance systems** in school ensure sharing of Care and Welfare information. Children's and young people's views are sought using the "My meeting, my views" support.
 - **School nurses** hold drop in clinics to enable school aged children to contact them for help and advice.

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

There is an inclusive approach across multi-agency sectors to empower and engage children and families in child protection process and also challenge the decisions being made about them. This includes:

- Children have a designated member of staff responsible for their care plan.
- Families know who their Health Visitor is and how to contact them
- Specialist training and support is in place to enable children/ young people to feel confident in disclosing information in a safe environment.
- Additional support is available to children through specialist resources to communicate children and families where English is not their first language.
- The Children and Adults Support Team (CAST) provide support to child care social workers where there are child protection issues. This includes working very closely with the child's educational establishment".
- The assessment and decision making processes takes account of the views of children and young people (appropriate to their age and stage of development) and their families.

Evidence

- Case Conferences Minutes.
- CP and LAC review and children's hearing
- Reporter interviews of children and families.
- Reporter contact with children pre-children's hearing and pre-court hearing.
- Reporter assessment of child's views from reports submitted.
- Case Progression meetings.
- Problem solving group meetings.
- Regular cycle of meetings between Authority Reporter and Procurator Fiscal to discuss children who are jointly reported.
- Case file audit
- Named Nurse guideline
- Having your say booklets
- Staged intervention, as set out in Standard Circular 76, is the standard operating procedure for supporting vulnerable children and young people.
- Standard Circular 56 Child Protection is the key protocol for addressing protection and safeguarding issues. Care/Welfare policies – guidelines for staff
- Education and Social Work Service Quick Reference Guide – National Interpreting Service and Language Card
- Multi-agency Training records
- Publicity and information leaflets and intranet

Examples of Good Practice

Example of working practice which lead to positive action

- **Domestic Abuse** - *A temporary banning order with power of arrest was granted recently in relation to a high risk domestic abuse case involving two young people. The adult at risk was defined as the girl's mother. The Local Authority's legal services department will give increasing consideration to the use of this process to protect victims in domestic abuse cases as it does not require an 'appropriate person' as with exclusion orders which places the mother(usually, who is often the victim) in the position of responsibility for the child's safety. The use of banning order removes the focus from the mother's "failure to protect" and blaming the victim, and shifts the focus on to the actions of the perpetrator.*

Good Practice Initiative

To be identified

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

- Consider more innovative use of council accommodation when children are having contact with their parents/significant adults in terms of providing a normalising environment.
- Continue to find other methods to ensure that all children are given the opportunity to attend meetings about them, where it is appropriate, and that they are prepared and confident to contribute to those meetings effectively
- Utilise a wider range of communication mediums for young people and children to contribute to meetings when they don't attend should be revisited for example better use of technology such as texts and the internet.

Quality Indicator 2.2 Children and young people benefit from strategies to minimise harm	Themes <ul style="list-style-type: none"> • Support for vulnerable children and families • Children’s awareness of keeping themselves safe
Overall Evaluation The Child Protection Committee has a range of very good mechanisms and supports in place to minimise harm to children/young people as well as range of initiatives for children and young people to raise awareness of personal safety.	
Evaluation of current service and practice How good are we now?	
<p>SUPPORT FOR VULNERABLE CHILDREN AND FAMILIES</p> <ul style="list-style-type: none"> ▪ East Ayrshire Early Information & Pre-Referral Group (known locally as GIRFEC Group) The GIRFEC pre-referral group ensures multi agency sharing of information about concern and identifies the most appropriate person to address issues of concern. ▪ Initial Response Team in the North and South ensures that children and families are seen promptly in response to concern and that the relevant assessments are undertaken so that children about whom there are concerns receive the right help promptly and their needs are assessed and planned. Staff conducting investigation or on going assessment of focused work are aware of their responsibility to keep children at the heart of the process. Families are included in this process and are given the opportunity to fully participate in any investigation or plan of work when it is deemed appropriate. Every effort is made to engage families in this process but strategies and frameworks are employed to continue to protect children even when cooperation is not forthcoming. ▪ High Risk Pregnancies community midwives identify high risk pregnancies and refer to Social Work where a multi agency assessment of 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. Early years addiction worker linked to family centers work closely with social work to make sure there is early intervention for very young child who have parents with addiction issues. ▪ CAT and SAT meetings take forward recommendations and plans for young people who are experiencing difficulties in education and is attended by multi-agency staff as and when required. ▪ MAPPA - Children and Families managers attend MAPPA meetings to effectively work with colleagues from the police and criminal justice staff to identify and where required intervene when there are concerns regarding sex offenders contact with children. Managers or front line staff attend meetings about vulnerable adults instigated by the Vulnerable Adult Protocols when there are also concerns about a child. ▪ Child Protection Procedures are available to all staff via the intranet and in paper copies in the area teams. There is electronic recording of Child Protection visits and investigations via the SWIFT Child Protection Module. ▪ Training and Development - the child protection committee is committed to ensuring that all staff in East Ayrshire are given high quality training in all areas of child protection and that they are supported supervised and accountable for their practice. ▪ Pre-school interventions, initiated by health, based on assessed need are provided for an appropriate sufficient length of time to achieve the outcome of improving the children’s health. Health Plan Indicators are used by universal health services, to reflect the level of support given/offered to families is reviewed at appropriate timescales. School nurses provide 1:1 interventions with children in schools and have the ability to see children on their own. 	

- Clinical supervision and case file audit indicate early intervention and referral by health professionals to support services both within and out-with health service to improve outcomes for children and families. Also ongoing work re DNA of health appointments but this is usually well recorded in chronologies and addressed within CP plans.
- Youth strategy workers routinely attend case conferences to support young people and provide creative support packages as an alternative to formal education.
- Children who have been absent or excluded from school/early years are given very effective support to continue their learning. The CME Coordinator, plays an active role in the CME (Scotland) and Local Authority Co-ordinators Meeting. This encourages the sharing of ideas and views in relation all aspects of children and young people's safety and wellbeing in relation to attendance at school. Period by period registration in SEEMIS tracks attendance/absence and keeps them safe. Standard Circular 5 addresses issues relation to pupil attendance and children missing from school. These early alerts ensure immediate contact with parents/carers regarding children's care and welfare. Strategies designed to provide alternatives to exclusion such as Framework for Intervention, Restorative Practices, Cool in School, Solution Oriented Schools, Nurture Classes and the Youth Strategy are used to a greater or lesser extent throughout the school sector.
- Education at Home protocols include screening through Social Work and Educational Psychologists to ensure there are no issues of care and protection before educational provisions are evaluated through Officer visits to the home.
- Inter-agency Early Years Admissions Panels meet every 6-8 weeks to assess referrals and allocate available places for children aged 0-3 years in nursery and family centres and the Early Years Day Care Service. Levels of vulnerability and need are assessed according to the criteria set in the Council's Early Education and Childcare Admissions Policy as per Standard Circular 2 and an appropriate placement is allocated accordingly.
- Pre- school education places are available to all children aged 3-5 years in East Ayrshire in either a local authority nursery or in partner provider in the voluntary and private sector. The Early Education and Childcare Admissions Policy as per Standard Circular 2, prioritises places for children who are in need of protection, children in need in terms of the Children (Scotland) Act 1995 or children who have additional support for learning needs as per the Education (Additional Support for Learning) (Scotland) Act 2004.
- Family Care Workers, based in nursery and family centres, support families with children up to 8 years of age. Referrals come primarily from Social Work Services and Health Services and focus mainly on parenting, behavioural issues and mental health issues for parents /carers.
- Early Years Addiction Workers who provide direct support to children to help them cope and reduce risk of harm as a result of their parent/carer's addiction.
- Staged intervention and child protection protocols operate in all early education, school and community environments
- SCRA- as part of a strategic approach to minimise harm (driven from concern that delay involves the risk of avoidable harm a number of measures are in place) all reporters must attend 5 day Practice Training on decision making. The Decision Making Framework is a practice tool that all reporters adhere to. A self assessment audit on reporter decision making was completed by the Authority Reporter in August 2009. Significant monitoring and support within the Authority Team is provided to reporters and as necessary from Region and HQ. Case Progression - The Interim Prioritisation Scheme was introduced in October 2007 by the Principal Reporter in response to the ongoing rise in receipt of referrals, especially in relation to non offence referrals and the need to focus on the children most in need of compulsory measures. The scheme addresses both internal and external delay through introducing a process of decision making enabling Reporters to deal swiftly and efficiently with priority cases. Reporters also closely monitor key performance indicators in relation to the time taken between registration of a referral and the time of a decision. SCRA also a management of delay strategy in place whereby all cases closely monitored by individual reporter and by Authority Reporter and Reporter

Manager. Authority Reporter liaison with local authority partners to highlight non disclosure practice guidance. Non disclosure audit (December 2008/January 2009) and weekly non disclosure monitoring system and monthly non disclosure audit.

- Procurator Fiscal special measures for children within the VW(S) Act 2004 were fully implemented within Crown Office and Procurator Fiscal Service (COPFS) in April 2007. Procurator Fiscal support children by complying with the legislation in appearing as witnesses. For an accused person the PF will liaise with the Children's Reporter's office and only prosecute where that decision is in the public interest. However, even where the decision is taken for the child to be dealt with by the Procurator Fiscal other appropriate methods are also considered, for example, diversion from prosecution and direct measures.
- Family Protection Unit: Each police division has a Family Protection Unit to provide specialist staff to lead investigations into current and historical allegations of physical, emotional and sexually abusive behaviour towards children.

CHILDREN'S AWARENESS OF KEEPING THEMSELVES SAFE

An extensive range of multi-agency supports and initiatives are in place including:

- Keep Safe work is carried out by social workers and support assistants; various tools are used and adapted to address individual needs.
- Therapeutic Interventions - A social worker trained in therapeutic interventions is employed to work specifically with young people to assist them to recover from harm and keep themselves safe.
- Rathbone Project Rathbone is an alternative educational provider which has commissioned places from the local authority. The service has an outreach worker to support young people attending Rathbone both when they are in Rathbone and in the wider community. .
- Campus Police Officers are based in Loudoun, Grange and Auchinleck Academies and work with the staff, children and young people in the secondary and its associated primary schools. As well as providing a point of contact, the officers also contribute to the Personal and Social Education programmes within the curriculum related to personal safety including safe use of the internet, community responsibility, alcohol and drugs education and to supporting the wide range of strategies designed to promote positive behaviour throughout the school and its community.
- Community Police Officers provide excellent support to early years setting and schools throughout East Ayrshire. They are available to give advice and support and to intervene in situations related to the care and welfare of children and young people which often happen outwith the school day but which affect the welfare and behaviour of children and young people when they attend school.
- PSE programmes cover child protection, care and welfare, anger management, personal safety, drugs and alcohol education and sexual health and relationships. The Youth On-line survey carried out by Dialogue Youth addresses the issue of young people's understanding of child protection. School assemblies, buddies, LAC maintaining on 1:1 bases raises children's and young people's awareness of how to keep themselves and others safe and helps children share concerns with someone they trust and respect.
- Learning Partnership Core Support Teams Learning Communities Core Support Services comprise of the school nurse, community link worker, social work assistant and active schools coordinator. Each Learning Community is supported by the educational psychologist. Referrals arising from the staged intervention system result in multi agency assessment and structured support being put in place whereby staff work on an individual or small group bases to meet the needs of children and young people. This may involve counselling, support for learning, behaviour and anger management or programmes to build confidence and self esteem.

- Children clearly understand the risks to personal safety which can result from the use of communications technology, including:
 - In schools children are taught about the safe use of the internet and other information and communications technologies, such as chat rooms and social websites, and of the dangers of cyber bullying and the inappropriate use of mobile phone cameras.
 - Community Learning and Development Services have undertaken Multi-Agency Internet Safety Training. Posters displayed in Learning Centres and Young People using these have been issued with 'smart cards' to alert young people of possible dangers when using the Internet. Work has begun to develop a basic package on internet safety and security for all Community Learning and Development centres. The current system relies on in build system supplied and maintained by IT Services. The ICT working group is drawing together a good practice guide for our ICT users that would relating to internet safety.

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

- Children and families are seen promptly in response to concern receive the right help promptly and their needs are assessed and planned.
- Continued progress has been made in raising children's awareness of keeping themselves safe through a wide range of multi-agency support and initiatives.
- Range of supports in place to ensure that vulnerable children and families receive the supports that they need.

Evidence

- GIRFEC – minutes and meetings
- Initial Response Team - management information
- East Ayrshire Council Social Work Services Eligibility Criteria
- High Risk Pregnancy Protocol
- Multi-agency Training Records
- Antisocial Behaviour Strategy
- SCRA - Local return from self assessment practice audit on decision making.
- Team meetings, reporter practice meetings, supervision and appraisal, weekly planning meeting to discuss legal points and practice, monthly file review, Authority Reporter case sampling, local liaison meetings with social work (between Authority Reporter and managers and between Reporters and Team Leaders).
- Case file audit
- Community Teams throughout Ayrshire Division.
- Dedicated Child Protection Unit
- Multi-agency training programmes
- Scottish Government Children Missing from Education (CME) protocol
- SC 5 on Attendance and Registration and other SCs noted elsewhere
- Group Call Alert phone calls
- Use of appropriate ICT
- Corporate Parenting approaches to ensure safety
- School PSE programmes
- Community Learning and Development ICT Training Records

Examples of Good Practice

Example of working practice which lead to positive action

? Link Worker told us...

"I recently experienced an excellent example of good practice whereby I joint worked with Fab Pad in order to decorate a client's home. This enabled the client and family to have their notice of intent to evict discontinued after passing their inspection by Housing. Housing has agreed to re-house the family which will give their teenage daughter her own room which is crucial for her healthy development. The family also have a young child and when Fab Pad were helping the family to decorate The Avenue Nursery were able to provide Child Care at short notice, thus enabling the Mother and Father to get involved and complete the project on time. As the Case Manager I co-ordinated this and was assisted by an Addiction Worker also involved with the family. I just felt it was an example of professionals and organisations, statutory, private and voluntary, working together in a committed fashion to improve the social circumstances of a vulnerable family."

Good Practice initiative

Campus Police/Community Police

The police work with children in school once a week - Monday briefing with HT re issues in the community at weekend. Where appropriate Campus and Community Police Officers provide a briefing to head teachers on Mondays to advise of any incidents which have taken place over the weekend which might impact on the children and young people in the school.

Standard Circular 82 which sets out the arrangements to be put in place for Children and Young People who are absent from school due to illness.

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

- Conclude the social work budget sustainability exercise to ensure that services are strengthened to meet the increasing demands.
- Conclude the review of youth services and ensure that robust community support services are in place to support children and young people at home.

Quality Indicator 2.3 Children and young people are helped by the actions taken in immediate response to concerns	Themes <ul style="list-style-type: none"> Initial response of staff to children and families who need help Impact of immediate actions by staff to keep children safe
<p>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 refer 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 GIRFEC Group meets weekly and to share information about multi-agency concerns and identify the most appropriate agency/professional to respond.</p>	
<p>Evaluation of current service and practice How good are we now?</p>	
<p>INITIAL RESPONSE OF STAFF TO CHILDREN AND FAMILIES WHO NEED HELP</p>	
<p>The CPC have strengthened and improved our arrangements on a multi agency basis to immediate concerns brought to our attention. Vulnerable children and their families receive a quick response in accord with risk assessment and the application of eligibility criteria and through robust and effective partnership working arrangements. Children and their families are fully supported throughout the process.</p> <ul style="list-style-type: none"> Initial Response Teams in the North and South of the Authority provide an immediate response to children about whom concerns have been raised to assess and plan for their care and protection. There is timeous 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 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 this to be warranted. Initial Investigation discussions to explain the process and purpose of investigation and initial social work intervention are routinely undertaken with families and children. Supporting them throughout the process is the task of front line staff. Frontline staff are fully aware of this responsibility which is clearly communicated by strategic management and progressed on a one to one basis through staff supervision. Staff have access to a manager for advice or to share information at all stages of initial investigations and Social Work has strengthened its team management arrangements. The 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. 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. 	

- Children where the risk of significant harm outweighs protective factors then statutory and legislative powers will be used to protect them. Child Protection Orders are sought for those children who are in need of immediate protection and full use of the Children's Hearing System is made 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.
- 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. Staff have undertaken specially commissioned training on risk assessment.
- 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.
- "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.
- 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 Social Work and the Police annually.

IMPACT OF IMMEDIATE ACTIONS TAKEN BY STAFF TO KEEP CHILDREN SAFE

We are clear about our obligations and responsibilities to vulnerable children and their families and are confident about our use of appropriate statutory measures.

- 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 Council 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 member 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 is liaison with the reporter as necessary.

- Where a child is involved in court proceedings the Victim Information and Advice (VIA) service writes 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.

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

- Vulnerable children are more effectively protected as a result of 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.

Evidence

- File audit
- Initial Response Team timescales
- Multi-agency Training Records
- Case investigation memo's from the Reporter Administration Database (RAD).
- Supervision records.
- Advice calls to Child Protection Health Team
- 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.
- 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.
- Standard Circular 57 procedures.
- Interview protocols

Examples of Good Practice

Good Practice Initiative

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 implement the Corporate Parenting Action Plan to sufficiently meet corporate parenting responsibilities.
- Whilst good progress has been made in the wider involvement of health professionals in assessments and decision making process, there is scope for further improvement.

Quality Indicator 2.4 Children's and young people's needs are met	Themes <ul style="list-style-type: none"> • Meeting needs • Reducing the longer-term effects of abuse and neglect
Overall Evaluation Multi-agency partners are making good progress to effectively ensure that the <u>short term</u> needs of children affected by neglect and abuse are met and that those children receive the protection they require. Where there is need for <u>longer term</u> services child protection plans are subject to regular review to make sure that plans are being fulfilled and continue to meet and identified need.	
Evaluation of current service and practice How good are we now?	
MEETING NEEDS Vulnerable children and their families receive appropriate support and service provision through effective multi agency care planning arrangements: <ul style="list-style-type: none"> • The movement of children whilst in foster care is kept to a minimum through individual care planning to meet the needs of accommodated children. This approach is also followed when external agency/placements are used and this is backed up by the professional management overview and contract monitoring arrangements. The establishment of an enhanced permanency planning approach to children's care planning in the form of regular focused permanency workshops for staff, training on new legislation and increased activity in Adoption and Permanency panel meetings has resulted in a more rapid throughput of future plans for accommodated children and young people • The establishment of the Initial Response Teams (IRT) has significantly impacted on the immediate assessment of need for all children and young people who are referred to social work. Eligibility criteria ensure that the most vulnerable children receive the help they need when they need it. The IRT intervenes, assesses and plans for all children referred to them. There are no children awaiting assessments. The establishment of the IRTs has significantly impacted on the immediate assessment of need for all children and young people who are referred to Social Work • All children that are on the Child Protection Register have an individual child protection plan which details specific actions which need to be taken to meet the needs of individual children, even when there are large sibling groups. The plans clarify who is responsible for carrying out a piece of work and their responsibility in terms of multi-agency working. All children on the Register have an allocated Social Worker and they are fully aware of whom this individual is and that they can contact them for any support that they require. • There is proactive approach to ensure that those children who are placed on the Register have their care plans reviewed every three months. Core Groups are held every four weeks to monitor and supervise the implementation of plans for children and young people. • The level of ongoing multi-agency intervention for children deregistered from the child protection register is agreed at the review conference where the decision to deregister is made. A multi-agency Deregistration Plan is agreed which incorporates a reduction in supports commensurate with the reduction in risk and vulnerability. Where there is a need for continued service this is provided by the most appropriate agency. • To support recovery for children and young people who have experienced neglect or abuse, at the point of recruitment, robust questions are asked of staff to identify their expertise in working with such issues. A Social Worker with specific skills in play therapy, family therapy and counselling is employed to assist young people and children to address damage that may have been done to them as a result of their experiences. • Intensive support services are provided by the Community Youth Support Team to work directly with children and young people. This service is a needs led and provided on a short or long term basis. Their needs have been identified working in partnership with them and their families and are based on sound assessments provided by front line workers. 	

- Social Work works closely with the CAMHS team to ensure that those children that need a service from them receive it quickly.
- The CAST team provide a specialist service to support those children with learning disabilities and work within multi agency child protection framework when there are issues of concern.
- There is a specialist Care at Home service for children and families. Its remit is to provide support directly to families within their homes, including outwith of office hours, to work alongside parents to help develop parenting skills and make sure that children are being adequately cared for. Care at home staff have been trained in child protection, the Getting Our Priorities Right protocols and in working with challenging families.
- Housing and Social Work jointly work to ensure that the accommodation needs of children and young people are met.
- Learning Partnership Core Support Teams Learning Communities Core Support Services provide support for those children and young people who are vulnerable. One of the overall aims of Learning Communities is to support those young people on a preventative basis.
- Health Promoting Status in schools and early education centres ensures an holistic approach to health and well-being which addresses social, physical, emotional and mental health of all children and young people.
- CAMHS provide a specific Primary Mental Health Link worker in one secondary school cluster and have agreed with partner agencies to consider developing this as part of the ICSP
- Domestic Abuse. Women's Aid's annual training plan is accessible by all agencies and has been evaluated positively. There are very close working relationships between women's aid and key services, the use of children's workers attached to Women's Aid has assisted children and young people to understand and recover from their experiences of domestic abuse. Where appropriate, alarms will be provided for adults who are at risk of domestic abuse. The referral is made by Women's Aid or the Police Domestic Abuse Unit. If the alarm is set off, the call goes directly to the Risk Management Centre with a direct 999 call from there. It is intended that women who suffer domestic abuse will feel safer in their own homes and Perpetrators will be detained quickly and in turn this can have beneficial outcomes for vulnerable children.
- Foster care - The movement of children whilst in foster care is kept to an absolute minimum through individual care planning to meet the needs of accommodated children and young people and the continued support of East Ayrshire Council foster carers. This approach is also followed when external agency/placements are used and this is backed up by the professional management overview and contract monitoring arrangements in place. The establishment of an enhanced permanency planning approach to children's care planning in the form of regular focused permanency workshops for staff, training on new legislation and increased activity in Adoption and Permanency Panel meetings has resulted in a more rapid throughput of future plans for accommodated children and young people.

REDUCING THE LONGER TERM EFFECTS OF ABUSE AND NEGLECT

A range of short and long terms interventions and supports are provided or accessed across partner agencies.

- Children who had suffered trauma, including sexual abuse are helped to recover from the effects of trauma and abuse by services specific to individual need. There is a specialist Social Worker in post who is a qualified and accredited family therapist, she has a wealth of experience, knowledge and skills in working with young people who have been adversely affected by life events. Intensive therapies have been commissioned from partner providers e.g. Foster Care Associates who have psychotherapist and trained counsellors, art therapists have been commissioned where there is a need to work with very young children to aid their recovery from trauma.

- Specialist CAMHS and Public Health have provided a specific range of appropriate books on MH , emotional well being and health improvement to each secondary school cluster for use by partners and professionals working with children and young people in this field.
- There is development and further review of the mental health pathway for LAAC as part of the implementation of Action 15 of We Can and Must do Better and Chief Executive Letter 16 (CEL 16).
- CAMHS provides a range of access to care, including immediate assessment for all children and young people who are experiencing acute MH problems. All children and young people who have been admitted to hospital following self harm are seen by specialist CAMHS practitioners the next day, and treatment is commenced commensurate with assessed need. Children and young people with the full range of MH problems referred to the local Specialist CAMHS are at the very minimum assessed within 18 weeks, and referred for treatment. At present 45% of all children are able to commence treatment within 18 weeks in line with developing national guidance. Treatment waiting lists are present for a specific pathway and this is being reviewed. Funding to develop services has come from investment following Mind your health strategic review of mental health services and investment in tier 3/4 access. This has led to the employment of specific experienced MH practitioners to develop these links.
- Parents are supported to optimise their ability to care and protect their children by adult mental health services, addiction services and access to parenting programmes.
- Schools are proactive in taking children and young people to hospital A & E or surgery when they exhibit stress or suicidal tendencies arising from family tensions or breakdown, exam pressure, relationship upsets etc. The services have been used by a number of secondary schools.

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

- There is a comprehensive range of services and supports available to vulnerable children and agencies work together to make these available to ensure that their emotional needs are met on both a short and long term basis.

Evidence

- SCRA monitors the outcomes of activities for children and families, for example the % of hearings scheduled to take place within 20 and 30 days. To meet the needs of the child where appropriate the Reporter will interview of children and families, contact with children pre-children's hearing and pre-court hearing and assess the child's views from reports submitted.
- Adherence to referral process – The procedures followed by the Police are in accordance with the Force Standard Operating Procedure which details the roles & responsibilities of Operational and Family Protection Unit officers.
- The monitoring of sex offenders is undertaken in accordance with the Sexual Offences Act 2003 and Management of Offenders Act 2005 which provides MAPPA requirements.
- Priority reporting of cases to PF – In accordance with a Force Key Performance Indicator (KPI) to report all cases to the PF within 28 days.
- Reporting of cases to SCRA - KPI: All relevant reports to be submitted to the Area Reporter's office within 7 days.
- Bail conditions –appropriate bail conditions are sought by the Police when submitting a report to the Procurator Fiscal.
- Case file audit reports
- Specific example of report compiles for social worker trained in family therapy
- CLHASP protocols
- Community Warden Standard Operating Procedures, Community Wardens work closely with Leisure Services to deliver diversionary activities.
- Case conferences and support systems, support for children, young people and families from Learning Partnership core support teams
- General Practitioners have a protocol in place to promote the prevention of children being de-registered from GP lists. In circumstances where there are challenges in providing

children with the services of a GP, Health visitors ensure or provide the care necessary.

Examples of Good Practice

Examples of working practice which lead to positive action

Children and Adult Support Team

- Has supported 3 young people who were leaving residential school and foster care to move back to their local area into individual tenancies within a local housing development. The 3 young people who have a variety of additional support needs now live in shared terraced amenity housing and hope to access local further education, social and lifestyle opportunities. Initially each young person will have intensive supports with the view to reducing this as appropriate and increasing the use of e-care technology to support each young person.
- Transition planning took a number of years and involved each young person at the heart of their person centre plan. Negotiations took place with the housing department at the early planning stage in terms of meeting the needs of these future tenants.
- The CAST Team routinely involves children, young people and their parents in the recruitment of staff. This has been done using information evenings prior to interviews where the children, young people and their families assess and score each candidate. Parent and carers have also been involved as members of the interview panel and have contributed to questions and scoring criteria in terms of the recruitment process.
- Installation of Domestic Alarms, monitored by Risk Management Staff where there is a threat of domestic violence.
- Admission Vouchers to local Sports Centre issued to children of families presenting as homeless.
- Continuous monitoring of sex offenders within the community. Utilisation of VISOR
- Police reports to PF and SCRA are prioritised. Bail conditions sought where appropriate.

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

- Implement the new locality model for CAHMS
- Further develop support to care leavers through implementation of the Corporate Parenting Action Plan.

Key Area 3
How good is our delivery of services for children and families
in need of protection?

**Delivery of services to children and families
in need of protection**

Quality Indicators 5.3 – 5.5

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

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

RECOGNISING A CHILD OR YOUNG PERSON NEEDS HELP

Partner agencies are committed to ensuring that all staff are alert to and identify where a child is in need of protection. Operational and partnership working arrangements are in place to ensure that this takes place at the earliest opportunity.

- 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 recognise 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.
- An Initial Response Team was established in the north of the authority in January 2009. The team has a robust system of receiving, prioritising and actioning referrals when they are received and within 24hours, there are no outstanding referrals.
- An equivalent 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.
- Eligibility Criteria were agreed by the Council’s Cabinet in October 2008. These ensure that services are targeted to children, and young people who need it, when they need it. The IRTs lead on all initial reports regarding concerns for children and assessments for pre-birth assessments 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.
- 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 members of 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 (IAF) the integrated Assessment Framework is being Rolled Out in East Ayrshire. Cabinet approved the phasing and prioritising of the Roll Out on 16 September. The roll out will comprise all new stage intervention tier two and tier three cases ie those children and young people requiring an assessment of need and discussion at a Community Assessment Team meeting; pre birth assessments; CP1; social background reports and looked after and accommodated children reviews.
- 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 are:
 - 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

IAF will be implemented 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.

- GIRFEC PRE REFERRAL GROUP Weekly pre-referral multi-agency meetings assist 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 GIRFEC 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 paediatrician 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. A High Risk pregnancy protocol has been in place since 2005. 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 histories: 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 Work has 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

Where necessary and appropriate an initial assessment is followed up by a more in depth and comprehensive assessment.

- Assessments by Social Work staff are undertaken through use of an assessment Tool Kit and GIRFEC materials for assessing risk and need. This informs the completion of a Comprehensive Risk Assessment for those children that are on the Child Protection Register. Health Visitors and school nurses are trained in assessment and use the GIRFEC practice model on a single agency basis.
- Health Visitors and midwives risk assess children where notified of domestic abuse incidents.

- 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 prioritisation 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 SHANRI principle with clear statements of risk and recommendations.
- 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. 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 MAPPA, risk assessment process is in place for all registered sex offenders. Effective links exist between MAPPA, child protection and vulnerable adult arrangements. At 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.. 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.

- The Senior Manager Children and Families Locality Services has the lead responsibility for liaising with the out of hour's Standby Service. The service has significantly improved their telephone system to ensure a more timely response to referrers. The Senior Manger has held a series of meetings with the manager of Standby to ensure the quality of assessment reports are improved with the West of Scotland Standby Service that is provided to East Ayrshire Social Work Services. A service level agreement is currently being revised as part of an ongoing review of the service provision.

Outcomes

- Effective joint working to meet the needs of the child.
- Improved information and assessments of the needs and risks for the child.

Evidence

- Assessing risks and needs action plan.
- MAPPA annual report.
- Individual agency self evaluations.
- 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
- 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 a two day "Risk assessment, analysis and management course". This course is now run annually.
- Case File Audit, supervision and attendance at CP meeting evidence good – very good needs assessment particularly by Health Visitors and school nursing.
- This improvement in the quality of reports to SCRA was evidenced in the CPC file audit exercise where it evidenced that the assessments clearly linked to the recommendations that were subsequently made.
- 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 uncooperative 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.

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
- GIFREC- 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 working practice which lead to positive action

The Social Work Inspection Agency report into the care and protection of children in Eilean Siar highlighted in Recommendation 8 “all local authorities should make sure that when a child is known to them moves to a different authority all the files or copies of the files are transferred immediately”. In the past year there have been some very good examples of practice in actively pursuing information from other local authorities which has contributed to the protection of vulnerable children. 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 in another case contact was made with an independent social worker who had previously assessed children when they lived in England, she was used to give evidence in the Scottish Courts to secure the care of a child. The cases are examples of effective joint operational working between the agencies concerned and SCRA.

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

- Continue with the plans for rolling out the integrated assessment framework
- Further develop approaches to assessing and recording needs and risks.

Quality Indicator 5.4 Effectiveness of planning to meet needs	Themes <ul style="list-style-type: none"> • Decision making, identifying responsibilities and meeting needs • Taking account of changing circumstances
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Overall Evaluation – GOOD 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 “Adequate”. Following on from the publication of the report an action plan was put in place to develop practice in this area and significant progress has been made

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

DECISION MAKING, IDENTIFYING RESPONSIBILITIES AND MEETING NEEDS

We have extensive and robust arrangements in place to work and plan together how best to protect and meet the needs of vulnerable children:

- The GIRFEC Early Intervention and Pre Referral Group meeting is a clear process and understanding between agencies which identifies the Lead agency and responsibilities. The chairing of the group is rotated by a representative from each of the agencies on the group
- Child protection processes can result in a Child Protection Case Conference. These meetings are chaired by an independent chair. Children and young people and their parents/carers are actively involved and encouraged to attend all child protection meetings including core groups. All key agencies are represented at child protection meetings and if there is a concern that a specific agency did not attend then the independent chair will follow this up in writing with the individual agency.
- The Chair will meet with the parents/carers and the children before the case conference to ensure that they are aware of the reason that it is taking place, that they have seen the relevant reports and that they understand the importance of providing their views to the meeting. The outcome of this initial meeting is that the child and family will know the chair and that their views are seen as an essential component of the meeting. Throughout the meeting the chair will ensure that the child and parent/carer understand what is being said and ask for their views.
- The quality of reports provided by Social Work has been reviewed and an overall improvement in quality has been identified. This is as a result of Specific training in report content and presentation and Risk assessment training. This impacts on the working of the child protection case conference as clear precise information is available highlighting the vulnerability matrix and SHANARI principles with clear statements of risk and recommendations to aid the initial child protection case conference discussion.
- At initial case conference a Comprehensive Risk Assessment will be discussed, to be completed, where appropriate, for the first Child Protection review case conference. This is completed on the Integrated Assessment Framework paperwork which incorporates the SHANARI principles, My World Triangle and the Vulnerability Matrix. This new procedure 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.
- If a child is placed on the Child Protection Register robust, specific child protection plans are put in place for every child, naming the individuals responsible for implementing each aspect of the plans. Core groups are held regularly and have representation from the key professionals that are involved with the child. The core groups review the implementation of the plans and assess whether progress is being made and whether children’s needs are being met.

- The Initial Response Teams assess, identify, and intervene to meet the immediate needs of children and young people, if it is determined that the needs of the child/young person's is on a longer term basis they are transferred into one of the longer term teams. The looked after, and permanency planning system ensures that the longer term needs of children are addressed, and Good Practice support sessions are offered to all staff to assist them in completing reports to secure longer term needs of children
- All children on the child protection register or children who are looked after and accommodated away from home have an individual care plan. The plans are well formatted and contain actions, responsible persons, timescales, expected outcomes and a contingency plan. The key outcome of the plan in place is to improve the situation of the child and young person. Regular reviewing of the plan ensures that if this is not being achieved that the plan can be amended.
- When improvements have occurred and the child is removed from the child protection register the family will continue to be monitored and supported, a deregistration plan is agreed at the case conference and supports reduce in line with the progression of the case.
- The capacity for LAAC reviews have been enhanced with an additional reviewing officer now in post. This service is currently being reviewed to ensure that future capacity needs are met.
- 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.
- Child health records contain care plans which identify needs, appropriate interventions and services which are in place for as long as required. These are developed in partnership with parents and children where appropriate. The interventions and services provided or facilitated by health staff are effective and have a positive impact on the needs of children.
- A Domestic Abuse Protocol is in place per the Standard Operating Procedure (SOP) for Police response to Domestic Incidents. There is also the Ayrshire Wide Non-Offence Protocol which in effect means that all children who are exposed to a domestic incident are referred to the area Social Work Department. In addition where pre-school children are involved a referral is also made to Health Case Progression.
- An Interim Prioritisation Scheme was introduced in October 2007 by the Principal Reporter in response to the ongoing rise in receipt of referrals, especially in relation to non offence referrals and the need to focus on the children most in need of compulsory measures. The scheme addresses both internal and external delay through introducing a process of decision making that will enable Reporters to deal swiftly and efficiently with priority cases. Reporters also closely monitor the time taken between registration of a referral and the time of a decision. This is a KPI, an objective in the Team Plan and a Performance Appraisal Objective of the Authority Reporter
- Multi-agency staff have been trained in relation to We Can and Must Do Better and specifically their role as designated senior managers in educational establishments. The training evaluated very well and has provided a focus for ongoing multidisciplinary practice.

TAKING ACCOUNT OF CHANGING CIRCUMSTANCES

- Assessments 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 meets the changing needs of the child are met.

- Challenging Families guidance was agreed by the CPC in November 2008, distributed to all agencies and is available on the CPC webpage. The protocol assists staff when dealing with challenging and/or uncooperative 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. Multi agency training course is provided via the CPC training calendar (73 multi staff have been trained to date).

Outcomes

- Decision making based on clearly identified needs and risk factors
- Deregistered children and their families needs met through continued support

Evidence

- Case file audit report
- GIRFEC
- Core group minutes
- Case progression minutes
- LAAC review decisions
- Communication with midwifery staff to ensure early intervention and intervention in at birth
- Commissioning of comprehensive assessments
- Pack of reference materials for fostering/adoption/permanency has been developed within Social Work. SCRA will liaise closely with Social Work and the Sheriff Court in relation to the implementation of the provisions of the Adoption and Children (Scotland) Act 2007, in particular Permanence orders) which comes into force on 28/9/09, as well as in relation to those cases which will be dealt with under Transitional provisions, which involve the previous legislation.
- Regular meetings with reporters/authority reporters and Social Work Team Managers and Service Managers.
- Supervision of staff is a key priority for all social work staff, a monthly electronic reporting system is in place to monitor the frequency of supervision sessions. This system is also updated to reflect the occasion where supervision sessions require to be re-scheduled. The report will be sent to the Senior Manager who retains an overview of the frequency of supervision sessions.
- Strong provision at transition stages within the education system.

Examples of Good Practice

- There have been three corporate events this year to; the Community Planning partners; the Corporate Management Team and Ayrshire Council Elected Members. These events raised the profile of the issues around all Looked After Children and Young People in East Ayrshire and the Corporate Parenting responsibilities of all multi agencies working with Looked after children and Young People in East Ayrshire. The feedback from these events was very positive.
- A second annual conference held on the 25th February 2009 with theme of "Listening to Children's Voices" and "Corporate Parenting." Hearing the voices of children and young people who have used services within East Ayrshire was core to the success of the day, due to the participation of children and young people. The following subjects were covered: An overview of corporate parenting and referring to 'These Are Our Bairns: a guide for community planning partnerships on being a good corporate parent', 'The Authentic Warmth' approach to children and young people who have been rejected, neglected and abused; The Carer's Perspective of being a Corporate Parent; 'Who Cares – Independent Advocacy Service for all Looked After Children and Young People in East Ayrshire; The Voices of Children who have experienced Local Authority Care.

How Good Can We Be? Areas for Improvement

- Continue with the plans for rolling out the integrated assessment framework

Quality Indicator 5.5 Improvement through self-evaluation	Themes <ul style="list-style-type: none"> • Commitment to self-evaluation • Management of self-evaluation • Service improvements
<p>Overall Evaluation The East Ayrshire Child Protection Committee is firmly committed to ongoing self evaluation and has highly promoted the use of the quality indicators as a framework for planning continuous improvement. The committee has adopted a VERY GOOD approach to self evaluation, with reflection, learning and improvement being central to this activity. The committee acknowledges that self evaluation is not a one-off activity which is done for its own sake. It is an evolving process which takes place at all levels throughout the year – at a strategic level, at a management level and at an operational level. The seven wellbeing outcomes for children and young people are the cornerstone of planning for improvement across all service sectors and the overarching GIRFEC ensures that the needs of children are met.</p>	
<p>Evaluation of current service and practice. How good are we now?</p>	
<p>COMMITMENT TO SELF EVALUATION</p>	
<p>Self evaluation activity consists of three key strands:</p>	
<ul style="list-style-type: none"> ▪ <u>Child Protection Committee</u> believe that strong leadership and direction is the main driving force in continuing to successfully implement the Child Protection Reform Agenda. To address this, Committee Development Days have enabled the CPC and Chief Officers to find innovative ways to further promote the CPC vision. The overall objectives of the sessions are to improve communications and build a common sense of vision and purpose between and across agencies. The sessions have provided a useful mechanism to reflect on the quality of supports to children and families and best meet their needs. They also provide a coherent structure to reinforce the work of the CPC and promote a continuous improvement culture across all levels of multi-agency child protection work. Themed topics have included the review of the vision of the CPC, better utilisation of the role of the independent chair; promoting self evaluation and reevaluating the Annual Report and Business Plan. Chief Officers and the Child Protection Committee also set out specific planned actions to address the each of the 4 recommendations, as presented in the HMle inspection 2008 findings report, for service improvement as well as tackling the quality indicators which were subject to lower grading. ▪ <u>Multi-agency</u> self evaluation has takes place across the range of quality indicators also targeting the key service improvement areas. ▪ <u>Single-agency</u> evaluations ensure that individual agencies are aware of the quality of their own practices and how their own work impacts and enhances partnership working. Each agency has embarked on single agency self evaluation in a proportionate way, recognising existing strengths and needs to identify areas for service improvement. 	
<p>MULTI AGENCY SELF EVALUATION AND SERVICE IMPROVEMENTS</p>	
<p>The Performance and audit sub group leads on the multi-agency self evaluation activity for the CPC, the key developments within this area are</p>	
<ul style="list-style-type: none"> ▪ ‘How good are we at assessing risks and needs to help children and families’ the HMle self evaluation tool was utilised by the Performance and Audit Sub Group and an action plan drawn up with key areas for improvement key examples include: <ul style="list-style-type: none"> ▪ <u>File Audit Group</u> – is a multi-agency working sub group of the Performance and Audit group with a key role to implement essential tasks in the assessing risks and needs action plan. Following the publication of the revised HMle quality indicators Fiona McManus, HMle facilitated a Pan Ayrshire Training session for file readers. A file reading tool has been developed with a code of practice agreement and also a CP1 audit tool. In August 2009 the group reviewed 4 children’s files from social work, education, health, SCRA, police and housing services. The interim results of this work have been reported to the CPC and a full report and recommended actions will be presented to the CPC on 28th October 2009. 	

- Gathering the views of children/young people and families following initial child protection case conferences pilot will take place during October 2009 to December 2009 in the Cumnock Area. At the end of each initial Child Protection Case Conference it will be agreed which worker is best placed to meet with the family following the case conference to discuss the child protection process and complete a form which will be used to evaluate and improve child protection services. The forms focus on the child and families experience of the child protection process.
- **Significant case reviews and enquiry reports from other areas** local arrangements are in place to consider recommendations of significant case reviews and if there is a requirement for corrective action between and across agencies. The CPC also considered the baby Peter case report findings and recommendations to ascertain if there was need to change local policy and practice. An action plan is in place to address identified improvements. The Performance and Audit sub group also monitor these plans. The CPC will also be considering in detail the report into the death of Brandon Muir and the recommendations made in this case.
- **National Best Practice Learning** the CPC endeavours to keep abreast of practice developments, policy initiatives and self evaluation activity in surrounding local areas and throughout Scotland. HMle inspection findings reports from other local authority areas are considered by the committee and learn from best practice developments. There are also well established links with other CPC areas through Ayrshire Wide initiatives, West of Scotland Lead Officer and Chairs meetings and the National Chairs and Lead Officer meetings. An example of best practice learning – lead to an agreement of the transferring of case files for children on the child protection register and the possible development of a good practice paper to agree a West of Scotland process for the transfer of non registered children.

SINGLE AGENCY SELF EVALUATION AND SERVICE IMPROVEMENTS

HMle Social Work Services are well accustomed with the process of self evaluation. Prior to the introduction of the HMle Framework the process by which quality and continuous improvement was mainly identified was through EFQM and Best Value principles. This has provided an evidential base for Children and Families Service to seamlessly move towards the national inspection self evaluation quality indicator approach. Evidence of this is supported by the SWIA performance inspection findings... *“Staff were seen as committed to improving services through evaluating and improving their work. The CPC had undertaken a multi-agency self-evaluation of child protection services and the CPC had improved quality assurance by requesting all services review their own files. The results of the reviews were monitored by a subgroup of the CPC”*. Further promotion of self evaluation principles include:

- **Self Evaluation Focus Group Sessions** - Senior managers have promoted the newly revised HMle quality indicators framework by holding staff focus groups throughout the summer. This has allowed practitioners within and across service delivery an open opportunity to identify strengths and best practice. The feedback from these sessions has informed this self evaluation across all of the quality indicators.
- **Development days and focus group for children and families fieldwork staff** - senior management also promote the importance of the HMle Child Protection quality indicators through team development events. These are topical and have primarily targeted the quality indicators requiring further improvement as identified through national inspection bodies. The overall objectives are to empower staff, improve communications, and build a common sense of vision and purpose. The sessions are continually evaluated for effectiveness and the overall evaluation results demonstrate they are a very positive and effective way of enabling staff to identify strengths, suggest improvements for practice, service delivery and to share best practice.
- **Team Managers Meetings** - senior managers have delivered a series of HMle self evaluation presentations to Children and Families Team Managers to further promote and encourage a “can do” culture that reflects good and innovative practice.

- **Case Files** Social Work continues to utilise self evaluation indicators techniques to review the quality of case files.

SWIA – The recent self evaluation inspection involved all social work service staff from across the key service areas, Community Care, Children and Families and Criminal Justice further enabling social work service to identify important areas of improvement especially where services are cross cutting.

CARE COMMISSION - Residential, Fostering and Adoption Services care commission self evaluation has ownership from the “bottom up” with the overall process co-ordinated by Team Managers. All frontline staff are fully aware of the important need to meet care standards and where self evaluation can assist in identifying important areas for improvement. Employees and service users also have an open opportunity to be involved in a range of ways though staff meetings, focus groups and written contributions.

EDUCATION - Early year’s centres, partner providers, schools, children’s services and Community Learning and Development utilise a range of self-evaluation frameworks to monitor and evaluation the quality of provision. These are externally validated by HM Inspectors of Education and Care Commission. In addition abbreviated Quality Health Checks addresses a range of quality Indicators including “Meeting Pupils Needs”. Self-evaluation is an integral part of planning for improvement within all educational establishments and services. HMIE inspection profiles contain a safeguarding section which must be completed by establishments prior to inspection. There is significant involvement of pupils, support staff, teachers and parents/carers in process of reflection and evaluation using questionnaires and focus groups. Services take a broad view of performance on an annual basis and thereafter take a closer look at particular areas of provision identified as needing improvement. All Educational Services inspections now use the establishment’s or service’s self-evaluation as the starting point for professional dialogue.

HEALTH - NHS A&A has a strong commitment to self evaluation to inform areas for improvement. There is a nominated Clinical Effectiveness Facilitator and Practice Development Facilitator to support the process. An action plan to address areas for improvement is in place which is approved and monitored by Child Protection Action Team. Additionally, an audit of health visiting and school nursing case files is routine and provides evidence of the impact of their care on children. Case file audits are undertaken in partnership with these staff and the process is used to support the development of their practice. A report is provided annually to the Clinical Governance Committee.

SCRA - A revised performance management and planning framework is under development and will be based on self assessment. Due for introduction Autumn 2009. Recent Self Assessment audit work focused on Reporter decision making was completed in August 2009 as a national exercise.

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

- Practice is strengthened as a result of local and national significant case reviews
- Improvements in practice evidenced by self evaluation, such as the file audit work.
- Continue to improve our practice in child protection and consider how we seek children and families views about their needs and effectiveness of services.
- External inspection validates social work and schools self evaluation approaches and systems.

Evidence

- CPC inspection action plan
- CPC minutes
- Joint Area review into Haringey Council Area report
- Performance and Audit sub group minutes
- Assessing Risks and Needs action plan

- CPC File Audit report
- Ayrshire Wide Chairs minutes
- Summary reports in relation to HMIE reports in other areas
- CPO report
- SWIA report
- Social Work Staff development day evaluations
- How Good Is Our School 3,
- Child At The Centre 2,
- Quality Health Check,
- How Good Is Our Community Learning and Development 2,
- Care Commission Standards,
- Standard Circulars
- Clinical effectiveness action plan
- Audit reports – A&E, Tripartite
- SCRA Returns from self assessment practice audits

Example of Good Practice

Self Evaluation which lead to positive planned action

The CPC Performance and Audit Sub Group utilised the *HMIE 'How good are we at assessing risks and needs to help children and families'* Guidance to self evaluate and assess the quality of services for children who may be in need of protection. The exercise enabled agencies to discern what is working well and where to take positive steps to improve. Leading to planned improvement action with progress regularly monitored to determine impact. Key examples include the setting up of the Initial Response Team and gathering the views of children/young people and families following initial child protection case conferences pilot.

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

Strategically:

- The CPC will continue to lead and promote self evaluation to further improve the quality of services and to strengthen the measurement of outcomes and impact on the child.
- To undertake further multi-agency case files audits with consideration of developing this initiative on a Pan Ayrshire basis.

Operationally:

- Continue to promote a culture of self evaluation through systematic and planned programmes staff development events utilising other guidance as recommended by inspection bodies for example; How Good is Your Team, How Good is Our Key Processes, How Good is our Schools.
- Continuous programme of Focus Groups within and across services to reflect on practice and evaluate children and families multi-agency services capacity to improve.
- Further develop the routine approach to self evaluation in educational establishments by including the use of How well do we protect children and meet their needs

TO BE REDUCED TO 2/3 HIGH LEVEL INDICATORS

Key Area 5
How good is our leadership?

Leadership and direction

Quality Indicator 9.2

Quality Indicator 9.2 Leadership and Direction	Themes <ul style="list-style-type: none"> • Joint leadership within and across agencies • Strategic deployment of resources
Overall Evaluation Our commitment to and arrangements for the provision of leadership and direction within a structured multi agency framework are Very good	
Evaluation of current service and practice How good are we now?	
Developing Leadership Capacity	
<p>We are committed to strong multi agency leadership arrangements the child protection field.</p>	
<ul style="list-style-type: none"> ▪ Leadership strengthened by review of the role of the Chief Officers Group COG in respect of child, adult and public protection is to ensure: <ul style="list-style-type: none"> • a collective strategic overview; • effective performance, particularly in respect of risk assessment and risk management processes; • appropriate resourcing and; • clear and appropriate public reporting, including a robust approach to public relations. ▪ The Child Protection Committee and Adult Protection Committee are represented on the COG by the chairs of each committee in order to resource the group and ensuring effective connections. The South West Scotland Community Justice Authority Strategic Oversight Group has the strategic overview of all MAPPA arrangements across the CJA. The East Ayrshire representative (Head of Children & Families and Criminal Justice) on the group is the link to the COG. The MAPPA Coordinator is invited to meetings as required. ▪ The Social Work service has been re-modelled with a Head of Service : Community Care and Head of Service : Children & Families and Criminal Justice to enhance leadership capacity and strengthen overall senior management arrangements. The NHS has refocused management arrangements and appointed one Health Care Manager with responsibility for Children's Services across Ayrshire and Arran, this person also has management responsibility for Child Protection across Ayrshire. In addition the NHS has refocused professional nursing and appointed a Community Clinical Nurse Manager with responsibility for Health Visiting/Early Years provision across Ayrshire and Arran. 	
Building and Sustaining Relationships	
<p>In addition to CPC and COG arrangements we are committed to working together within the context of of strong community planning arrangements. Through these we set the strategic direction through Integrated Children's Service Planning and Child Protection Annual Report and Business Planning arrangements.</p>	
<ul style="list-style-type: none"> ▪ At the planning level, the single outcome agreement has specific target on re-registrations for child protection and the community plan gives through its revision to four themes a new emphasis and clarity about the importance about community safety. Also through community planning there has been a renewed emphasis on drugs and alcohol issues and particularly the formation of the ADP as a substitute for ADAT. 	
Teamwork and Partnerships	
<ul style="list-style-type: none"> ▪ We enact our high level and strategic commitment to partnership and multi agency working through a range of operational arrangements and forums ▪ The Community Health Partnership structure was approved in 2008. The arrangements for the Community Health Partnership Officer Locality Groups are now well established. Charing is carried out on a joint basis between the local authority and the health service. 	

- The Officer Locality Group for Children and Young People has replaced the previous Children and Young Person's Service Plan Steering Group and has therefore taken on the lead role in terms of developing, monitoring and reviewing the statutory Children and Young Person's Service Plans.
- As part of its development a number of sub groups have been established which reflect the change in national and local policy landscape. These will support the further improvements in the delivery at an operational level and include sub groups in respect of:
 - Early Years Early Intervention (Early Years Framework)
 - GIREFC/IAF
 - Support for young people
 - Community Safety
 - Corporate Parenting
- The Improving Health and Wellbeing sub group straddles both the Officer Locality Group for Children and Young People and the Officer Locality Group for Adults".
- The CPC holds development days (most recently with a focus on workforce planning) and roadshows.

We have a strong commitment to continuous improvement:

- The Council is currently reviewing the sustainability of the Social Work budget and the provision of services to children and young people has been identified as one of the key work streams. The continuing process includes a review of workloads, audit of workforce, service mapping, development of kinship care scheme, review of services to children across the council and corporate parenting. Proposals for the redesign of children and families services will be presented to Cabinet in Autumn 2009. The Sustainability Board meets on scheduled basis and minutes are available. Regular progress reports have been presented to Cabinet.
- NHS Ayrshire and Arran, in response to feedback during the Primary Care Strategy consultation from patients/public, partners and staff has commissioned a Review of the Community Nursing Services. The nursing disciplines involved are District Nursing, Health Visiting and School Nursing. The review has a dedicated children and young person's workstream which will present findings and make workforce recommendations reflecting improving health outcomes and meeting the needs of children and young people. Recommendations will be presented in March 2010.

Through these initiatives, specific projects such as holistic health clinics and Campus Police Officers have been promoted. New schools such as; the Grange Campus and St Joseph's Campus includes specific facilities for health professionals to work alongside their education and social work counterparts. Wider implications of the strategic developments include the development of the integrated resource framework and the data sharing partnership and integrated assessment framework at pan Ayrshire level.

- NHS A&A has a dedicated team of specialist child protection nursing staff; a Nurse Consultant and 3 Child Protection Advisers, who provide professional and clinical leadership at strategic and operational level. The team support NHS, multi agency and higher education practice and developments.
- In response to challenges in recruiting paediatricians with specialist skills in child protection, mainly due to a national shortage of appropriately trained clinicians NHS A&A in partnership with the MCN and Regional Planning Group for Children's Services has developed a proposal and secured funding through the National Delivery Plan for Children's Services, to develop tertiary child protection services across the West of Scotland. This will create a process for succession planning, however it is acknowledged this will be a medium and long term plan.

Outcomes
<ul style="list-style-type: none"> ▪ Our high level and strategic commitment to multi agency and partnership working allied with robust and effective operational links ensure that vulnerable children and their families in East Ayrshire are afforded high levels of protection and support.
Evidence
<ul style="list-style-type: none"> • The GIRFEC group has a demonstrable impact on the lives of young people allowing rapid interventions that are risk assessed. In the early stages of the initiative there were on average 35 referrals per week but this number has reduced following ongoing evaluation and refinement of the processes involved. • A structured approach to aftercare is being taken for looked after children. • The corporate parenting action plan links to the child protection agenda. East Ayrshire Council has recently introduced a revised staff vetting policy that runs ahead of the national legal requirements. • University research is being undertaken into gaining a better understanding of why East Ayrshire tends to outperform other authorities in terms of child protection referrals and the numbers of looked after children. • The MAPPA arrangements also link to child protection. • The Executive Director of Educational and Social Services has written specifically to Heads of Educational Establishments regarding the ongoing need to continue to monitor children and young people who present with issues. • Standard Circular 57 is discussed by Heads of Educational Establishments with all staff and a certificate of completion signed at the start of each academic session • Development of Ayrshire wide CPC chairs meeting with health (minutes of meetings) • West of Scotland Regional Planning meeting for Child Protection (Health) report of development day. • In response to Chief Executive Letter (CEL) 16, a plan is in place to meet the requirements set out in Action 15 of “We Can and Must Do Better”. These actions include: <ul style="list-style-type: none"> - Accountability and responsibility for Looked After Children and young care leavers at a corporate level, - Ensuring all of the care group have a health assessment, including a mental health assessment - Ensuring the care these children and young people require is delivered in a co-ordinated way and - Monitoring performance and reporting on this annually to the Scottish Government. - This plan is currently on target for implementation within the timescales set.
Examples of Good Practice
<ul style="list-style-type: none"> • The GIRFEC referral group • The Police drug related searches and associated referrals for child protection • The Solihull Approach • The cross flow regarding letters of concern between the Council and the Police • Service reviews of the business leading to resource re-allocation • The work by Leisure Services in terms of diversionary activities • Child protection objectives in officer reviews in East Ayrshire Council, the Police and NHS Ayrshire and Arran • Briefing of Elected Members on Corporate Parenting • We have undertaken a proactive approach to undertaking significant incident reviews and attained important learning from these. • The Police have a strong emphasis on dealing robustly with domestic abuse and will maximise detection of offences, with reports being set to the Procurator Fiscal for consideration of criminal proceedings. These processes bring related intervention for children and families.
How Good Can We Be? Areas for Improvement
<ul style="list-style-type: none"> • Evaluate Getting It Right For Every Child Referral Group.