Agenda Item 6

EAST AYRSHIRE CHILD PROTECTION COMMITTEE: 06 SEPTEMBER 2011

EAST AYRSHIRE CHILD PROTECTION COMMITTEE RESEARCH REPORT

1. PURPOSE

1.1. To advise the East Ayrshire Child Protection Committee (EACPC) of the completion of the research work undertaken by Garth Associates.

2. BACKGROUND

2.1 The EACPC commissioned a piece of research to look at child protection activity in East Ayrshire and the early intervention and Pre Referral Group (GIRFEC) meeting process. Following East Ayrshire Council's tendering process, the research work was awarded to Garth Associates. The work has now been completed and a copy of the report attached.

2.2 The researchers have been invited to the December meeting of EACPC to discuss the findings.

3. RECOMMENDATIONS

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

(i) Note the completion of the work and review the report prior to discussions at the next meeting of EACPC

Susan Taylor
Chair of EACPC
August 2011

Report compiled by Dianne Burns Child protection co-ordinator

GarthAssociates

Report to

East Ayrshire
Child Protection Committee

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Content

Introduction

This research was commissioned by East Ayrshire Child Protection Committee (EACPC) and undertaken by Moira McKinnon (Garth Associates)& Dr Pam Green Lister (Glasgow University/Garth) during December 2010 andFebruary 2011 and was undertaken in 2 phases.

The EACPC outlined the research brief as -

- to provide greater understanding of the ***level of child protection activity*** in East Ayrshire through quantitative and qualitative analysis. To understand the trends and patterns of activity, why the patterns exist and recommend actions that may be required.

- to conduct a ***cost benefit analysis of the GIRFEC multi agency Group meeting*** and associated processes and identify the impact of the Group meeting and processes on outcomes for children

EACPC has demonstrated their commitment to self-evaluation, reflection, learning and improvement andthis research required to build on previous work specifically two pieces of activity which had been undertaken and had triggered this research brief -

1. statistical seminar held by EACPC to take a closer look at child protection activity in East Ayrshire which indicated that East Ayrshire was experiencing higher than average child protection activity

2. six month pilot of the early multi agency discussion of non-offending referrals which identified both benefits and challenges for these new arrangements[1]

Methodology

The research used both qualitative methodology, using observation, focus groups, file analysis, questionnaires and quantitative methodology using a cost benefit analysis of professional involvement in the GIRFEC multi agency group meeting.

Analysis of documentation provided by East Ayrshire

EACPC provided the researchers with a range of documentation prior to the research taking place. This consisted of child protection statistical information, GIRFEC evaluation reports, historical information with regard to the establishment of the GIRFEC group meeting. This documentation assisted researchers to identify the key issues which informed the research. Based on this documentation interview schedules for focus groups and pro-formas for case analysis were constructed.

Observation of the GIRFEC process

[1] Evaluation of East Ayrshire Early Information and Pre-Referral Group, 2008)

Observations, both naturalistic and pre-planned, provide a useful way of gaining information of decision making processes. While the presence of observers may alter behaviour of a group, particularly in informal situations, in formal meetings it is less likely to intrude on the business that takes place. The observation of the GIRFEC meeting was pre -planned and took place at the start of the research process when twenty sevencases were discussed. The researchers recorded the cases being discussed and took notes of the process of the meeting. A summary of the cases discussed is provided in Appendix Aand a discussion of the observation is given in the concluding section.

Focus groups

Three focus groups were undertaken. It was decided that it would be useful to have two focus groups to discuss child protection practice, one with managers and one with practitioners from the key agencies. The third focus group took place following the GIRFEC meeting with the professionals attending on that day.

Focus groups are useful in that they use interaction between interviewees to generate a discussion about the topic, and the discussion is usually more wide ranging. The decision to have separate groups for managers and practitioners was based on the view that more informed discussion would take place when professionals with similar roles and responsibilities would result in a more informed and coherent debate. Focus groups may be used at any part of the research process. Early focus groups are useful in assisting the researchers to orientate themselves to issues and to inform the research process. They may be used during the research to check out the information that has been gathered, or used at the end of the process both as a checking out and evaluation process. Clearly, in order to mirror inter-professional working in the GIRFEC meeting and child protection processes, the focus groups were made up of representatives from all key agencies. Initially it had been decided that two of the focus groups regarding child protection would take place prior to the file analysis. However, due to weather conditions, the managers' groups took place prior to the file analysis and one took place during the audit process. This proved useful in terms of both preparation and checking out issues. The third focus group followed the observation of the GIRFEC meeting and was used to clarify issues raised in that meeting. Summaries of the focus group discussions are provided in Chapter1 (2.2 & 2.3)and conclusions discussed in Chapter 1 (3).

The ***manager child protection focusgroup***was attended by representatives from Health, Social work, Reporter, Early Years, Police and the Independent Child Protection Review officer.

The ***practitioner focus group*** was attended by representatives from Education, Reporter, Health and Police.

The ***GIRFEC focus group*** was attended by representatives from Social Work, Police, Early years, Education, Health and Housing/MAPPA.

File analysis

File analysis is a valuable way of contributing to an understanding of the process of decision making in social work. It can provide an insight into a number of areas. Most importantly it can assist in an understanding of the chronology of a case. A focussed reading of a file can provide the researcher with information on the significant issues, patterns of family relationships, behavioural patterns, inter agency working and reasons for decision making. It can highlight possible gaps in information, communication and planning. The limitations of file analysis are that it can only analyse practice which is recorded. Work may have taken place which has not been recorded, and so it can only provide a partial understanding of a piece of work. Reading a range of files can assist researchers in analysing, not only how individual workers make decisions, but the impact of procedures and

structures on decision making. A secondary benefit of file analysis is that the quality of recording and fileorganisation can be commented upon and feedback can be provided on this to agencies.

A total of sixteenGIRFEC files and seventeenchild protection files were analysed using the pro-formas provided in Appendix A.

Questionnaires

Questionnaires may be qualitative and quantitative in nature or a mixture of both. In this research a simple questionnaire was constructed. The aim of the questionnaire was to ascertain the commitment made by each agency to the GIRFEC process, the tasks undertaken and the number of hours committed by professionals pre, during and post the Group meeting. In addition respondents were asked to comment on the processes which existed for the discussion of vulnerable children prior to the GIRFEC process being established. They were asked to comment on agency contributions, the strengths of the group and areas for future development. The Group were also asked to comment on how the GIRFEC process impacted on the outcomes for children.

Questionnaires were received from educational psychology, solicitor (chair), education (clerical, head teacher, guidance), early years (clerical, principal officer, nursery worker), social work (chairand admin), police (manager, admin), MAPPA/Housing (MAPPA co-ordinator, admin, locality housing mangers, health (admin, PHN, CP Advisor). The questionnaire used is provided in Appendix B and a discussion of findings informed the cost benefit analysis in Chapter2 (2.4).

Cost benefit analysis of the GIRFEC process

In undertaking the cost benefit analysis consideration was given to the

- hourly commitments of the professionals and admin staff involved in the weekly meeting process
- hidden costs such as premises for the weekly meeting
- the additional time of agency workers tasked with undertaking key tasks (eg. locality housing managers, head teachers/guidance teachers etc).
- minute taker tasks

Chapter 1

Analysis of child Protection Activity

2008-2010

1. Brief Statistical Overview

In January 2009 EACPC held a statistical seminar to take a closer look at child protection activity in East Ayrshire. At that time East Ayrshire was experiencing higher than average (in comparison with comparator authorities and national averages)[2] child protection activity. In this section a brief overview of child protection activity and trends will be presented.

Table 1 Child Protection Referral Rates 2004 - 2010

Year	Total No Referrals	%age Increase/ fall	Comment
2004/05	119	+51%	A 51% rise is referrals were noted from 2003 and this was significantly higher than the Scottish figure of + 4%
2005/06	229	+92.4%	An increase of 92.4% was noted from 2004 and a rise of 190% noted since 2003. The Scottish figures were +4.1% and +9.2% respectively with E Ayrshire referral rates higher than comparator authorities and the Scottish figure
2006/07	285	+24.5%	Continues to be a steady increase of 24.5%
2007/08	299	+4.9%	Comparator authorities showed an increase of 12.8% while the Scotland figure showed an increase of 13.6% - E Ayrshire was showing a small increase in referrals.
2008/09	189	-36.7%	Significant fall in the number of referrals during 08/09
2009/10	191	+1.0%	This reflects a 36% decrease over the three year period (07-10). There was a significant rise in referrals which was consistent with the national trend

Referral rates

EACPC management information recorded a year on year rise in child protection referral rates from 79 (2003/04) to 263 (2007/08) thereafter falling to 189 (2008/09) and 191 (2009/10). In 2008 referrals had risen by 62% and statistical analysis also reflected the impact of the GIRFEC Group Meeting which commenced in June 2008 when it was noted that 11 referrals were originated through this group[3]. In 2008 child protection activity within East Ayrshire was quite different from comparator authorities and national figures. At that time East Ayrshire had the fifth highest child protection rate in Scotland.

From 2008 onwards there appeared to be a reduction in child protection referrals (36%) and this has been attributed to referrals being more robustly assessed and staff dealing more appropriately with referrals which were better informed and proportionate in response. The multi agency child protection training programme rolled out across the locality may have assisted agencies in having greater clarity with regard to their own roles and responsibilities and increased worker confidence in assessing and distinguishing between a child in need and a child protection concern. The national trend over the three year period (2008-10) has shown a continued rise in referral rates with a 6% rise in 2009/10.[4]

Child Protection Orders

[2] North Lanarkshire, Clackmannanshire, Falkirk, North Ayrshire, West Lothian
[3] EACPC Three year statistical analysis (Sept 2010)
[4] Scottish Government (2010) Children's Social Work statistics 2009/10

It is of note that during the two year period 2007-09 the number of CPO's granted in Scotland increased by 31% as did the East Ayrshire figure by 45% from 20 to 29[5]. However, during the period 2008-10 the number of CPO's granted in East Ayrshire went down by 75% to 7 in contrast to the Scottish total which remained fairly constant with a decrease of less than 1%. This is a significant decrease and this may be due, in part, to a change in decision making processes with senior managers taking responsibility for CPO decision making. It is important to note that the figures are small and any small change in practice activity may impact significantly with regard to local statistics. This will be explored further in the next Section.

Case conference activity and registration

In 2008 East Ayrshire had the highest number of child protection referrals resulting in case conference in comparison to comparator authorities (7.5:1000 compared to 4.0:1000 in North Ayrshire) and higher than the national rate of 4.7:1000). Over the last three years there has been a reduction in referrals with a corresponding reduction in the number of case conferences. However, during this period thepercentage of referrals proceeding to case conference has remained fairly consistent (2007/08 = 54%, 2008/09 = 52%, 2009/10 = 56%) which is slightly higher than the national figure (2009/10 = 34%)[6]

The 2009 seminar noted that there had been an 822% rise in registrations since 1998. At that time, the child protection registration rate of 3.8/1,000 was the highest recorded in 10 years and was significantly higher than the national average of 2.7/1,000 and higher than all comparator authorities.

Child protection registrations significantly rose in 2008, however, fell in 2009 and 2010 and this is consistent with comparator authorities and national figures (2% fall in 2010)

Table 2 No of children on the child protection register as at 31 March with the rate per1,000 child population (0-15)[7]

Year	2006	2007	2008	2009	2010
No of register	44	45	83	75	42
Rate per 1,000 child population	2.0	2.0	3.8	3.5	2.0
National rate per 1,000 child population	2.5	2.8	2.7	2.9	2.8

Category of abuse

Over the three year period there has been some variance in the categories of registration, however, ***neglect*** continues to be dominant, and this was noted to be linked to parental addiction and accounted for around 53% of registrations in 2008 and 41% in 2010 (the national figure for 2010 was 44%). In East Ayrshire this is the main category used for children living in households with a parent with an alcohol or substance misuse issue.

[5] Report to EACPC September 2010
[6] Refer to 3
[7] Refer to 3

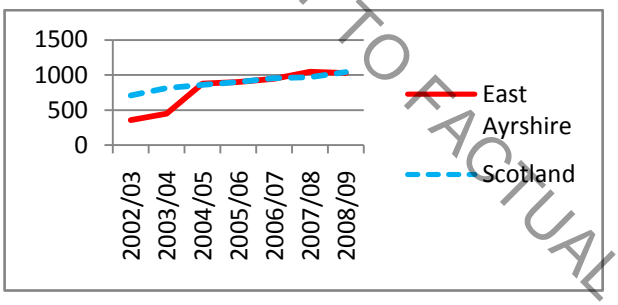
Physical Injury was the identified risk in around one third of cases and this is slightly higherthan the national figure sitting at 19%.

Sexual abuse registrations have shown a small rise over the three year period from 8% in 2007 to 12% in 2010 and this is slightly higher than the national figure of 8%. However, the figures for sexual abuse are small and it is therefore difficult to comment on this slight rise. Nationally sexually abuse registrations have fallen as neglect has become the dominant category.

Emotional abuse fell from 25% in 2008 to 19% in 2010 and this is inconsistent with the national figure which has shown a percentage rise to 29%. The national rise in emotional abuse has been linked to domestic abuse and the long term emotional and physical impact for a child living in a household where there is continual violence.

Domestic abuse[8] referrals have consistently risen (rate per 100,000 population) from 357 (2002) to to 1,025 (2009).

Domestic Abuse Referrals 2003 - 2009 **(per 1,000 of population)**



	2002/03	2003 04	2004/05	2005/06	2006 /07	2007/08	2008/09
East Ayrshire	357	447	878	900	946	1045	1025
Scotland	710	815	859	899	954	965	1039

Potential reasons for the rise in child protection activity

In exploring what the rise could be attributed to an internal audit of child protection cases conferences (April 2007 - March 2008) indicated that between 65-75% were convened as a direct result of neglect due to parental substance misuse. In 2008 it was noted that over 50% of children on the child protection register were registered under the category of physical neglect.[9]

It was also noted that the implementation in 2007/08 of the High Risk Pregnancy Protocol had resulted in an increase in the number of pre-birth assessments being undertaken and subsequent pre-birth case conferences being convened. Management information reports also suggested that there had been an increase in child protection awareness from multi agency staff and members of the public.

Initial Response Teams became operational in 2008 and robust processes were put in place to screen and carry out initial assessments. Improved assessment processes may have resulted in children's needs being properly identified and appropriate interventions agreed resulting in less children requiring child protection intervention as their needs had been more robustly assessed and care plans better reflective of the level of need. During the three year period there was a 33% drop in the number of referrals leading to case conference and this was attributed to more robust assessment processes. At the same time the GIRFEC Group Meeting was established in June 2008. All domestic abuse referrals were reviewed through the Group process with the potential for

[8] East Ayrshire by Numbers 2010
[9] EACPC Annual Report 2007/08

children's needs to be identified earlier, appropriate interventions agreed, the Lead Professional identified and a network of support put in place to support the child.

2 Presentation of Findings

2.1 Child Protection FileAudit

A sample of 17 child protection files were audited for the purposes of reviewing child protection decision making within East Ayrshire. Each file has been written up in some detail and EACPC may wish to consider moving the file detail to an appendix if the report were to become a public document. However, the information gathered from file reading has been helpful in understanding child protection practice in more detail and the researchers wished to include it as an integral part of the report for CPC members.

The Sample

Seventeen files were reviewed using an audit proforma as discussed in the Methodology section.

The age of children ranged from 2 months to 14 years with 64% of the children being 5 years or under.

0-2 yrs = 5 children	3-5 yrs = 6 children
6-10 yrs = 3 children	11-16 yrs = 3 children

Referral Information & Risk Factors - On reviewing the files it was evident that all cases identified a number of issues of concern and in all cases there was more than one indicator of risk. Domestic abuse was a dominant feature and was found in 9 of the files read. Sexual abuse was identified in 5 cases (29%) which is of note as overall sexual abuse referrals nationally have fallen and the number of sexual abuse referrals in East Ayrshire remains low. While neglect is the dominant child protection registration category in East Ayrshire and nationally, it was identified as a concern in 8 cases, however, if you consider the wider parenting capacity issues the number of neglect/parenting concerns were present in 11 files accounting for 64% of the sample. Parental mental health concerns were noted in 3 cases and parental substance misuse was noted in 8 cases (47%). Six cases related to pre-birth risk assessment.In 8 cases (47%) there were concerns relating to physical injury of the child and in 1 case emotional abuse. In three cases families were difficult to engage and impacted on the workers ability to manage the child's plan.

In a number of cases there were a several risk factors of concern such as -

Child A	Pre birth assessment with a history of parental addiction and domestic abuse
Child B	Domestic abuse, neglect, physical injury, parental mental health, parenting
Child F	Pre-birth assessment with a history of parental addiction and parenting
Child O	Domestic abuse, sexual abuse, neglect, parental mental health

Child Q Pre-birth assessment with a history of physical injury, parental addiction, domestic abuse

Child A (2 mths) Pre-Birth Risk Assessment

This Referral was made due to the mothers history of addiction. Pre birth assessmentwas undertaken and the child was allowed to go home at birth prior to any child protection meeting taking place. Workers concerns related to domestic abuse which proved difficult to substantiate. A child protection case discussion was held after the child returned home when no child protection concerns wereidentified. It was agreed that the worker would provide practical support and assistance and no further child protection activity took place.

This case exemplified early intervention triggered by the mother's ex foster carer concerns, which prevented the need for more intensive intervention under child protection. There was evidence of good multi agency communication.

Child B (12 yrs) Maternal Addiction / Lack of Parental Care

There were a number of concerns in this case resulting fromseveral domestic abuse, incidents including the mother biting her partner's nose(it is not clear from the file what action was taken with regard to this incident). Social work rang the school following one of the domestic violence incidents in June 2007 as part of an investigation, to find that the Deputy Head teacher thought the call was in respect of physical neglect of the child. Two weeks previously, the child had reported to the class teacher that his father left him alone in the house and he was scared. The Deputy Head teacher stated that she did not know who to feed this back to as the Head Teacher was on sick leave.

In December 2007 the grandmother began to care for the child as the mother was suicidal. The school reported that the child had not slept the previous night as he was afraid of the dark. Concern was expressed that he got himself ready for school in the morning. The child also reported that his mother had been banging her head off the wall. There is reference in the file to the child being resilient and the mother intelligent. The child is given advice with regard to young carers and the head teacher offers support with breakfast and after school care.

At this point it appears that this case was allowed to drift. In February 2008 the school notice that the child is more distraught but also note the mother had (unusually) picked him up from the school disco. The mother agreed to Family Group Conferencing. These events were viewed as positive signs. Staff appeared to be overoptimistic about small changes in behaviour, mirroring Brandon et al's (2008)[10] findings in respect of Serious Case Reviews in England.

The grandmother repeatedly expressed concerns with regard to the mother's parenting, however, the case is reported as closed in August 2007. In the same month a neighbour rings to say the mother is dealing drugs. The school are contacted and no concerns reported. There is then a referral from a parent to the school in September 2009 to state that the child had a bloody nose and reported that his mother had hit him by accident when she had intended to hit the wall. The Social Work Department still had the case open as it had been intended to make a final visit before the case was closed. The mother is not visited until 6.10.09. The case notes report that the mother is

[10] Brandon M, Belderson P, Warren C, Howe D, Gardner R, Dodsworth J and Black J (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? A Biennial analysis of Serious Case Reviews 2003-5. DCSF Norwich, University of East Anglia.

remorseful. No child protection procedures were undertaken. The case is allocated to a support worker to look at issues of the child/ parent relationship but is closed 25.10.09. In May 2010 the school report that the child's behaviour is deteriorating and a further assessment is made. The child moves to reside with his grandmother and eventually resides with his father. A child's plan is only put in place at this point. Before this there was ad hoc use of the extended family and there is no sense of risk assessment or a tight plan care plan in place. The major emphasis appears to be on the mother's needs and not the safety or well being of the child.

This case raised issues of Educational staff's awareness of their duty to report concerns. There appears to have been an over optimistic view of slight changes in the mother's behaviour and lack of co-ordinated risk assessment and planning in respect of the child.

Child C (14 yrs) Outwith Parental Control / Parenting

The initial referral was from the mother with regard to the child being out of her control. Case notes state the child was staying with a friend or an aunt. The child reported bullying. On 7.9.10 the child arrived at school dishevelled, stating that her mother had hit her. No injuries were reported. A JIT interview was held when the child sayed little about the alleged assault. The mother stated that she could not cope with the child, and he goes to stay with the maternal grandmother. There was a delay in going to Child Protection Case Conference- this is not held until 1.12.10. There is reference in the file to a child protection casediscussion, however, there were no minutes to provide additional detail and outcome. An integrated assessment was undertaken prior to case conference and a plan was put in place that the child returned home on a gradual basis with continued contact with the grandmother and father. The mother was not able to care for the child and he eventually went to live with the grandmother on a permanent basis.

There is evidence of good multi agency working between social work, education and CAMHS. However, it is not clear why there was a delay in convening the case conference.

Child D (3 months) Neglect / Pre-birth Assessment

There was ongoing concern with regard to the mother's care of the children. The mother did not engage with agencies. There were two child protection investigations and in 2007 the GPadvised that the aunt reported that the child was alleging sexual abuse by a partner of the mother. A child protection interview was undertaken when the child stated that the mother's partner had hit her but no disclosure of sexual abuse was made. There is then a second allegation of sexual abuse which is investigated and again no further action taken.

The child and her siblings names were placed on the Child Protection register in July 2007 and removed in February 2008 as intensive support packages had been put in place and risk had reduced. In July 2010 following pre-birth assessment the children's names were placed on the child protection register once again as being at risk of neglect. The child's sibling had a bruise to the eye and social work had significant concerns. The initial case conference recommended a CPO be taken but this decision was not upheld by the social work manager. The children were deregistered in November 2010. The reason to de-register at this early stage in light of longstanding concerns with regard to the mother's lack of supervision, alcohol and addiction issues, partner's behaviour and parental neglect, was not clear. There was concern that the partner was not engaging in any meaningful way with regard to concerns relating to his sexual behaviour and there did not appear to be evidence that the mother could protect the children from her partner. However, this is balanced by a significant improvement in the physical care of the children.

The children remain on supervision. The file was well laid out and entries are countersigned by the manager. Not all core group plans were dated and it was difficult to follow the child's plan and progress.

Child E (8 yrs) Neglect / Physical Injury (cigarette burn)

There was a history of domestic abuse. In September 2009 there was an anonymous referral regarding child care concerns suggesting that the mother was allowing the house to be used by young men and was leaving the child unattended. In March 2010 the school note five burn marks on the child's arms. The child states these were made by two men. A JIT interview takes place. The child is seen to be neglected (dirty clothing, head lice, no socks and soles of shoes hanging off). It is of concern that this level of neglect was not picked up by the school at an earlier stage.

The child and mother went to stay with the grandmother for one week. A Child Protection Case Conference is not held until May 2010 when the child is placed on the register. At a core group on 25 or 26of May it is decided that the child should go to stay with the maternal grandparents.

An Integrated Assessment was undertaken and there was evidence, post case conference of significant work being undertaken with the mother. The child was seen regularly and the care plan was regularly updated by the core group. The file includes all relevant documentation.

Child F (Baby) Parental Addiction / Pre-birth

The mother had a history of drugs misuse, and the older children in the family previouslyhad been accommodated in 2002. The children were cared for by their parents during 2005-6. Following parental separation and the mother's inability to cope, both children went to live with the father from 2007. The father's new partner was charged with supplying Valium and received a custodial sentence. After her release from prison the behaviour of the child's sibling deteriorates and she is accommodated in June 2009. The older sibling is more settled andher supervision order is terminated in January 2010.

The case was allocated for a pre-birth assessment in August 2009 and the newly born child's name was placed on the child protection register in September 2009. There were weekly visits to the family and both parents were amenable to support resulting in the child's name beingremoved from the register. A second child was born in July 2010. A full assessment was undertaken and the child was assessed not to be at risk of significant harm. While the family initially appeared to be stable, concerns were expressed during 2010 and social work continued to support and monitor.

This is a case of chronic parental drugs misuse. There is evidence of good assessment of risk by the worker and the needs of the child are at the centre of the intervention.

Child G (13 yrs) Physical Injury

Chronic case ofhistorical domestic violence. The father has continually misused alcohol and refused to accept responsibility for his actions. The mother was very dependant on the father. The children were placed on supervision in 2001 and the case closed in 2002. Concerns were expressed by medical staff when the mother and child appeared at A&E with the child having a fracture to the arm. While it was felt that the explanation of injury was consistent, there were concerns that the mother had scratches to her face. There was a visit by a social worker but the family were hostile and no further action was taken. The GP reported no concerns with regard to the children. There are subsequent reports of domestic abuse and in December 2007 the child's name is placed on the child

protection register as at risk of physical abuse. As a result of positive engagement the children were deregistered but remained on supervision.

In 2008 following a change in social worker the family indicated they felt less supported by social work, although supported by the support worker. During 2009 the children were supported in school and had individual sessions with the social worker, however, a further incident of domestic abuse in July resulted in a children's panel in October. It is not clear why there is a delay. There were four referrals to GIRFEC in 2009, but the outcome of the GIRFEC meeting was not comprehensive and the role of GIRFEC in reviewing the family was not clear. An IAF is completed in June 2010, along with a matrix and chronology. While there was evidence of good multi agency working there was no analysis of parenting capacity and the ability of the parents to change. In June 2010 an exclusion order was granted to stop the father living in the home, and in July, the child's name is placed on the child protection register as at risk of emotional abuse after the mother stated she was unable to cope.

The key issue is this case was the continued level of risk. The child had the support of a young carers club and case notes stated that she was resilient. However, while support packages were in place, for example to get the children to school, the difficulties in this family were very entrenched and the long term impact of the addiction and domestic abuse on the children is of serious concern. There would appear to have been the potential for comprehensive assessment following the presentation of the child and mother at A&E. While the impact of the referral to the GIRFEC group is not clear, there is evidence in this case that earlier, more comprehensive risk assessment should have taken place due to the longstanding parental history.

Child H (4 yrs) Parental Addiction / Child's Behaviour

The parents hadlongstanding contact with Turning Point who referred the parents to social work in September 2009 due to concerns about the child's behaviour and the parents' ability to cope. The father had a very severe substance misuse problem. The parents were difficult to engage. The nursery expressed concerns about the deterioration in the child's behaviour and the police made two referrals in respect of the condition of the house and the mother being found slumped in a supermarket. While there was evidence of interagency working, the response to a referral from the nursery about the child not being seen foreight days was concerning. When the support worker and the social worker attempted a home visit on 25.11.09, they found the door to be locked and the mother and child inside the flat. The mother gave the explanation that the father had locked the door from the outside and she could not call him as the child had thrown the phone down the toilet. The workers returned later that day when they gained access to the flat and asked the mother to keep in contact with the health visitor, although the parents said they did not like the health visitor's manner. The response by social work to the locked door was very low key.

A recommendation was made of no further action. A standby referral was then received on 29.2.10 which suggested that the child may be at risk and the grandmother is asked to support. The situation settlesand the mother goes to stay with the grandmother. The mother's cooperation with services remained a concern as she indicatedthat she may move to Doncaster. A children's hearing was also concerned that she may disappear and a warrant was issued with the child to reside with the grandmother.

Anissue in this case is the transient nature of the mother's life style and the fatherslongstanding, severe history of drugs misuse which made it difficult for agencies to assess, support and monitor effectively.The file contains useful summaries and supervision notes. However, it is not clear how much individual work was done with the child. A CAMHS referral did not proceed and the majority of effort appears to be around meeting the mother's needs.

Child I (3 yrs) Neglect / Domestic Abuse

There was a history of domestic abuse. The father had been convicted and as part of his bail conditions was not allowed access to the family. In September 2008 the child was born and a multi agency meeting was called. Therewere GIRFEC referrals in 2009 in respect of the health visitor not being able to gain access to the house ,the mother leaving the child on a counter during a prison visit and the mother struggling to care for her grandmother with whom she lived in poor housing circumstances. Health were identified as the lead agency at each GIRFEC meeting.

In October 2009 it is decided that there is no role for social work but in November following a housing referral social work are involved and put a support package in place. In March 2010 the crisis team was involved as the mother was presenting as suicidal. She was living with her grandmother who also has a lodger who social work were concerned about. There was a multi agency meeting 13.5.10 as the child was dirty in nursery. An anonymous referral was received which suggested the child was neglected. A home visit revealed the childand siblings was left with the grandmother who was bedridden and the children hadbeen eating dog food. The children are placed with the maternal grandmother. The need for a comprehensive assessment is acknowledged to assess risk and an IAF was completed. The children were then placed with respite carers. A multi agency meeting was called in July and a CP1 was completed in respect of neglect. There was an initial case conference in October 2010. It is not clear why there was a delay in convening the conference. Sexualised behaviour of the child is noted in the file but it is not clear what action was taken in respect of this.

From reading the file, it is unclear what level of risk assessment and risk management was undertaken in this case. There are significant neglect issues which were identified within the file, however, it is not clear from reading the file how decisions were made with regard to the level of risk.

Child J (2 yrs) Physical Injury (Historical)

There is a complex history to this case. In September 1992 the child's sibling was taken to hospital as a result of the father "yanking a coat off him". The mother reported domestic abuse. In 1993 the child's sibling was accommodated and the father was imprisoned as a consequence of this incident. The father minimised the injury and his responsibility. The second sibling was born while the father was in prison. The mother cannot cope and the children are freed for adoption.

The father meets his second wife in 1994 and sexually assaults her and was charged by the police. The couple's first child is born in 1999. The pregnancy was concealed and the couple report it was their first baby and the child is accommodated at birth.

In 2009 the social work department met with the mother again as she was pregnant. The couple agree to a Section 25 at birth and the child is accommodatedin April. In July the couple revoke their agreement for their child to be voluntarily accommodated and a CPO was taken. A risk assessment was undertaken and the concerns were clearly noted in the IAF. The IAF is very comprehensive and outlines concerns with regard to the father. The couple have sporadic contact with their child, but once they were aware that the child was not returning home they were less engaged. There was evidence of senior management meeting with the couple to explain permanency plans in April 2010 and since that time the couple have not attended any LAAC reviews. The E Form was comprehensive with evidence of thorough information gathering and contained a list of actions to be taken to gather additionalmissing information. It makes reference to inquiry reports linking these findings to the case and potential impact on the child.

This was a well organised file with evidence of senior management decision making and the case was progressing well in terms of the time scales for permanency. Social work were progressing the child's plan even although it was known that the parents would be appealing this decision

Child K (4 yrs) Sexual Abuse

A post natal risk assessment was carried out in June 2006. The mother's brother had committed sexual offences against young people when in a children's home. The C&F manager initially responded by suggesting a risk assessment was needed on the mother's brother and a separate pre-birth assessment needed to assess if the mother understood and was able to protect her child. The Criminal Justice manager, indicated that there was "more than enough information" on this man and that the Children and Family team should convene a meeting in respect ofthe child.

The mother had been subject of an SBR when she was 10yrs old in respect of alack of parental care which raised concerns about the mother leaving her child in the care of the maternal parents. The father and the mother's brother continued to have contact staying in each other's home when the child was not there. The maternal grandparents stated that they thought the brother could have contact if they were present. On 17.1.07 the child was registered under the category of sexual abuse. In April 2007 professionals indicated that the parents demonstrateda high level of compliance and the recommendation was that the child's name be removed from the child protection register. This did not appear to have happened, as the file indicated that at review case conference was held in July 2007. At the conference the chair expressed disappointment that no representative from the FPU was present to provide information regarding the brother's contact with the child.At a further review conference there was conflicting evidence presented with regard to the brother's contact with the child, however, a decision was made to deregister. The case was closed in November 2007.

In March 2009 a duty referral was received as the police were concerned that a full risk assessment should be undertaken as the mother was pregnant once again. The child had told a family worker that his arm was sore as his father had hit him. In April 2009 the child attended A&E with a broken wrist. A case discussion was recommended but there was no detail of this in the file. In November 2009 the grandmother told the health visitor that the child had alleged that the child's father had sexually abused her. A child protection alert was made and a JIT interview arranged. There was a child protection planning meeting and tripartite discussion which decided that the child was not to be removed from the grandmother's care.

In January 2010 the child stated that the father was in the house and in February both children were place on the child protection register. MAPPA provided information that the father and brother were in regular contact. The children remained with the grandparents. The child stated that he had been abused by his father in September 2010. An investigation was conducted but there was a lack of evidence. A psychological assessment concluded that there was a clear suggestion that the child had been abused but it was not known by whom. The ability of the mother to protect her child appeared to have been over estimated. The mother's poor mental health was not taken into account at an early stage. The file indicates that the mother subsequently stated that she had been sexually abused as a child but there were no further details as to whether or how this had been followed up.

The file lacked evidence of comprehensive risk assessment in relation to the uncle's sexual offending and how this risk was to be managed. While assessment was undertaken with mother around her ability to protect, there was evidence that she would potentially not be a protective factor for the child. The child's allegations of sexual abuse relating to her father were investigated quickly and the child protected.

Child L (5 yrs) Sexual Abuse

The child told her mother that her grandfather had sexually abused her and this was referred by the health visitor on 9.7.10. A case discussion took place on 12.7.10, and a JIT was arranged when the child stated that her grandfather rubbed her bottom on top of her clothes when he picked her up. On 17.8.10 the grandfather was interviewed when he denied the allegations. The police advised that they could take no further action at that time with the result that workers were left having to manage a complex situation. However, the mother and father fully believed their daughter, and indicated that the child had complained of a sore bottom and vaginal bleeding on at least threeoccasions. They stated they would have no contact with the grandfather. A full investigation took place and CP1 and IAF completed when no issues with regard to the parents' ability to protect were identified.

There were no briefing and debriefing notes of the JIT in the file. However, the CP1 was comprehensive with vulnerability matrix and child's plan. From the file it was identified that the father's sister used the grandparents are carers for her young child. The outcome of this discussion between social work and sister was not clear. The child was protected by her parents.

Child M (8 yrs) Sexual Abuse

This referral came from police on 24.5.10 who had been involved in an incident involving another couple. The young person, the child's older brother, was charged with indecency with another adult male,and was released to his parents' address. A home visit was made the next week to discuss the situation. The child was interviewed seven days later when he stated he felt safe. A CP1 was completed and discussed with the family on 24.8.10. The IAF contained a completed vulnerability matrix. The CP1 and IAF evidenced detailed discussions with the family and the social worker wassatisfied that safety measures were in place, with all the family being aware of the risks and involved in protecting the child. The file would suggest an open and frank discussion with regard to risk with all family members had taken place.

It was unclear from the file what level of interface had taken place between criminal justice services and children & families and how the family would be supported and the situation monitored in the future.

Child N (1 yrs) Pre-Birth Assessment / Parental Substance Misuse

A pre birth assessment took place in March 2009 as the mother was a pregnant drug user. The HPU contacted social work to say the mother's partner was a registered sex offender. The assessment concluded that a child protection case conference should take place. The mother signed paperwork to say she would work voluntarily with social work. The child was accommodated from hospital on 3.11.09. A SBR was completed and a permanency planning meeting was held on 23.2.10 which agreed that rehabilitation was not an option and adoption proceedings should commence. There was poor engagement by the mother and a LAAC review decided to reduce contact.

The timescale for these decisions showed a clear and focussed child's plan ensuring that the there was no drift in permanency planning.

Child O (6 yrs) Pre-Birth Assessment / Neglect

The child had been known to the department when the health visitor and the nursery expressed concerns with regard to the mother's neglectful parenting. There was also concern that the child's grandmother had a relationship with a Schedule 1 offender. The mother had mental health issues and difficulties with debts and housing. The mother had been accommodated as a child and her name placed on the child protection register when she was 13yrswhen concerns were identified about her use of drugs and alcohol. There had been a history of social work and housing support. The child's sibling was born in 2006 and the health visitor and nursery raised concerns about the mother's care of the child.

A Child Protection Case Discussion took place on 17.2.07 when it was acknowledged that the mother had made significant improvement but there was concern about her ability to sustain this. There was only one case note in the file from March 2008 relating to the child which stated that the mother had slapped her. There was no note of what happened to this referral.

The mother met her new partner in 2008 and became pregnant. A pre-birth assessment was carried out 20.5.09 as there were concerns regarding the mother's mental health as she had tried to commit suicide after the birth of her first child. The baby was born 15.7. 09 and a post birth discussion agreed that social work support should continue. On 20.1.10 the family called to say that the mother's partner had sexually assaulted her and broken her arm. There was a GIRFEC screening meeting on 15.2.10 and a crisis discussion with a range of agencies on 16.3.10. Following a domestic incident the couple were both remanded in custody overnight on 17.3.10.

The mother's mental health deteriorated and she was admitted to hospital with a diagnosis of borderline personality disorder. At a child protection case conference 23.4.10 concerns were expressed about parental addiction and domestic abuse. The mother did not feel able to care for the children and had placed one child with an uncle and the youngest with her father. The child was registered under the category of physical injury to allow a full assessment and potential rehabilitation plan to be considered. Following registration there was significant weekly contact, core groups and multi agency communication. The children were noted as attending the core group and case notes were signed by the team manager on a regular basis. It was not clear from the file when the children were returned home, however, there was evidence in the file that by May/June the mother was caring for the children with the support of the uncle but it is not clear how this decision was reached

ChildP (4 yrs) Neglect / Physical Abuse

There was a long history of social work involvement from 2002 with this family due to parental alcohol misuse, domestic abuse, breach of the peace and evictions**.**The family were travellers.One report stated that on every occasion when workers visited they witnessed violent behaviour amongst the child and his siblings. In March 2005 there were a number of incidents when the child was left unattended. A child protection case conference decided not to register but to refer to a children's hearing. A further child protection alert was made in March 2006 when it was considered the children were not safe. The children had set fire to the house and were accommodated temporarily.The Reporter decided to take no formal action in relation to a number of referrals.

Achild protection case discussion recommended a child protection case conference should take place in July 2008. A number of concerns were raised with regard to the older child saying his mother hit him with a belt and another child saying he wanted to live with his grandmother as there were inappropriate horror films in the house., A comprehensive package of support had been put into place but the mother did not comply. The children were registered under the category of neglect and at a professionals meeting on17.7.08 no progress was reported and a children' hearing

was arranged for that afternoon.The core group on 28 July recorded that the home was chaotic. Social work had tried to engage with the boys but they were reluctant to become involved and wary of social work.

A review case conference in August 2008 emphasised the lack of cooperation. A supplementary report on 3.11.08 referred to full parenting capacity and risk assessment being completed at the beginning of September which concluded that the children experienced significant harm and could not be managed in the community . The core group on 15 September made the same recommendation. There were a number of comprehensive assessments of all children and a very detailed discussion of the children in a GIRFEC report (undated but clearly recent). The writer noted that no life story work had taken place with the boys and the parents had stopped contact in February 2009. Requests to care for the children by extended family members had been assessed but denied. The worker had argued that the children should beplaced together, but two brothers were placed in separate placements. An order to adopt was pursued, with the Adoption and Fostering panel taking place in October 2010.

This was clearly a very challenging case for workers trying to engage with parents who were evasive and non-engaging.

ChildQ (3 yrs) Parental Substance Misuse / Physical Injury / Domestic Abuse

A pre birth assessment in July 2009 concluded that the child should be monitored by health and addiction workers. This followed a referral from themidwife, however there was no information in the file as to why the referral was made with only core details on the first page being completed. There was a domestic abuse incident in 2009 when the mother denied calling the police. The case was closed in March 2010 with no concerns noted.

The paternal grandmother called to request support in July 2010. The health visitor recommended a pre-birth assessment, which did not take place until September 2010. A further domestic abuse incident was recorded when the mother called the police and the child was heard to be crying in the background. When the police arrived the mother refused to make a complaint. The case was discussed at GIRFEC on 30 September 2009 and a CP1 completed on 4.1010. The mother's mother died 14.10.10 and social work offered support. At a child protection case discussion on 25.10.10 it was decided not the proceed to case conference but to continue to support with home support. Following a further incident of domestic violence in the homewhen the children were noted to be distressed, it was agreed to proceed to case conference.

The pre- birth assessment of 1.12.10 identified concerns and parental strengths. At audit this was a case where there was ongoing activity, however, as the file had been pulled for audit the up to date circumstances were not available

General Comment

Timescales between concern being expressed and completion of CP Investigation - In a small number of cases there was quite a long time delay from concerns being identified to the completion of the CP1. There also were delays in case conferences taking place.

IAF - In all files IAF's were evident and contributed to by partner agencies. These were supported by a child's plan, although sometimes these were not dated and it was difficult to know the sequence of events.

Case Discussion v Case Conference -in a couple of cases there appeared to be some confusion as to whether a CP case discussion was taking place or a case conference. Reference was made to case discussion, however, it would appear that a conference had taken place and registration had been considered

Responding to child protection concerns -there was some evidence of delay while awaiting action from other agencies. For example in the case of Child B, there were concerns about the mother's ability to care for the child and from the point of concern to Family Group Conference five months elapsed during which time there were significant issues regarding the mother's mental health.

2.2 Managers Focus Groups

At the managers focus group the following agencies were represented -

- Police
- Health
- Social Work
- Reporter
- Education
- Early Years
- Independent Child Protection Chair

Agency representatives were asked to comment on the following -

Significant changes in referrals since GIRFEC

It was reported that mid 2007 felt like crisis time. There was a lot of activity in social work and health and vulnerable families were "floating around the system". Social Work reported that Children and Families teams were understaffed and there were workforce issues. The police also reported a change in approach to domestic abuse referrals by police and compared the numbers of domestic abuse referrals. This also affected staff sickness rates. It was considered that the blanket multi agency child protection training had increased awareness for a range of staff and this had also led to an initial increase in referrals. There was also a recognition that the implementation of the vulnerable pregnancy protocol had contributed to the rise in referrals.

Initial Response Team (IRT)

The Initial Response Team (IRT) had been established as part of an initial review of child protection activity. The review found that 150 referrals had been screened by workers but not completed. There were concerns that assessments were not being undertaken for a significant length of time.

Duty teams had not been able to deal with the volume of referrals. This was a source of frustration for referring agencies such as education. A duty review was undertaken which resulted in the establishment of the IRT. There was evidence that a more intense approach was required at the front line, and teams would be made up of experienced social workers and support staff. In addition social work vacancies were filled and staffing complements have been more consistent over the period of review.

Benefits of the Initial Response Team

Health -The health representative said that the previous situation had been unmanageable. Since the establishment of the IRT cases were allocated and as a result there were better outcomes for children

Social Work -The IRT process has meant that social work are efficient and productive in gathering information and understanding the child's need more fully. There is also the opportunity to examine cases early, meaning that cases did not always have to be allocated to a social worker and other agencies could be engaged in supporting the child and family. The establishment of the IRT's had impacted on worker caseloads in other areas of service. This was described as a "backlash" in that social workers were taken out of the casework teams resulting in workers in the long term teams having larger caseloads.

Other structural changes

Health -Health reported that there had been an examination of resources and health visitors had been deployed to areas of greatest need. Many staff had been sent on training and so the skills levels and competence was thought to have increased.

Education -There were no structural changes in Early Years at that point although there have been some subsequently. Parental substance misuse has increased the number of pre-birth assessments. There are five nursery or day care and family services. Two hundred and fifty children aged under 3 are attending on an assessment basis. Parent and child sessions also take place. There are also 10-25 registered child minders in areas where there are no family centres.

Reporter -The SCRA representative noted that there were huge issues with time intervals and delays in children coming to a hearing. The number of referrals have not been reduced, however , the introduction of verbal Initial Assessment reports now allow for a much quicker turnaround of cases and allows the reporter to screen and pursue those where there are concerns.

How are referrals made?

Single agency forms are used, for example, Standard Circular 57 in education. There was a view that more appropriate referrals were being made and single agency assessment was more informed and assisting in the improvement of the quality of information gathered.

What does early discussion mean in East Ayrshire?

The participants indicated that when it is required, all three agencies have a tripartite discussion to initially share and gather information. If there is a serious incident this is dealt with immediately through established child protection processes. The group suggested that this system has improved information sharing and helped to better inform child protection decision making.

The impact of the GIRFEC process

Initially it was felt that the GIRFEC process had "muddied the water" with regard to early discussion as social work referrals had been kept to the Thursday morning meeting for discussion and action. However this had now been remedied and social work referrals are managed outwith the GIRFEC process. It was considered that the GIRFEC meeting process hadimproved inter agency communication, as previously discussions had been felt to be a little ad hoc with regard to decision making. Although there isa high volume of referrals the quality and volume of information has improved. The process of allocation of a lead agency is completed at the Thursday morning meeting and all details of information shared is recorded in a formal minute which is circulated around agencies.

The Child Protection Process

A typical process would be that the team manager wouldrespond to the child protection referral. All systems would be checked and a child protection alert would be initiated. Early information gathering takes place through the tripartite process. An experienced worker in conjunction with their manager will make the decision as to whether there is a need to progress to formal child protection investigation. Previously all investigated referrals would have resulted in the completion of a CP1. It is the senior service manager who takes the decision about what goes to conference.

It was thought that overall the GIRFEC process had improved the quality of child protection information sharing, although this was variable. The process had also influenced the practice of getting back to the referrer and asking them to take responsibility for gathering and providing additional information. The system now allows for discussion as to which agency should be involved and this has resulted in agencies other than social work being the lead professional.

Overall it was thought that all agencies had a better understating of their role. However, concern was expressed that referrals from Education late afternoon on Fridays still took place. Education stated that some head of schools and nurseries were experienced in child protection and making referrals to social work. However, other schools head teachers had no experience and required support in this respect.

Medical examination of children

The group had mixed responses to the issue of who should undertake medical examinations of children. It was acknowledged that it was important to prevent the child undergoing numerous

medicals. There was a query as to whether GPs were always involved, with some group members stating that this should always be the case. The police indicated that at times they sought information from health but also used a medical officer, explaining that for forensic purposes a police surgeon is needed.

Attendance at Child Protection Case Conferences (CPCC's)

The majority of agencies attend initial CPCCs.There was a discussion about the attendance of police at review CPCC's with some members of the group stating that it was important that police contributed to the ongoing plan. School nurses were now attending more. It was considered that Criminal Justice workers were not consistent in attending CPCC's and core groups in particular. In the past there had been issues with the attendance of addiction workers, in part due to staffing, but this had improved. The attendance of GPs was poor.

Reasons for de-registration

Some children were deregistered due to being accommodated and others as professionals were more confident that families were receiving services and risk was reduced. A deregistration plan is agreed at the review case conference and the plan is taken seriously by all agencies

Child Protection Orders

It was stated that in the past there had been no alternative but to accommodate children, given the previously discussed lack of resources in social work in particular. Cases were unable to be allocated resulting in cases reaching a crises point before services were being provided. This was noted by different inspection regimes. It was also stated that there had been a political shift by senior management who were more reluctant to take CPOs. Some concern was expressed about decision making within the CPCC when a decision could be made toapply for a CPO, however, this decision could be changed by the social work manager responsible for the case. Workers were then tasked with trying to continue to support the family when often professionals felt that all possibilities had been exhausted.

Joint Interviews

Some concern was expressed that the quality of JIT training had decreased alongside the number of days of training which had been reduced from 5 to 2. Another concern raised was that staff undertook the training but then were not required to use it for long periods of time. The police stated that attempts were made for trained officers to undertake a JII as quickly as possible after completing their training. It was noted that 50% of local police staff were not trained although trained JII CID officers could be called to undertake a JII.

The group indicated that briefings always took place although it was felt that at times there was a lack of scrutiny by police and social work managers. An issue of the lack of briefing notes and the

quality of JIT interview recording had recently arisen in the High Court which had a significant impact on the proof hearing.

Pregnancy protocol impact

The introduction of the pregnancy protocol had made a major impact in respect of the early identification for early years and medical staff. Joint work between, social work, health, addiction services, mental health and learning disability services had increased. There remains an issue of pre-birth conferences not being undertaken at 30 weeks. Pre-birth assessments were not being undertaken on time. Full information such as parental learning disability was not always shared and included in the pre birth full assessment. While recently there had been an increase in late disclosure of pregnancies by mothers, some pregnancies had been known about earlier and not acted upon. Work needed to be done on streamlining the process with the midwife in their role as lead professional. The CPCC chair had recently been given the role of chairing allpre birth conferences and was looking to consider new practice models.

As there was no facility to register a child prospectively at the pre-birth conference, the group felt it was important that a post birth conference took place before the mother left hospital. However in many cases the paediatrician's view was that the mother had a right to leave without a meeting to fully assess the mother's needs and risks to the newborn child. (It is recognised that practices will change in light of the National Child Protection Guidance and the recommendation that children are registered pre-birth where there is identified future risk of harm).

Categories of abuse

Neglect and substance misuse are very complex areas to manage and domestic violence is a major issue. Emotional abuse registrations are rising, allied to domestic abuse. With regard to emotional abuse, the Reporter noted that social workers are much more articulate about the relationship between domestic abuse and child protection in hearings and at the court.

Addiction services

The Community Addiction Team is a multi agency team which is very under resourced but has experienced workers. There is concern with regard to the GP prescribing without informing other professionals. Health addiction staff are more aware of child protection issues but the group were concerned that addiction workers were not always aware of child protection. They do have guidance which says they should share information routinely but the group felt that there was further awareness raising necessary for this group of staff. The weakest link was considered to be the prescribing consultants who do not attend meetings. The group indicated that more addiction staff on the ground are needed as their work is crucial to identification of risk and need.

Integrated Assessment Framework

The use of the IAF is still at the initial stages. At the moment it is social work who are the lead professional. They gather information by emails or reports and input the information in to the electronic IAF. Share point exists but health cannot access the system. Health provide chronologies but social work still have to input this in the system. A concern is that a considerable amount of social work time is spent collating and editing and a focus on assessment of risk can be lost. Similar concerns have been raised with regard to the Common Assessment Framework in England[11]

2.3 Practitioners' Focus Group

The following agencies were represented at the focus group -

- Health
- Police
- Reporter
- Education

Significant changes in referrals since GIRFEC

Health -The health visitor service was, at the time of the focus group, in the process of review, so changes were anticipated. However, in the previous three years the service had been working to the same structures. The rise in public awareness was noted, with an example given of parents quoting to health visitors '*It's everyone's job to make sure I'm alright*'. The health representative had found the GIRFEC process useful in that there was now access to information, such as a parent with substance misuse, which may previously not been communicated. This was particularly useful as there had been changes to visiting criteria and health visitors do not have the continued contact with a range of children as they did in the previously.

Police- The police had experienced a rise in referrals. One reason for this was seen to be that uniformed officers were better educated, with minor referrals, like housebreaking, being followed up if housing conditions were seen to be poor. The police representative acknowledged the growing emphasis on child welfare rather than child protection and considered that the GIRFEC process could result in a considerable amount of work being done for minimum results. The representative was concerned that there was multiplication of work in GIRFEC, when children would go through the system on a number of occasions. The majority of referrals to GIRFEC are non offence referrals. Meanwhile child protection referrals to the police had increased by 40%. Most referrals to the GIRFEC meeting came from the police from domestic incidents or through the monitoring and supervision of sex offenders. The police also expressed concerns that the referral system was not consistent with some young people who abscond coming into the system while others were not referred.

Reporter -The Reporter noted an increased number of direct Circular 57 referrals from Education, with Depute Head Teachers and Head Teachers making referrals about observations of children.

10 Common Assessment Framework in England (2006) now the responsibility of Children's Workforce Development Council.

Education -Concerns were expressed that referrals were made to the GIRFEC meeting and were returned with the response 'Education to monitor'. The representative commented that education did monitor and this response was considered not to be helpful and workers were looking for more detailed feedback.

General -Child Protection training was seen to have had a significant impact on the number of referrals. There was a rolling programme of training with most agencies having training on a single agency basis. There were different tiers of training. The training raised awareness and encouraged staff to communicate. Inter agency training was noted but details were not given of this in the Group.

Concern was expressed that children could be referred on a number of occasions to the GIRFEC meeting, but the response from the meeting was often that the referring agency should monitor. The same child could then be referred again and the same response given. This was experienced as a lack of progress in the case by those workers.

Child Protection Process

Referrals- When asked about the circumstances of children/families who go to Child Protection Case Conference the general view was that the reasons had not changed, with assessment being on an individual basis. An observation was made that registration was often the only way to ensure intervention for a child.

Child Protection Referrals to the Reporter- Parental substance misuse was the main reason for referrals to the Reporter because of the impact on the child's environment, resulting in neglect. Very few referrals were made where the child was not known and where the issue had not already been picked up by agencies.Referrals from health came as a result of the pre and post birth Pregnancy Protocol. Many domestic incident referrals were related to texting. The reporter was unsure how decisionswere made with regard to whether a text message was abusive or not (for example was it at an individual officer's discretion?), as there were some low level inappropriate referrals received by the Reporter. The police representative indicated that criminal offences were referred to the Reporter and non criminal to GIRFEC. The reporter indicated that there was an increase in high risk referrals where children were involved in new technologies such as the internet (chat rooms) and this brings SCRA into contact with agencies from around the world.

Child Protection Case Conferences- All agencies indicated that they provided full information to CPCCs. Agencies indicated that they made all efforts to attend but if they could not attend they would provide a written report. The CPCCS were generally found to be useful and efficient, but it was noted that this could depend on the efficiency of the Chair.

JIT protocol -Police and Social Work brief and debrief prior to the Joint Interview. Two trained workers carry out the JIT. Police usually try to take the lead. The briefing and debriefing is usually done by a senior officer in the police or social work. This is now written and signed.

Core groups

Health **-**The health representative found that these are useful as they keep parents and all agencies focussed on the needs of the child. They give the opportunity to share information and allow parents to see that information is being shared. This representative expressed concern that addiction workers did not often attend core groups. The reporter questioned if the addiction worker gave this information to the social worker who would bring it to the meeting. The health representative considered that information was still not shared at times.

Integrated Assessment Framework

It was stated that the implementation of the I AF was in 'very early days'.

Reporter **-**The reporter noted that there was a lot of duplication of information on the IAF. The representative indicated that it was most important that the child's date of birth appeared on the front page of the IAF.

Education **-**It was acknowledged by the group that social work was usually the Lead Professional. The education representative indicated that on one occasion a request had been made for Education to be the Lead Professional, but that this had been refused. This representative also explained that as there were agreed timescales for the completion of the IAF this work was given priority by other agencies. Education input directly on to the share point but it was noted that this entry could not be secured, i.e. it could be changed by other parties. The representative was aware that a lot of information was duplicated and so, whilst aware of the timescale, often waited until other information had been submitted before submitting their own agencies information.

Health **-**Health do not have access to the share point so information is usually provided verbally to the lead professional. Health prepare a chronology from health files and physically take it to social work. Three days training is given on the IAF. However, more time should be given to the use of the tool.

Inter agency working

All agencies had found that inter professional working was generally very good. The importance of transparency of communication was stressed. Police indicated that relationships were fairly strong between agencies. Examples were given of staff being on first name terms and front line social workers ringing the police informally to run issues by them. However, the police representative also noted that some low key issues were referred to police and that this was not always appropriate. Education found that multi agency working was working very well on the ground, however, there were concerns with regard to the GIRFEC system

Emergency powers

Reporter **-**The multi agency focus of CPOs means that scrutiny has been given as to what represents an emergency referral. Surprise has been expressed about some previous CPOs that

have been granted. The Sheriff who sees the original application is not the same Sheriff as the one who granted the CPO. There was a sense that social workers and their managers were more comfortable in managing high risk cases without the need to invoke emergency measures. When emergency powers are taken it is important to retain as much stability in the child's life as possible. Often children have several addresses in four weeks. It is very concerning that a secure temporary placement can not be provided when a child's life is in turmoil.

Education -When emergency powers are taken and children are moving to a number of homes, it is important to keep the security of the school base. It is also important that the school has details of the child's carers and address**.**

Initial Response Team

Police -The police representative expressed an opinion that the IRT should not work on a rotational basis which meant that social worker who were on duty in the IRT for 2 weeks often also had their own case loads. There would appear to be some confusion around this issue as social work have indicated that workers are not rotational within the IRT.

Health -The health representative did not see any substantial changes as a result of the IRT. However, the availability of social workers had improved, as had the access to social work information.

Reporter -Reporters are now routinely able to ring social work directly without having to go through reception. Often a written report is not needed and a verbal report is recorded electronically. Quite often these referrals result in No Further Action. It is a local practice and facilitates decision making at a lower level in welfare cases. Social Work recognise that this process is in the child's best interests and a verbal report means that usually a written report is not required. This has improved both the service to children and resulted in faster decision making.

Pregnancy protocol

Reporter -The reporter had not seen the criteria but assumed it was in relation to domestic abuse and addiction issues, and suggested that the decision making framework helped make all decisions defensible.

Health -It is mostly midwives who are involved in the protocol, sometimes with addiction workers. The protocol has improved practice but sometimes conferences are called very late. They should be called at 30 weeks but some have taken place later for a number of reasons, which has an impact on the welfare of the mother and overall management of the case.

Predominant issues in East Ayrshire: collated responses from the group

- Poverty
- Drug and alcohol misuse
- Culture of alcohol after industrial collapse

- Domestic Abuse- child at risk of physical neglect unless a baby then emotional neglect
- Emotional abuse- often related to parental substance misuse
- Intergenerational abuse- often 3rd or 4th generation
- Issue of a rural community- transport, further education work, including lack of movement of families to live outwith East Ayrshire
- Preponderance of Registered Child Sex Offenders

3. Conclusion

This research was commissioned by EACPC following concerns that child protection activity was higher than average in comparison with national and comparator authorities. In Section 1, there is clear evidence that around 2007/08 East Ayrshire child protection figures were high, however, since that time there has been a gradual fall in both referral and registration rates and at the point of commencing the research they were in line with national and compactor authorities. This section pulls together the findings from the review of child protection management information, file audit and focus groups. There is evidence that over the three year period there have been significant changes in processes with the establishment of the IRTeam, an increase in social work personnel, a programme of multi agency child protection training, the introduction of the GIRFEC practice model, improved inter agency communication and more robust decision making processes. All of which have contributed to the reduction in referral rates, children's needs being identified earlier and a growing confidence across agencies in identifying children in need and those children at risk.

The following areas will be explored in further detail -

Interagency working

The file analysis and focus group findings provide good evidence that inter agency working has improved in the last three years. Child protection training both intra and inter agency has improved awareness and skills across agency workforces. The establishment of GIRFEC has impacted on information sharing in the child protection process. In particular, it has encouraged the early sharing of information and validated an approach in which social workers, as appropriate, refer back to the referring agency to request more information before proceeding to a full assessment. There is evidence from the files that there is significant communication between agencies at the stage of early intervention. The sharing of information between agencies is evident from case notes which report emails, telephone conversations and meetings. The establishment of the IRT has meant that there is more direct communication between operational staff on the ground. Focus group members report that since the IRT social work systems are more efficient in allowing the gathering information and assessing the child's needs. The quantity and quality of information sharing has improved. Tripartite discussions take place at an early stage in the assessment process and so decisions about risk can take place at an earlier stage, and serious cases can be dealt with immediately. However, it is evident from one case file and from discussion in the focus groups that some agency staff, in this case education, are not aware of their role with regard to child protection, and would require support in understanding that role and dealing with child protection issues. A perceived weakness in interagency communication is the lack of information from some prescribing consultants who do not attend meetings. An important issue in inter agency working is that as well as sharing information, information needs to be jointly interpreted and analysed by agencies as child

protection investigations do not involve the simple verifying of facts but in depth and ongoing analysis (Munro 2005)[12]

Thresholds

However, although information sharing is a positive feature of inter agency working in East Ayrshire, one issue which requires to be considered is that of thresholds with regard to intervention in chronic cases. Brandon et al (2008)[13] in their analysis of serious case reviews found that 83 % of families were already known to social services departments and the authors expressed concern about confusion about thresholds. Rose and Barnes (2008)[14] found that in long term cases, typically those of long term neglect, there was over optimism about outcomes, and minor improvements in the family circumstances were seen in an over positive light. There are examples in the case study analysis of children being supported in very difficult situations in the community by being offered a package of support from all agencies. In these cases children were not '*under the radar',* they were known to all agencies and agencies reported to each other on a regular basis. However, consideration has to be given as to when the provision of such intensive packages is masking very entrenched family situations which do not appear to have the potential to improve. There are examples of minor improvements in a family's situation being viewed over optimistically. In cases of substance misusing parents, or parents with mental health problems, there is evidence in some cases that the emphasis of support was on the needs of the parent and not the child. The use of extended family, in an *ad hoc* way is also a feature of some cases. While kinship care is an important resource, it requires to be used in a planned and supported way (Burgess et al 2010).[15]

There are two elements to the issue of thresholds. In the case files there is evidence of considerable delay in calling of Child Protection Case Conference, and from case notes it is not evident as to why this has occurred. There could have been legitimate reason for this delay but it is important that these reasons are formally recorded in the file. This would indicate that the delay is as a result of informed professional judgement rather than planning drift or organisational problems.

Risk assessment

The issue of thresholds is linked to that of risk assessment. In the case files there is very good evidence of comprehensive assessment being undertaken using the Integrated Assessment framework.The IAF is completed comprehensively and areas of risk and need identified in a number of cases. Children's plans were evident in several files. Participants in focus groups indicated that the roll out of the IAF was in its early stages. Evidence from files so far indicate that the completion

[12] Munro E (2005) What tools do we need to improve identification of child abuse. Child Abuse Review. 14 374-388.

[13] BrandonM, Belderson P, Warren C, Howe D, Gardner R, Dodsworth J and Black J. (2008) Analysing child deaths and serious injury through abuse and neglect: what can we learn? Biennial analysis of Serious Case Reviews 2003-5. DCSF Norwich, University of East Anglia

[14] Rose W and Barnes J (2008) Improving safeguarding Practice. Study of Serious Case Reviews 2001-3. DCSF Buckingham OUP

[15] Burgess C, Rossvoll F, Wallace B and Daniel B (2010) 'Its just like another home, just another family, so it's nae different'. Children's voices in kinship care: a research study about the experience of children in kinship care in Scotland Children and Family Social Work advanced Access doi:10.111/j.1365-2206.2009.00671.x

of the IAF will assist more robust risk assessment and help clarify the thresholds being adopted. The onus is on social workers to complete the IAF and the lack of access by health staff to the shared drive, means that social workers are required to input this information. This has resulted in a duplication in effort by professionals and further work is necessary to develop processes that allow agencies to directly contribute to the process. As part of the GIRFEC implementation programme, we are aware that work is underway to address this issue, however, ongoingself evaluation of the impact of the IAF in risk assessment processes should continue.

Evidence from focus groups suggest that there is a concern in the diminution of the quantity and quality of IAF training and that more attention needs to be given to the IAF tools.

Pregnancy protocol

The use of the pregnancy protocol has had a major impact on multi agency communication and assessment. This was evident in several case files. Participants in focus groups indicated that the introduction of the pregnancy protocol had improved multi agency risk assessment and planning. However there is concern that there is delay in pre-birth assessments and action is being taken to streamline the process which will involve the midwife as the key professional. The issue of post birth conferences requires to be reviewed in light of the fact that concern was expressed that women were being discharged from hospital without consultation with social work and prior to the post birth conference taking place.It is important that the conference takes place prior to the child being discharged from hospital. Discussions at senior management level need to take place between social work and health to review current processes.

Child Protection Procedures

Overall, the evidence from case files and focus groups indicate that the child protection procedures are adhered to by all agencies. The issue of some staff not being aware of their role has been discussed above. There also appears to be some concern about the involvement of some drug workers in contributing to assessment and core groups. One case file indicated the role of criminal justice/ adult services workers in child protection needed to be emphasised. All agencies expressed concern about the involvement of medical staff and consultants in providing information and contributing to the child protection process. With these exceptions, evidence from case files and focus groups suggests that the process of referral in respect of child protection appears to be understood.

Case file documentation was comprehensive with a number of files evidencing focussed planning for the child and the involvement of managers in supervision and monitoring.

Several issues arose in respect of JI interviews. Focus group participants were clear that briefing and debriefing took place with a senior officer from police or social work. The issue of recording of these briefings is one which needs to be addressed as previously this had been an issue in legal proceedings. It was noted that the brief/debrief paperwork was not available in files. The recording of the JI interview is also an area that staff were aware needed to be continually monitored.

Most agencies contributed to Child Protection Case Conferences. If they were not able to attend written reports were provided. This is evident in case files and focus groups. Focus groups participants found the conferences to be efficient and comprehensive reports and minutes were present in case files. An issue arose with regard to the presence of police at review child protection

case conferences, and it may be that an informed decision had been made that police did not require to attend, but this was not clear within the file. This issue arose in one file and one focus group. Clarification is required about this. Attendance of medical staff was also identified as an issue.

Contribution to core groups varied, with staff being concerned about the contribution of addiction workers. Core group minutes were not always present in files. Where they were, they were updated and signed, however not all were dated so it was difficult to see the process of the work.

The decrease of the use of Child Protection Orders is considered by staff to be as a result of better risk assessment and management where experienced professional were able to work responsibly with risk, and the availability of more support services. However the role of senior management in taking of orders was questioned by some professionals, who indicated that the decision to recommend a CPO at a Child Protection Case Conference was not taken lightly, but rather after all other avenues had been explored. When senior managers decide not to proceed with a CPO this left staff working in extremely difficult situations. Participants in focus groups indicated that where emergency powers are taken, children should be provided with a secure base and not subjected to multiple moves. All agencies should be kept informed of children's contact details.

Child Protection referrals to the Reporter

The majority of referrals were in respect of parental substance misuse resulting in neglect. Referrals form health had increased as a result of the pregnancy protocol. The issue of new technology was raised and perceived to be a growing area of risk, however some low key referrals with regard to domestic abuse by text was received, a it was questioned as to whether these were appropriate referrals. The introduction of verbal IARs had sped up the referral and assessment processes of low tariff cases.

East Ayrshire Child Protection Committee may wish to consider the following -

1. ***Multi Agency training***- there was evidence of the impact of multi agency child protection training that had improved practice and worker understanding of child protection roles and responsibilities. It is important that this rolling programme continues in light of the fact that it was identified thatthere may still be some professionalswho may require to better understand their role and responsibilities where they are concerned about the safety and wellbeing of a child. There may be a need for multi agency refresher child protection core training. In view of the changes brought about by GIRFEC the training should reinforce the role of the lead professional.

2. ***Inter agency working***- There is some evidence of analysis of information resulting in good child care practice. There was evidence both in the file analysis and the focus groups that inter agency communication has improved over the three year period, however, it is important that information is robustly analysed to ensure that children's plans reflect need and risk and that outcomes are well defined. In the file analysis there was evidence of robust analysis of risk in some files, however, this was not consistent across the sample.

3. ***Over optimism***- Managers who are supervising workers who hold child protection cases need to challenge worker perceptions in light of the research findings with regard to over optimism. Regular, supportive but critical supervision is essential for this to take place.

4. ***Focus on Adult Needs***-Supporting adults who have difficulties is fundamental to good child care practice, however, it is important that in doing so the needs of the child are not missed. The interface between children and family and adult services such as criminal justice, addictions and paediatrics is critical in this respect and workers need supported to ensure that the child is at the centre of intervention.

5. ***Extended Family***- It is important to consider involving extended family in kinship care arrangementsfor children which have been proved to have many benefits for children. However, kinship carers need to be thoroughly assessed and the placement of children requires to be used in a planned and supportive way.

6. ***IAF*** - it was recognised that the IAF was still being rolled out and agencies/services were still becoming familiar with the shift in culture and the changing roles and responsibilities as defined bythe GIRFEC practice model. Implementation needs to be sustained with particular attention given to training in the use of IAF tools in the analysis and risk management/reduction processes.

   The researchers were aware of the ongoing work in East Ayrshire with regard to compatibility of agency IT systems. IT solutions which allow agencies to share information and directly contribute to the IAF process will enhance inter-agency risk assessment processes.

7. ***Pregnancy protocol***- The researchers were aware that the process of implementing the pregnancy protocol is under review and our findings suggest that it is important that the issue of early pre-birth assessments and pre-birth conferences is addressed in this review.

8. ***Child protection conferences/core groups***- EACPC may wish to consider the reasons for late child protection case conferences in light of the fact the file audit identified cases where there was a delay and no explanation was recorded in the file.There needs to be clear explanations given in meetings and case files as to the reason for such a delay in order that there is evidence of informed decision making and not the result of case drift.

9. ***Agency representation at child protection meetings***- There needs to be a clarity with regard to agency representation at initial, review case conferences and core groups. Agencies involved in working with children where there are concerns need to continue to be engaged and attend on a regular basis all relevant child protection meetings including core groups. If agencies are unable to attend they should ensure that a written report is prepared for the chair of the conference.

10. ***JI Interviews***- there is aneed to ensure that the comprehensive recording of brief and debrief meetings takes place and that a copy of the record is held in the child's file.

11. ***Child protection Plan***- While the file audit evidenced that child protectionplans were in place in some cases, the plans were often undated and it made it difficult for the reader to follow the progress.

12. ***CPO's*** - Changes in management structures within social work have resulted in key managers having responsibility for CPO decisions making. There appears to be the potential for conflict in situations where the decision of the child protection conference is to move to a CPO to protect the child, and the senior social work manager outwith the meeting overturns this decision. New chairing arrangements are now in place and this may ensure that this conflict does not arise in the future.

Chapter 2

Getting it right for every child -

The early information & pre-referral screening group

1. Introduction

This Section of the report will consider the role and function of the pre-referral screening group reflecting on the initial pilot objectives and evaluation findings and how these have informed the Group process. We will consider the impact of the Group meeting on outcomes for children and conduct a cost benefit analysis of the GIRFEC group process.

Information contained in this section has been gathered from the following -

1. Observation GIRFEC pre-referral screening meeting (February 2011)
2. Focus group with agency representatives who sit of the GIRFEC Group (March 2011)
3. Brief overview of cases discussed at observed GIRFEC meeting
4. Comments by workers and managers relating to the pre-referral screening group who attended child protection focus groups (Dec 2010)
5. Sample audit of 16 cases referred to the GIRFEC meeting which had been discussed within the screening group with a view to analysing the impact of on the outcomes for the child
6. A simple cost benefit analysis of the pre-referral screening group

Setting the Pre-Referral Screening Group in Context

The development of the pre-referral screening group (known hereafter as the Group) arose from a Child Protection Chief Officers Group meeting in May 2008. The proposal to introduce a new arrangement for early multi agency sharing of information and assessment resulted from the findings of a significant case review[16].

The report that went to East Ayrshire Chief Officers' Group[17] indicated that the pre-referral screening group would assist -

[16] Briefing paper for Chief Superintendent, Divisional commander U Division, Chief Executive NHS Ayrshire & Arran & Chief Executive East Ayrshire Council (July 2008)

[17] A Child Protection Screening Group - Early Information and Pre-Referral 6 month Pilot (May 2008)

1. in aligning and identifying support services needed to meet the individual needs of presenting caseloads
2. in establishing proper arrangements around meeting risk assessment
3. eliminate, or at worst, minimise backlog in child protection caseloads - help to deal with referrals on a regular basis
4. close collaboration amongst key Partner agencies around the child protection agenda
5. improve arrangement for securing speedy and effective preventative inter-agency solutions around the child protection agenda

In addition it was anticipated that there would be a reduction in referrals to the Reporter.
The Group meeting was considered an "end point" in the process in identifying the lead agency to "take matters forward". The report indicated that the meeting should not be viewed as a "catch up" or "therapy session" by professionals and that once the lead agency had been identified the role of the Group was ended. Any subsequent meetings of professionals should be about reaching care plan objectives for the individual child/family and would not involve the Group, thus limiting its focus to new referrals.

The Pilot

East Ayrshire's Chief Officers Group agreed to pilot the new arrangements and the pilot began mid-June 2008 and the multi agency ***Early Information and Pre-Referral Group*** was established. It was agreed that the Group would meet weekly to consider and take action on non offence referrals for children and young people.

The Group was chaired by a senior Police Officer with membership comprising representatives, mostly from senior management level from -

- Social Work
- Local Authority Legal Services
- Education (Schools and Early Education/Childcare Services)
- NHS Ayrshire & Arran
- Housing
- Children's Reporter (subsequently withdrew from the process)

As part of its operating procedures[18], the Group also undertook to consider and take decisions on -

- the specific agency that will take responsibility for the referral
- requests for further information needed to make a full and proper decision
- any evidence of risk to any other child
- feedback to be given to the original referrer
- timescales for action
- no further action required by any partner agency

Initially it was thought that the Group should target children/young people at risk of significant harm. However, during the life of the pilot it was recognised that those "low risk" cases required to be brought to the Group to ensure that information was being shared early across partner agencies

[18] Multi Agency Referral Group, Operating Procedures, East Ayrshire Council, Department of Education and Social Services (2008)

and that assessments of need and risk were fully informed and intervention proportionate to need. Children referred under child protection to social work services were already known to partner agencies and checks / discussions had taken place as part of the initial child protection investigation. Discussion took place as to whether children already in the child protection system should be reviewed by the Group, and it was agreed that those children who were already involved in the child protection system should not be referred to the Group.

The six month pilot Evaluation of East Ayrshire Early Information and Pre-Referral Group was published in December 2008. This identified both benefits and challenges of these new arrangements. The report indicated that that there was merit in holding the Group, in particular with regard to the information shared by all agencies and the resultant identification of those cases which required immediate joint intervention. The pilot highlighted the following -

Identified key benefits

- Shared decision making and responsibility
- Enhanced level and quality of information shared at an earlier stage which led to greater confidence in, and more informed, decision making and more appropriate level of support for families
- Early identification of a children at risk
- Development of procedures for ensuring the safety of staff visiting premises where concerns had been noted
- Reducing the chances of children slipping through the net

The challenges noted included

- ***Referrals*** - the vast majority of referrals were received from police with very few from partner agencies
- ***Timescales*** for agencies undertaking checks and preparing information for the meeting were very tight
- There was a significant ***administrative burden*** for staff who have been given no additional capacity in their workload to undertake this work
- ***Data Protection*** concerns emanating from health around disclosing patient details
- While the meeting was required to identify the ***lead agency*** it was necessary to identify secondary and even tertiary agencies due to the circumstances of the cases
- There needed to be a process put in place to ***record what actions were taken*** following the referral discussion - there was a lack of feedback to the group as to what actions, if any, had stemmed from the meeting
- During ***school holiday periods*** Education are unable to contribute to the information share
- Lack of ***Reporter involvement***
- There were significant ***resource implications*** for all partner agencies for those attending the meeting and colleagues within organisations that support the gathering of information process
- ***Funding*** was required to be put in place to ensure the Group functioned at a high standard and that there was no diminution in core services provided by the partner agencies

The Report discussed both financial and resource costs of introducing this pilot. It identified that an additional burden had been placed on staff from each agency. On average the Group met for 4 hours per week and a calculation was undertaken to quantify the cost of the pilot. This included senior manager time commitment at the weekly meeting, time spent researching an average referral, time spent in preparing for the Group. The combined total cost was £147,097.

The Report did not discuss whether this new process and the associated activities replaced or partly replaced any previous or associated activities. EACPC were unclear to what extent this had happened and to what extent costs of previous processes had been off-set from the total costs calculated.

EACPC and the Chief Officers were committed to the Group meeting continuing following the pilot and an agreement was made to continue the Group meetings. EACP are committed to continually evaluating the Group meeting process and how this is impacting on the outcomes for children.

The Pilot findings have informed this review, and current Group practice and process will be considered against these initial findings to identify what changes have taken place, what appears to be working well and whether there are areas for continued improvement.

2. Presentation of Findings

2.1 Overview of File Audit

Child 1 (6 yrs) GIRFEC Meeting May 2010

The child was residing with their Grandmother due to maternal drugs use. The mother's partner was known to have mental health problems. He was also known to police and had a history of offending including domestic abuse. The child was placed on the child protection register in April 2009 for 3 months with the long term plan residency with the grandmother. This was an allocated SW case when presented for the 2nd time at the GIRFEC meeting. There was confusion at the April GIRFEC meeting as to whether the child was on the child protectionregister, health indicated the child was, social work indicated the child was not.

Two Referrals to GIRFEC

1. Jan '10 following incident when police went to grandmothers house to arrest the aunt for drugs offences - police concerned about child's exposure to drugs use in the home.
2. April '10 Grandmother charged with drink driving when child was in the car

Lead Professional - Social Work

The records reviewed related to the child's sibling (this child's notes were contained in the file), there was no evidence of any child protection paperwork or a current child's plan. The decisions of the April GIRFEC meeting were a copy of the January minute. The GIRFEC referral did alert agencies to concerns and subsequently social work involvement resulted in the child being placed with their grandmother and child protection intervention

The GIRFEC meeting did ensure that information was shared across agencies, however, the file did not reflect what work was actually undertaken with the child and family. There was no evidence in file of any child protection activity/paperwork or child's plan.

Child 2 (10 yrs) GIRFEC Meeting March 2010

In January2010 the health visitor raised concerns about the number of presentations by the child and sibling to A&E. The motherwas stating that child'shealth was poor and his sibling clumsy. The Social work files suggested that the child was diagnosed with ADHD in 2005 and the mother was indicating the child was attending CAMHS. This was not known by health or education. The family moved several times resulting in the child missing school. There were concerns raised about the mother's mental health.

One referral to GIRFEC

1. March '10 Mum witnessed outside school gates to have kneed, slapped and shouted at child. Another parent reported to HT who referred to social work under Management Circular 57.

Lead Professional -Education and monitored by Health

Only the Education file was presented for review - The head teacher'snotes indicated concerns about the child and indicated they had contacted the GP for information - would appear from the file that the head teacher had difficulty in gaining health information. The motherwas suggesting the child had been assaulted in another school due to his "colour" - the education file indicated this was passed to social work, however, there was no information in file with regard to the outcome of the conversation with social work. Education was monitoring but there was no evidence of ongoing contact with other agencies. There was a lack of clarity about the needs of the child.There was some confusion around the role of health in light of the above health issues. The Health visitor did speak to the school nurse but again no clear indication of how this was to be followed up.

There was no evidence of an initial assessment of the child's needs. Education was monitoring the situation, but the reading of the file indicated that there was a need for better co-ordination of information and multi-agency communication.

Overall it was not clear how issues and concerns were being addressed and this was not assisted by the absence of an initial assessment and/or child's plan.

Child 3 (4 yrs) GIRFEC Meeting August 2010

The couple had been together for 27 yrs and both have a known history of offending and violence. Police indicated a history of drugs involvement in the local community.There was a history of domestic abuse by both parents - on one occasion both adults were arrested due to a domestic incident and the children were left in the care of the oldest sibling by the police. In early 2010 one sibling went missing. The parental relationship was chaotic and characterised by the couple separating and re-uniting. There was known heavy parental alcohol use. The motherhad previously stabbed an adult male in the arm. Health had no contact with the family since 2008 due to adult aggression and the level of violence. This is a travelling family who have not engaged with health services. The child and siblings were not attending school and the family were avoiding all professional contact.

3 Referrals to GIRFEC meeting

1. Feb '10 - domestic abuse incident - Police arrive and other adult male in house. Police believe incident to be drug related. Mum stabbed male in arm. When followed up by social work parents vague as to where children were residing especially 11 yr old as they were not registered or attending school. Social work followed up with extended family. Social work & health had difficulty in contacting/engaging the family

2. March ’10 -domestic abuse incident. Mother punches father and police call. Police arrest both of them and older sibling left in charge of children. Meeting agreed need for IER to be completed
3. July ’10 domestic abuse referral - 6 children in the family home at time of incident - argument resulted in father threatening to stab mother and she locked self in bathroom and phoned police

Lead Professional - Social Work

Following the GIRFEC meeting in March 2010 significant activity took place in the case and concerns were identified with regard to children’s non school attendance, non engagement and hostility to professionals and the fact that the family continued to move. Although the SBR completed in May 2010 recommended the need to proceed to a hearing, the Reporter decided to take no further action on the basis that it had not been possible to engage the family in the completion of report. Social work challenged this decision and this resulted in agreement at a later stage to progress to a hearing in light of the ongoing concerns. There was no record of the outcome of the hearing and the family then moved to North Ayrshire. There was a further domestic abuse incident in November and this was followed up by North Ayrshire. The father was arrested in light of the domestic abuse incident and was brought to the hearing from prison.

The GIRFEC meeting agreed the need for a full assessment be undertaken, and this informed agency concerns and influenced decision making resulting in a Children’s Hearing being convened. From reading the file it was concerning that the lack of engagement with the family was the reason given by the Reporter for no further action, when research shows that avoidance by families is a significant risk factor.

Child 4 (3 yrs) GIRFEC Meeting March 2010

The mother, partner and child were walking past the mother’s ex partner’s house (child’s father) when she went up to the house to speak to her ex-partner. He was under the influence of alcohol and assaulted her. The mother had a history of depression and was attending psychiatric services

3 Previous referrals to GIRFEC meeting
1. July 08 - domestic abuse, father drug dealing, domestic disturbances.
2. Aug 09 - mum involved in fight in community - in possession of cocaine. Homeless had split from child’s father.
3. March 10 - mother assaulted by partner while pregnant - history of domestic abuse. He should have had no contact with the mother.

Lead Professional - Health with SW and early years to monitor.

There has been a history of domestic abuse since 2007. The mother’s ex-partner was a Sched 1 offender. Following the January 2010 incident, the GIRFEC meeting in March initiated the pregnancy protocol which concluded that no further action was necessary.-The couple were managing well during 2010 and addiction use was stable. The professionals agreed in June 2010 when the baby born there were no further concerns and the case closed.

The GIRFEC process supported the sharing of information and increased worker awareness of potential risks/issues in relation to the mother’s ex and current partner. Due to the increased awareness as a result of the GIRFEC meeting, mother’s second pregnancy was identified early which resulted in a full pre-birth assessment being undertaken and a decision that the couple were coping

well at the point of the baby's birth and no further action was necessary under child protection at that time.

Child 5 (5 yrs) GIRFEC Meeting November 2010

This case was open to social work when referred to the GIRFEC meeting. The mother and partner had had an argument and the partner refused to leave the home. The Police arrived and advice given. There were four known previous domestic abuse incidents. The child's half sister had previously been on the child protection register in another part of Scotland.

One previous GIRFEC referral

1. March '10 referral GIRFEC meeting due to party in family home and police called - house conditions poor and mother did not present as concerned.

Lead professional - Educationand school nurse to monitor.

Early years expressed concern about the mother's use of alcohol and that he child had made a statement that mother had hit him. On reading the file there was little evidence of a risk assessment around the nursery's concerns and how these were followed up by social work. There was evidence in the file of ongoing work with child and family, but there was no care plan that addressed the issues identified by the GIRFEC meeting.

The GIRFEC meeting alerted agencies to nursery and education concerns, but there was no evidence in the file of an assessment of risk and no child's plan.

Child 6 (11 yrs) GIRFEC Meeting 2010

This was an open case at the point of referral to the GIRFEC meeting. This was a domestic abuse incident, however, the child and her siblings were residing with grandparents when this took place. There was a family history of domestic abuse, maternal addiction and father's possession of weapons and assault charges. There had been significant police intelligence on the mother and father.

Lead professional - social work

No evidence in file of earlier GIRFEC meetings.

The children were removed from the care of the parents by the police in March 2008. The child's name was placed on the child protection register in 2008 and social work were working with and supporting the grandparents. The case was closed in 2009 but was reopened following concerns that the mother was causing difficulty for grandparents by wanting to see the children. There was no evidence of child's plan in file.

It is unclear why this case was brought to the GIRFEC meeting as the children were already residing with grandparents and this was an open case to social work.

Child 7 (10 yrs) GIRFEC Meeting January 2011

Anonymous referral to the police to report the couple arguing in the street. When the police arrived the situation had calmed and the police took no further action

One previous GIRFEC referral

1. Sept '10 - relating to mother and previous partner

Lead professional - social work and health to monitor

The previous GIRFEC referral related to the mother and her previous partner in respect of domestic abuse. There was a history of maternal addiction, domestic abuse, the children beinglate for school andhousing issues. In December2010 social workvisited and had no concerns noted

In January 2011 following the GIRFEC meeting mum looking for financial assistance and was not coping particularly well. Social work undertook anassessment of need along with addiction services and identified that housing conditions were poor (no heating, child wearing coat to keep warm) and mum was not managing finances. A referral was made to Women's Aid.

The GIRFEC meeting raised agency awareness of the needs of this family and resulted in an assessment being undertaken of the impact of the mothe'rs addiction issues, housing conditions and financial difficulties on the child.Social work and addiction then became jointly involved in this casesupporting mother and child. It is puzzling that the December 2010 social work visit did not identify these issues.

Child 8 (7 yrs) GIREFEC Meeting January 2011

The child's grandmother phoned the police to say that she was worried that her grandchild was at risk as the child's mother and father had had an argument. The Police called to the house but there was no evidence of a disturbance and it was noted that the grandmother was known to have made previous malicious calls.

4 Previous GIRFEC referrals

1. May 09 - no detail in file
2. Jan 10 - no detail in file
3. March 10 - no detail in file
4. April 2010 - chair is noted to raise concerns about child and comment on the fact that the child has had a number of bumps and bruises - social work were to follow up following this meeting

Lead Professional - Social work

The mother had a history of having contact with registered sex offenders resulting in the children's names being placed on the CP register in October 2007. The motherwas in a relationship with a registered sex offender who was coming to the house. There was a history of domestic abuse and the Police had been called to the house on 26 occasions. The mother was not engaging with early years services and there was poor school attendance. The housing conditions were noted to be poor.

The assessment completed in July 2010 was very good and comprehensive identifying risk and need and reflected the use of the My World Triangle. A Child's plan was put in place along with a home supervision order. The emphasis of intervention at that time was on the mother's ability to protect and the impact of domestic abuse on the children.

The children were on supervision at the time of the GIREFEC referral and therefore it is unclear why this case was referred to the group.

Child 9 (12yrs) GIRFEC Meeting March 2010

The father turned up at the family home to try and see his children and became angry when the mother's new partner was there. The Police were called and no charges were brought - This was the first referral to GIRFEC and there was some debate as to whether this was a domestic abuse incident.

Previous referrals to GIRFEC

None recorded

Lead professional - Education

School nurse monitoring children due to head lice.The school were concerned that the children were late and their work was deteriorating. No social work involvement at the point of the GIRFEC referral - previous involvement.

In 2006 several presentationswere made by the children to A&E (9 occasions including ingestion pills x 2 occasions, scald to abdomen, burn x2). The child's father was a registered sex offenderbut was no longer living with the children. Since 2006 the file suggested that this was a case where there was some involvement by health visiting (monitoring head lice), but was considered to be of a low level concern. There was little information in the file, but there was some evidence of information sharing across agencies.

The GIRFEC meeting alerted agencies to possible concerns of which the main one related to child's sibling and school attendance. There was no information in the file with regard to the health concerns raised in 2006 of which some were very concerning. It is acknowledged that this information could be contained in a sibling file.

Child 10 (6 yrs) GIRFEC Meeting March 2010

The mother's ex-partner was refusing to accept that their relationship had ended and he was sending threatening texts which were causing the mother concern. The Police were involved in the incidents.

Previous Referrals

None recorded

Lead Professional - Social Work

The ex-partner had ahistory of agency support and had a diagnosis ofAsperger's Syndrome. There were some concerns with regard to the child's school attendance. Education and social work had communicated prior to the GIRFEC meeting and decided that no further action was required at that time.

The GIRFEC meeting focused on the needs of the ex-partner and role of the social work was to link directly with the ex-partner and his mother not the child or child's mother. The child's safety needs were being addressed in appropriate way by trying to engage the ex-partner and his mother to understand the need to stop communicating with his ex-partner. Research has highlighted that often the male perpetrator is not the focus of agency intervention and

there is an expectation that the mother will protect. In this case it was identified that the ex-partner needed to be engaged in the process.

Child 11 (10 yrs) GIRFEC Meeting April 2010

The child was reported missing having left the family home to go to his grandparents and when he did not arrive was reported missing to the police. The child was refusing to go to school and stated he would commit suicide if made to attend.

Previous referral to GIRFEC - unclear from file.

Lead professional - social work

Social work wereinvolved previously in preparing a report for the Reporter.The mother's brother was a registered sex offender. The Health visitor had also contacted social work to express concerns about the child's older brother who was becoming a danger to himself. In January 2009 the brother had tried to stab his younger sibling with a knife and this was followed up by social work, but the case was closed later in that month.

The GIRFEC meeting highlighted that the mother was not coping with her oldest child and it was noticed that the children were showing signs of distress. Following the meetinga home visit was made by social work and the educational psychologist. A Child's plan was put in place, but the IAF was not completed and the file hadan entry by the worker which stated that this was due to pressures of work.

The GIRFEC meeting helpfully pulled together all agency information about the child and family identifying a number of vulnerabilities including the Schedule 1 status of the uncle.

Child 12 (8 yrs) GIRFEC Meeting March 2010

The Police identified that the child's uncle was being investigated for internet crimes relating to child images - police investigation ongoing. The family appeared to allow the uncle to have contact with the child. The child's father doid not reside in the family home.

Three referrals to GIRFE (detail in file limited)

1. April '09 - domestic abuse
2. April '09 - update
3. May '09 - domestic abuse incident (relating to previous partner)

Lead professional - Social work

Following the GIRFEC meeting an IAR was undertaken and forwarded to the Reporter, however, the case did not progress to a hearing. Several concerns were raised - child's school attendance, the mothers use of alcohol. Police also raised concerns that an adult charged with the rape of a 17 yr old may have been visiting the family home. From the file it was not evident what steps had been taken to prevent the child having contact with the uncle. There was no evidence in the file of a of risk assessment being undertaken in respect of the uncle or adult male visitor. There was no evidence of Child's plan.

The GIRFEC meeting allowed the sharing of information, but there was no evidence in file of how this information had been acted upon.

Child 13 (14 yrs) GIRFEC Meeting February 2010

This was a domestic incident which occurred when the child and siblings were not residing in the family home.

Four referrals to GIRFEC (no details in file)

Lead professional - social work initial referral team for follow-up

The child and siblings lived with the maternal grandmother who was struggling to cope with four children. The father and the uncle lived with their parents. The uncle was a known registered sex offender and was to have no unsupervised contact with children. The child had a befriender and was attending CAMHS. There was no child's plan evidenced in the fileand this may have been due to the fact that as the grandparents had sought a residency order social work were not actively involved.

The GIRFEC meeting raised concerns relating to the parental domestic incident and this allowed agencies to share and up date information about needs of the children and the need to assess further what support the grandmother may be requiring.

Child 14 (3 yrs) GIRFEC Meeting September 2010

This was a domestic abuse incident when the mother's sister asked the child's father to leave the family home and the police were called.

Two referrals to GIRFEC

1. both related to previous domestic abuse- but no other information available.

Lead professional - Health and education to continue to monitor.

There was limited information in the file. The GIRFEC meeting did not identify ongoing concerns and it was agreed the case was to be monitored by health and education. The meeting alerted agencies for the need to monitor.

Child 15 (4 yrs) GIRFEC Meeting February 201 (relative of Child 12)

The Police identified that the child's uncle had been investigated for internet crimes relating to child images. -police investigation ongoing. The mother was indicating the child was not at risk from the uncle.

Previous referrals to GIRFEC

None recorded in file

Lead professional - social work and education to monitor

In 2008 there were concerns regarding the father and firearms incidents, and also his behaviour towards another child in the family (he was not natural father of that child). The mother had suffered from post natal depression.

The GIRFEC meeting did not identify any care concerns, however, concern was expressed about the mother's understanding of risk and at the meeting social work indicated that they were engaged in ongoing assessment work with the mother. In this case social work were already engaged with the family prior to the GIRFEC meeting following the police referral. The GIRFEC meeting allowed current information to be shared.

Child 16 (9 yrs) GIRFEC Meeting January 2011

The mother had taken the children to the father's home and stated that she would pick them up on Christmas day. The father was angry about this and he assaulted the mother. The Police charged him and hewas detained to appear in court.

13 referrals to GIRFEC

1. 2008 x1
2. 2009 x 6
3. 2010 x 6

All GIRFEC referrals relatedto domestic abuse from the mother's ex-partner. The mother wasfrightened by the ex-partner's harassing behaviour. The Police were called on several occasions, however, the ex-partner had always disappeared before they arrived. The file indicated that the mother was visiting her ex-partner in prison. Her ex-partner had an outstanding court case in relation to an alleged incident of rape. There were concerns regarding the mother's alcohol use and her ability to parent.

In March 2010 a GOPR assessment was commenced and concerns continued to increase resulting in May 2010 when the children's names were placed on the child protection register. The children are placed with the father due to concerns about the mother's ability to care.The File records stop in June2010 and there wasno further information available.

In March 2010 the GIRFEC meeting resulted in significant activity by social work and partner agencies. As a result the children's names were placed on the child protection register and placed with their father. The GIRFEC process allowed the sharing of information, but the children were already known to social work services and it is unclear from the filewhy this referral was brought to the GIRFEC meetings.

2.2 The GIRFEC Group Meeting

Information contained in this section has been gathered from the following sources -

- Discussion with GIRFEC group members
- GIRFEC group observation
- Questionnaires completed by Group members

Background

The researchers observed one Group Meeting on 26 January 2011 when the following agencies were represented -

- Health
- Police
- Social Work
- Housing
- Early year
- Education
- Legal services

The meeting was chaired by a representative from local authority legal services. The chair rotates as does the group membership due to the time commitment for agency representatives. All agencies came to the Group prepared having gathered relevant child and adult information.

Twenty seven referrals were discussed by the Group meeting which lasted almost 3 ½ hours. This was a higher number of referrals than normal with the average numberbeing around 20 with the meeting normally lasting around 2 hours. The next sectiongives a brief outline of the cases discussed. The researcher met group members the following week for one hour prior to the commencement of the weekly Group meeting. As Group membership is rotational the representatives from police, health and education were different at this meeting. Legal Services chaired both meetings.

Agency Representation

All agency representatives indicated that professionals attending the Group were committed to the process and attendance was very good. Health, social work, police, and education are represented on a rotational basis due to the weekly time commitment. Housing are the only agency to have one representative attending on a weekly basis.

> *"There is a real commitment by all agencies to be represented"*
>
> *"All agencies ensure they are represented at every meeting"*
>
> *"..everyone understands everyone's role…clear expectations of what needs to be and can be done by each agency."*

Police, social work, education and health have a key role to play in providing information for the meeting, however, the Group acknowledged the significant contribution of housing/MAPPA and all agreed that their attendance at the Group was necessary.

SCRA were initially invited to sit around the table, but chose not to on the basis that their attendance may pre-empt decision making. The view of the Group was that the Reporter should be in attendance as they potentially had relevant information relating to children and families that could support early identification of need/risk and inform decision making.

Legal services were initially in attendance but came off the Group at the end of the pilot as there had only been a couple of cases in which they had been able to contribute. They advised that cases where legal issues arose tended to be around data protection and access to information. The Group agreed that the weekly presence of legal services was not necessary.

The Chair suggested that there was an overlap between vulnerable children and adults and that it may be helpful to have adult protection services represented at the meeting. The Group thought that it was important to improve the interface and understanding between adults with incapacity and high risk public protection.

Agency Information

The Health representative hasaccess to information relating to both the child and parent/carer. Children's services do not always have access to adult health information and all group members indicated that such information was an important addition to the information share and decision making. Adult mental health information can often be difficult to access and the meeting allowed such information to be openly discussed and this had enhanced the process.Addictions service information is gathered by them as part of the wider health checks which are completed for both child and parent/carer. The group suggested that the interface between addiction services and C&F needed to be strengthened and further work is necessary to ensure that information between services is robust.

Early Yearsare able to make checks and gather information with regard to local authority early years establishments and private nursery provision. It was recognised that in some cases it will not be known if a child is attending a private early yearsestablishment.

Education serviceswill gather information from across primary and secondary establishments. Educational psychology also rotate through the Group.

Housing link with local housing providers and gather a range of information which is considered by partner agencies to enhance their understanding of the child's wider environment and housing circumstances.

Police undertake police checks across a range of police data bases which gives information about both the child and their parent/carer.

Social Workcheck their client data base to ensure that information is gathered for the child and their family. Where adult services have involvement, information will be sought and presented at the meeting.

Adult Protection-The group spoke about the link between child and adult protection services. They indicated that often the discussion focuses on the impact of the adult's behaviour on the child, and where there are concerns about the adult's well-being and vulnerability the meeting may choose to make a referral to the adult protection unit. The group indicated that it was important to link adult and children services to ensure that the child's needs were being properly understood and addressed by all services. The example given was a mother with learning disabilities which were impacting on her ability to care for her child and there was a need for adult and children's services to work alongside one another to ensure that both mother and child were being properly supported.

The Referral Process and Agency Responsibilities

The Group confirmed that in the early stages of the pilot referrals could come from any agency including all social work referrals for the week with the group sometimes lasting up to 4 hours. The Pilot concluded that this was not possible and it was agreed that the referral criteria would

specifically relate to police domestic abuse referrals, although any agency could bring a case to the Group where they considered this to be helpful. At the meeting attended by the researchers only three cases out of twenty seven came from a partner agency and the Group indicated that this was representative of normal referral patterns.

Co-ordination of Referrals

Police advised that all referrals are forwarded to them, and they have employed a part time officer to manage the process. The officer co-ordinates all referrals and will notify partner agencies by 10 am on the Tuesday morning of the names of the children/youngpeople to be discussed by the Group that week. Agencies then undertake their own local checks and these have to be completed by Wednesday 4 pm in preparation for the Thursday morning meeting. As all domestic and child protection referrals will have immediately been forwarded to social work services by the police, consequently they are already alerted to the fact that those children will be discussed at the Meeting and may already be engaged with the family.

Police -The dedicated officer (20 hours per week) co-ordinates all referrals and undertakes all relevant police checks for the officer attending the meeting. The police indicated that on average the police checks for each referral take 1 hour. This has implications if referrals are higher than normal as they were the day the researchers observed the meeting. The officer attending the Group does not require to do anything further in preparation, and is responsible for presenting the police referrals at the meeting.

> *Identified Hours to undertake relevant tasks - 20 hours dedicated officer time plus officer time at meeting.*

Social Work-The social work services dedicated admin officer on receipt of the screening form undertakes client data base checks and prints off the most recent information which is attached to any previous GIRFEC minutes. The information is given to the social work manager attending the meeting along with a sheet for recording outcomes. On return the social work representative gives the admin officer the record sheet and they enter the outcome of the GIRFEC meeting in the client's file. The social work representatives indicated that information is often not available until late on Wednesday afternoon and this means that preparation for the meeting is often done in their own time.

> *Identified Hours to undertake relevant tasks- Admin 8 hours pre and post meeting plus IRT Manager for north and south attendance at meeting and preparation and post meeting feedback*

Education -On receipt of the referral information, two Admin officers (alternate) have been tasked with gathering information from the relevant establishments. Admin officers have indicated that it takes all of Tuesday afternoon to identify the schools and to ask for the relevant information. They also link with educational psychology. Schools are asked to electronically complete a blank proforma and return to the Admin officer. On the Wednesday the Admin officer has to cut and paste the information in to GIRFEC referral form. Wednesday afternoon all information is printed off and given to the educational representative attending the meeting. Admin staff are responsible for updating educational establishments of the outcome of the GIRFEC meeting, usually by e-mail.

> *Identified Hours to undertake relevant tasks - 7 hours of Admin officer time plus the time taken by respective schools to complete the proforma (estimated at 20 mins per report). Plus*

representative time at meeting. Post meeting admin task around 1 hour to update the shared MARG drive.

Early Years **-**An Admin officer checks the client data base to establish which early years establishment the child is attending. If the child is in private nursery provision contact is made with the nursery. Admin send the screening form to the relevant establishment for completion and then collate responses. Information is pulled together late on Wednesday afternoon and forwarded to the early years representative attending the Group. The Admin officer updates the system detailing relevant actions and reports are copied on to the shared MARG drive. The educational representative indicated that depending on the nature of the pre-referral and actions required, individual discussions may take place with relevant staff and on average this can take aroundhalf an hour following the meeting.

The agency representative on the Group indicated that they normally have to prepare for the meeting in their own time and this can be up to one hour the night before the meeting.

Identified hours to undertake relevant tasks - Admin2 hours pre meeting and 30 mins post. Education representative - one hour prep and attendance at group.

Health **-** Two health workers undertake the task of collating referrals, identifying which health staff are involved and which health lead will co-ordinate the checks for both children and adults. Information is collated by Wednesday afternoon and passed to the health representative attending the meeting. Health indicated that they often have to prepare for the meeting in their own time.

Identified Hours to undertake relevant tasks - Admin 3 hours pre and post meeting plus Health representative attendance at group plus pre preparation and post feedback.

Housing-The screening form is received centrally and then forwarded to locality managers to check if the child / family is known. This can take the locality manager 2 hours. Checks are sent back to a central point and these are collated and passed to the housing representative on Wednesday for the meeting on Thursday. The Housing representative will follow up information requests and actions agreed at the meeting and this can take anything from 1-2 hours.

Identified Hours to undertake relevant tasks - locality managers 2 hrs.Admin 2 hours.Housing representative at meeting. Follow up 1-2 hours.

Legal Services **-**Legal Services do not sit on the group but still rotate through the chair. On those occasions the representative indicated that it takes around 30 mins to print off the referrals for the meeting.

Objectives of the Group

Police described the Group as a pre-referral meeting focusing on non-offence domestic abuse referrals. Offence referrals can be brought but these normally relate to child protection concerns regarding sex offenders coming in to contact with children and the risks they present. Police described the referrals as *"child care concerns that sit under the child protection radar".*

The Legal representative referred to the Group as a "Triage" allowing for the quick identification of risk and which agency should lead with regard to future actions.

Social Work services referred to the Group as a forum for "..reviewing cases at an earlier stage" and often these cases will not be open social work cases. Children within formal child protection processes should not be brought to the group for discussion as these children will already be managed within multi agency processes and systems are in place, such as core groups, where information will be shared on a regular basis. .

There was some agreement by the Group that child protection cases should not be brought to the meeting and that their limited time as a Group should be focused on those children sitting below the child protection threshold.

> *"Too much time can be spent on sharing information about child protection/open social work cases where information sharing processes are in place.*

Social work stated that there was no opportunity for discussion around the issues for the child or the care plan. This was confirmed during the observed meeting, when in one case the child's social worker had made a comment that they would value advice from the GIRFEC group, however, updated information was shared but no discussion took place around the management of the case.

Social work also highlighted the importance of the Group in deciding when "*no action"* is necessary in a case. All agencies sign this off having confidence that all available information has been shared and informed the decision taken.

Sharing of information

All agencies represented on the GIRFEC group spoke positively about the level of information available at the meeting and the key contributions all agencies make to this process.

> *"All agencies recognise the importance of full disclosure of information"*
>
> *"Multi agency information is brought to the table"*
>
> *"It is amazing how new information can come to light from one party to another.*
>
> *"Sharing of information across agencies is always a good productive process".*

The police representative described the meeting as an *"opportunity for professionals to discuss and share information in relation to welfare concerns for children who have not yet reached the CP threshold".* The meeting provides a forum for the early identification of concerns and subsequent intervention with the aim of preventing the need for more complex supports.

Health reflected on the positive sharing of information across all agencies. This did not only relate to the specific information about the child and family, but to information about case management issues. The worker gave the example of a situation where a colleague from another agency was able to advise that they had concerns about client behaviour which had resulted in the decision not to undertake lone working in the case. The overall sharing and quality of information had been enhanced as a consequence of this process.

Social work stated that there was no opportunity for discussion around the issues for the child or the care plan. This was confirmed during the observed meeting, when in one case the child's social worker had made a comment that they would value advice from the GIRFEC group, however, updated information was shared but no discussion took place around the management of the case.

Social work also highlighted the importance of the Group in deciding when "*no action"* is necessary in a case. All agencies sign this off having confidence that all available information has been shared and informed the decision taken.

The Housing representative indicated that their system for gathering locality housing information was working fairly well and supports the sharing of local knowledge held by housing services. This information can be very valuable in understanding what is going on in the community and in individual homes (who is in house, who is coming and going, issues of drugs etc) Housing have powers that give them the right to enter property and they can be involved in undertaking checks if this is agreed as necessary.

The Group also identified that on occasions, due to the nature and range of information available, they had identified children to be at risk of significant harm resulting in immediate protection measures being initiated.

Overall the Group indicated that new information can be shared across agencies and that the bigger picture can be presented and links made.

> *"Provision of information from the different agencies gives a more detailed picture of the full story relating to the family and child circumstances"*
>
> *"This group assists in providing a multi agency approach for children who come to the attention of this meeting"*

Multi agency communication processes prior to the GIRFEC meeting

The group was asked what arrangements had been in place prior to the commencement of the meeting process. They indicated that the standard communication had been by way of a telephone conversation across agencies. *"Agencies did meet to discuss children but never to this extent where all agencies must meet regularly".* For those children in the child protection system, there were recognised multi agency forums such as core groups where information was shared and risk decisions taken. However, for children under the threshold there were no such established forums where such comprehensive sharing of information could take place.
Communication between police and social work had previously been good, however, as the volume of referrals increased social work had to put a request for information in writing and wait for a written outcome. This significantly delayed the process and made the sharing of information much more cumbersome.

Education and early years commented that their awareness of child and adult issues had significantly increased as a consequence of the meeting process. Education services highlighted the importance of existing staged interventions such as JAT, SAT & CAT's where children are discussed in a multi agency forum with the aim of identifying the child/youngperson quickly and putting appropriate supports in place.Heads of early years now have information that supports them in monitoring the welfare and attendance of children.

Group members commented that previously communication across agencies was very individual and based on working relationships. Social work and early years indicated that they did not believe that the quality of information sharing could be achieved in another way. All key agencies are now part of the information loop and are alerted to the child's needs at an earlier stage with the aim ofpreventing a later need for more intensive supports. The current arrangements ensure that the information flow is quicker and discussions are well informed.

The Group indicated that there was real value in having face to face contact with colleagues and this has improved communication and established trusting working relationships. The meeting encourages corporate responsibility across agencies for the early sharing of information and the identification of the most appropriate agency to take the lead agency role. The Group confirms the role of universal services in early intervention and support.

Lead Professional Role

A social work representative indicated that the *"meeting has promoted and supported other agencies taking the lead role and responsibility for some cases which do not require social work intervention".* Partner agencies are more alert to the needs of children and are more willing to participate in the child's plan.

Time commitment / resource

All agencies identified that for their agency there was a significant time commitment on a weekly basis. Workers from health, social work and education indicated that they often required to prepare for the meeting out with working hours. Admin support across these agencies has lessened the burden for agency representatives sitting on the Group, however, timescales are very tight and there is no time for preparation. No additional time is created for workers within their normal working week. All agencies appear to have identified admin supports which have significantly impacted on the gathering of information reducing professional worker time as they no longer are required to gather information themselves.

Police indicated that they felt that the time commitment for their agency was considerable and that they were not sure that the benefits fully outweighed the agency commitment. It was acknowledged that *"…sharing of information is always a good thing"*

> *"Attendance is a huge commitment …..it seems good from a social work point of view but a lot of work for little outcome for the police"*

Officers interviewed highlighted that they were engaged very effectively with other local authority areas without the GIRFEC structure being in place. They were also concerned that there was a multiplication of work in the GIRFEC process when children are reviewed on a number of occasions.

2.3 Brief Overview of Risk Indicators Identified in the Cases Reviewed at the Group Meeting Observed by Researchers (Appendix E)

Twenty five referrals were brought by the Police, two from Education and one from Social Work. The Education referrals related to non-school attendance and the Social Work referral was linked to pre-birth and current child protection concerns. Six of the cases had been discussed at the Group meeting on previous occasions. Domestic abuse referrals dominated the referral meeting and group members confirmed that this was reflective of the weekly referrals.

A range of risk factors were identified within individual cases and across referrals. These are discussed briefly below -

Domestic Abuse

In 23 cases there was a known history of domestic abuse, and in 17 cases this was the referral reason. Domestic abuse incidents included -

- Threatening phone calls/texts *In one of the cases the behaviour was described as stalking and mother and children were fearful of safety*
- Shouting in the street and trying to gain entry in to the family home *This included one female who was known to have addiction problems*
- Adults arguing
- Assault by male partner on female
- Female assault on male partner
- Male smashing up house
- Difficulty in accessing family home

Mental Health

Mental health was identified in 6 cases and this included one case where police were involved with a young couple where the male partner had attempted suicide. Mental health was an underlying risk factor in two of the cases where there were specific child protection concerns.

Addiction

In 15 cases there was a known history of parental addiction and alcohol was identified as a contributing factor in the referral of 11 cases.

Criminality

In 12 cases there was known criminality which included firearms and weapons offences, assault in the community and drug dealing.

Child Abuse

Six child protection cases were discussed at the observed Group Meeting. In one case a child had burn marks, in another the young person had been assaulted by her father, in another case there were specific parental health issues which were impacting on their ability to care for their child. In two cases there were concerns about parental contact with Schedule 1 offenders. In the last case concern was raised by the police when they identified that a young person had been communicating through the internet with an older male and he had travelled from out with the UK to visit her. This was investigated by police, however, there was no evidence of sexual grooming and the family appeared to be comfortable with the contact.

In one case children's names were on the CP register and in another case a case conference had been planned.

Six cases had been discussed at the Group before and one case had been discussed on several occasions.

General Comment

Every case discussed at the Group had more than one risk factor and in some instances the combination of addiction, domestic abuse and mental health increased the overall level of risk.

2.4 Cost Benefit Analysis

EACPC wanted to undertake a cost benefit analysis of the GIRFEC meeting as part of the overall review of the current business process. In undertaking this task it was necessary to evaluate the total anticipated cost of the group meeting including pre and post activities compared to the total expected benefits and outcomes for children.

At is simplest cost benefit analysis is a comparative evaluation method which suggests thatif the overall benefits associated with a proposed action outweigh the incurred costs, then a manager will most likely choose to follow through/continue with the development.

Generally speaking, a cost-benefit analysis has three parts

- first, all potential costs that will be incurred by implementing a proposed action must be identified
- second, record all anticipated benefits associated with the potential action
- finally, subtract all identified costs from the expected benefits to determine whether the positive benefits outweigh the negative costs.

Initially the researchers wanted to understand the time commitment of agency representatives who sat on the group and of those support staff who assisted with the pre and post meeting tasks. Agency representatives and support staff were asked to complete a short questionnaire which detailed the time commitment on a weekly basis (Appendix A). In addition, salary scales for each of the professionals participating in the Group process were reviewed and where salary scales were given a mid point figure for each agency representative was agreed and used for the purposes of this exercise. Costings were calculated over a 52 week period and hourly rates for those in attendance and support staff calculated.

All agencies identified admin support staff who were involved in the pre meeting tasks such as identifying appropriate agency personnel, requesting information, collating information and forwarding to the agency representative for the GIRFEC meeting. In addition admin staff were involved in updating client information systems following the meeting. The police were the only agency who had a dedicated officer undertaking this task, the other agencies all indicated that the admin worker was undertaking these tasks along with a range of other admin functions.

To calculate the cost of the GIRFEC weekly meeting, the researchers applied the costings to the observed GIRFEC meeting attended by them as there was sufficient information available to identify agency functions.

Identifying Costs

List of Monetary costs

- Salary costs of chair, agency representatives and admin support on a weekly basis

- Additional worker time in the gathering of information (housing locality managers, teaching/guidance/nursery staff, health workers completing health checks for both adults and children)
- Premises for the weekly meeting (consumed by partner agencies - venue can rotate)
- GIRFEC Admin officer costs pre / during /post

List of Non-Monetary Costs

- Agency representative time away from workplace when workers could be undertaking other tasks

List of Non Monetary Benefits

- Improved multi agency communication both within the Group and at service delivery level
- Early identification of vulnerable children
- Identification of a lead professional to co-ordinate and lead agency intervention
- Identification of children who require no further intervention
- Sharing of information across agencies to better inform decision making and the child's plan
- Agencies would still require to communicate with one another, however, communication across 5 agencies can be very time consuming and problematic - the Group allows this to happen efficiently

Monetary Benefits

In this exercise it is very difficult to quantify monetary benefits as this needs to be linked to the role the GIRFEC meeting plays in informing and impacting outcomes for children who are discussed at the group. From the information gathered through file reading, professionals comments and review of the GIRFEC meeting processes there is evidence that -

- children are being identified at an earlier stage and proportionate intervention agreed, this may result in children's needs being met at an earlier stage thus preventing the need for more intensive agency intervention and the increased cost of service provision
- professionals are better informed and children's plans reflect the needs of the child and intervention is appropriately targeted and worker time focused and well informed

General Comment

In calculating the monetary costs agency hours were collated, hourly professional rates calculated based on a 35 hour week. Researchers decided to cost the GIRFEC meeting observed by them as they were familiar with the cases and the agency information that was brought to the meeting. Both the agency hours and the staff costs have been calculated initially for the single meeting and then over a 50 week period (excluding Christmas holiday period). Below the table shows the total agency hours and associated staff costs. The costs have included -

- Agency representation at the meeting

- Admin support functions
- Relevant checks/reports prepared by agency staff outwith the GIRFEC meeting (public health nurses, local housing managers, guidance teachers, head teachers)
- Chair
- GIRFEC meeting admin support

Agency Commitment by Hours and Total Staff Costs (relating to the observed GIRFEC meeting)

Agency	Total Hours for all agency activity	Staff Costs
Health (including agency rep at meeting, admin activity, PHN gathering of info)	15	£300
Education(includes agency rep at meeting, admin, education staff writing reports for meeting)	19	£492
Social Work(includes 2 TL representation at meeting, admin activity)	12	£232
MAPPA/Housing(includes agency rep at meeting, admin and local housing managers gathering information for meeting)	7	£117
Early Years(includes agency rep at meeting, admin, early years workers completing reports for meeting)	11	£169
Police(includes dedicated admin and attendance of police officer at meeting)	23	£301
Chair (includes pre reading and chairing activity)	3	£108
GIRFEC Admin(includes all pre and post admin processes, minute taking)	10	£120
Total Staff Costs for meeting		**£1,839**
Total Staff Costs over a 50 week period		**£91,950**

In addition to the worker hours and monetary costs, it is recognised that there is a cost to agencies as their representative has to prioritise this meeting which may potentially mean that other agency tasks will not be undertaken or will be delayed.

It was not possible to build in all monetary costs such as the meeting venue as these are subsumed in agency costs, but meeting space is an issue and needs to be well organised to ensure the smooth operation of the group.

If a full cost benefit analysis was to be undertaken it would be necessary to assign a monetary value to the non-monetary benefits as detailed above. However, in undertaking this exercise the researchers found it difficult to apply a monetary cost to the meeting benefits as they pertain to both short and long term outcomes for children. Clearly if children are being identified at an earlier stage and proportionate intervention is agreed (as evidenced in the file analysis), there is the

potential that service delivery costs can be reduced as children's needs are met at an earlier stage without the need for complex, costly children's plans.

As indicated in previous sections, this is a costly meeting forum with highly skilled agency representatives in attendance. As discussed in previous sections, it is important that the Group ensures their time is best used and focused on those children who are not already known to agencies and who are already receiving a range of services and intentions. This report has indicated that the meeting has many benefits that would justify the monetary costs and worker time, however, it has been difficult to assign a monetary value on the future potential outcomes for children who are discussed within the GIRFEC group meeting.

Hours Committed by Agency Personnel

Agency	Member of staff	Activity	Hours
Police	Dedicated Admin	Co-ordination of referrals	20 hours
	Inspector/sergeant	Attendance at meeting and prep (l hr)	3 hrs
Education	Admin	Gathering information pre meeting and updating MARG drive post	8 hours
	Head teacher	Attendance at meeting and prep (1 hr)	3 hours
	Guidance teacher or primary head	Preparation of report for meeting (education estimate that each report takes around 20 mins to complete)	Depending on no of children
Early Years	Admin	Gathering information pre and updatingsystem post	3 hours
	Principal Officer	Attendance at meeting and prep (1 hr)	3 hours
	Nursery worker	Preparation of report for meeting (estimated at 20 mins per report)	Depending on no of children
Housing	Admin	Co-ordinating information	2 hours
	Locality managers	Gathering information (housing estimate this takes around 2 hours per week)	2 hours
	MAPPA Co-ordinator	Attendance at meeting and prep (1hr)	3 hours
Social Work	Admin	Gathering information pre and updating system post	4 hours
	Team Manager North & South	Attendance at meeting and prep (1 hr) - also time to feedback to social workers	4 hrs each
Health	Admin	Attendance at meeting and prep (1 hr)	3 hours
	CP Advisor	Attendance at meeting and prep (1 hr)	3 hrs
	PHN	Gathering of information for meeting (child and adult checks)	Dependent on no of children
Chair of meeting		1 hr prep and chairing of meeting	4 hours
GIRFEC Admin Support	Admin officer & clerical officer	All pre and post admin duties to facilitate the GIRFEC meeting. Minute taking	10 hours

3. Conclusion

Getting it right for every child is about "…improving outcomes for children and making sure that all agencies respond appropriately to needs and risks".[19] GIRFEC aims to have in place a network of support to promote well-being so that children and young people get the right help at the right time.[20] Normally a child's needs will be met from a network of support from the family and universal services, however, when the universal services can no longer meet their needs well targeted and specialist help can be called upon. The East Ayrshire GIRFEC meeting does support the GIRFEC aim of ensuring that children's needs are identified early and that intervention is proportionate. The Group, having shared all relevant information, are able to consider which agency should take on the role *of Lead Professional* thus ensuring children are not brought in to "systems" which they do not require.

Getting it right for every child is founded on 10 Core Components[21]which can be applied in any setting and in any circumstance. They are at the heart of the approach in practice and provide a benchmark for managers and practitioners who are implementing the GIRFEC practice model. We do not refer to the components in detail here, however, a number of components are being supported and reinforced through the East Ayrshire model.

The GIRFEC meeting allows for -

- a focus for improving outcomes for children, young people and their families based on a shared understanding of Well-Being (No 1)
- a common approach to gaining consent and to sharing information where appropriate (No 2)
- a co-ordinated and unified approach to identifying concerns, assessing needs, agreeing actions and outcomes (No 4)
- consistent high standards of co-operation, joint working and communication where more than one agency needs to be involved (No 6)
- a lead professional to co-ordinate and monitor inter-agency activity where necessary (No7)

Overall the research demonstrates that it is informed by GIRFEC principles and by local operating procedures. The strength of the GIRFEC process sits within the quality of the information being shared, improvement in local multi agency relationships, communication and joint working.

Operating Procedures

From observing the group meeting, undertaking the file audit and discussion with the two focus groups there is clear evidence that theGIRFEC operating procedures are being followed in that -

- a lead professional is identified and has responsibility for taking forward or monitoring the referral

[19] A Guide to Implementing Getting it right for every child - messages from pathfinders and learning partners Scottish Government June 2010
[20] A Guide to Getting it righty for every child. 2008 Scottish Government
[21] As 13

- there is evidence that where it is thought necessary, additional information from agencies is being requested
- and immediate action is being taken where significant harm is identified

The comprehensive sharing of information supports the early identification of children who may be in need or at risk and immediate action taken to protect. There was evidence of information being shared through the meeting minute and client data bases. The group supports multi agency decision making around cases where it is jointly agreed that no further action is required in light of the information provided by all agencies.

While the GIRFEC meetings do not provide detailed timescales for action, cases which require urgent action are identified. Although the Pilot identified that those children already allocated or in the child protection system should not be referred to the Group, there is evidence in both the observation group meeting and the file audit that a small number of these cases continue to be referred.

The challenges identified after the pilot broadly remain and will be discussed below.

Referrals to the Group

Referrals come to the Group quickly within 7 -10 days of the incident as evidenced in thefile audit and this ensures that there is a prompt sharing of information. The process currently in place in which the police co-ordinate referrals, appears to work well. This has clearly been enhanced by the appointment of a dedicated police person to undertake this task. While timescales are very tight, agencies do normally manage to gather information within the timeframe and present this at the meeting.Education indicated that some schools do struggle to provide information within the timescale and suggested that it may be useful to consider a phone contact to be established for last minute verbal reports to be shared with the agency representative.

There was a suggestion that it may be useful to pre-screen referrals to screen out those “straightforward referrals”. However, it is hard to know what constitutes “straightforward” without the sharing of information to inform professional thinking. However it would appear that some referrals should not be coming to the group (ie those children already in the child protection system, or where there is ongoing intensive agency support). Re-stating the criteria for referrals to the group by partner agencies may help to ensure that group discussion is focused around those children who would benefit most from the early sharing of information and decision making.

Re-Referrals to the Group

Both in the GIRFEC and the Professionals Focus Groups, the Police raised the issue of children being re-referred to the Group, and at what point does the professional group identify the need for a more intensive intervention. The officer cited one case that had come through the Group meeting process 10+ times and posed the question when does the group see this in a different light. There was some discussion that if a child is presented on a number of occasions then this would raise concern and require the case to be reviewed.

While referrals may be legitimate in that information shared between agencies can help to inform intervention and decision making, it is likely that such referrals will already be known to agencies and there may already be a child’s plan in place. Given, the early intervention focus of the GIRFEC

process, consideration needs to be given to reviewing why such cases continue to come to the Group. As the meeting does not afford the opportunity to discuss in any detail case activity and information sharing should be happening as part of the case management activity, discussion needs to take place and agreement reached as the purpose of referrals to the Group in such cases.

Agency Attendance at the Group

It was evident that all agencies make a commitment to attend the Group and to bring to the group comprehensive information, resulting in focused discussion. There are two areas with regard to attendance that emerged from the research -

- the first is the decision by SCRA that Reporter should not be in attendance. From the information gathered there is a common view that SCRA could make a valuable contribution to information sharing and that this would not necessarily lead to the pre-empting of decisions or conflict of interest

- The second issue is the lack of comprehensive educational information during holiday periods. While information can be gathered with regard to attendance, there is no access to educational pastoral notes. Further consideration needs to be given as to how information can be accessed and shared during holiday periods.

Time Commitment / Resources

The GIRFEC group is time and resource intensive. However, it is difficult to envisage a different process which would result in such detailed sharing of information. The role of dedicated admin officers across all agencies has greatly enhanced the process andwere considered by all professionals interviewed as vital to the weekly functioning of the Group.This research has confirmed the staff intensive nature of the GIRFEC process, however, cognisance needsto be taken to ensure that adequate financing is in place to maintain and develop the meeting process.

Inter Agency Working Relationships

Professionals interviewed indicated that local working relationships and inter agency communication at all levels had improved as a consequence of the Group.

Sharing of information

A key strength of the meeting process is the comprehensive sharing of information across all agencies. Agency representativesappear comfortable and understand why information is being shared. Researchers saw evidence of trust within the Group and of open communication which enhanced the assessment process. Each agency is given the opportunity to contribute to the information share and the chair ensures that all available information is heard before making a decision as to who will be *lead agency*. When a case comes to the group for the first time, there certainly is a sense that information is built upon and that the information jigsaw is better informed resulting in informed decision making. The bigger picture can be presented and links made between individuals, families and the community.

Relatedly minutes of meetings do provide workers with information and a brief summary of decisions taken and these appear to be distributed quickly to relevant professionals. However, this information will always be limiting in light of the fact that professionals responsible for the case were not in attendance at the meeting, and will be dependent on the quality of information recorded on the system post Meeting. Social Work took the decision that the mangers for the IRT would sit on the GIRFEC meeting as they will often be the manager responsible for the case in practice. This was to ensure that they were alert to cases coming through and could ensure that there was good communication via the manger to the case worker.

However, in discussion with practitioners from other agencies who had received feedback from the GIRFEC meeting, there was some sense of disappointment in that the information provided lacked detail and could be as simple as "agency to monitor". Workers commented that they would have valued more detailed information as to what was expected of them. Practitioners emphasised the importance of good information sharing back to front line workers and case holders.The file audit found evidence of GIRFEC meeting minutes, however, their style and structure could be difficult to read and some kind of overview of discussion may be helpful to workers who have not engaged in the full discussion and are using the minutes to aid their thinking and to inform actions.

These comments need to be considered against the aims ofthe GIRFEC group meeting which is intended to be an end point to identify the lead agency and not toprovide case management advice. While cases are not discussed in detail with regard to case management responsibilities and planning, discussion does take place around the central issues and a summary of this discussion in the minute may help to inform those practitioners with the responsibility of engaging directly with the child and/or family.

It appears that some practitioners may have a different understanding of the remit of the GIRFEC group and may expect case management advice. It is important that the role of GIRFEC is reinforced though EACPC and practitioners are fully aware of the specific remit of the meeting and the Lead Professional.

Multi Agency Response to GIRFEC Feedback

The GIRFEC meeting does provide a minute of the discussion and this is forwarded as necessary to practitioners who will be working with the child and family. The file audit identified that these minutes were not always held in the file, and that while the minute did contain information about what had been shared, it sometimes difficult to understand this information having not attended the GIRFEC meeting.

The file audit identified a number of cases where the impact of the GIRFEC meeting had significantly informed multi agency activity. In those cases responses were prompt and co-ordinated and reflected that information from the GIRFEC meeting had informed initial practitioner thinking and decisions making.However, it was not always evident in the file what further assessment had taken place and what the current care plan for the child was. This is not a reflection of the GIRFEC process, but relates to longer term case management processes. The file audit identified that there was not always evidence of assessment reports and child'splans. This might be due to assessments not taking place, assessment reports not being placed in the file, or such information being located in a sibling's file.

Overall the quality of information within the GIRFEC files audited was variable as detailed in the audit findings.

Interface with Adult Protection

GIRFEC group members indicated that their links with adult protection required to be strengthened. During the observed GIRFEC meeting by the researcher a number of referrals were made to the adult protection unit as it had been identified that an adult may require additional support. However, there was no link with the adult protection unit beyond making the referral and there was no feedback possible due the nature of the remit of the GIRFEC group.

It is important that where referrals are being made to adult protection services that clear links are established with children & family services and that child and adult services co-ordinate intervention. Having a representative from adult protection on the GIRFEC group may help to strengthen the interface between adult and children's services.

Outcomes for Children

The researchers undertook the file analysis with the Well Being indicators in mind and attempted to identify how the GIRFEC process had influenced outcomes for those children discussed at the GIRFEC meeting. In some cases this was obvious , for example as a result of information sharing action had been immediately taken to ensure the child'swelfare, attend to medical and/or educational needs and identified a lead professional to take forward the issues raised by the Group. However, in other cases it was not as obvious as to how the GIRFEC sharing of information had been considered by those workers directly involved in the case. Workers indicated that it was hard to comment on the impact of the GIRFEC group on outcomes for children but felt that the comprehensive information share supported better outcomes in that vulnerable children are identified earlier.

Due to the time limitations for this research it was not possible to consider longer term outcomes for children, as this would have required a longitudinal research focus. However, it is possible to comment that in the short term the sharing of information across agencies had supported better inter agency communication, identified a lead professional, had the potential to identify vulnerable children and families earlier and supported a more proportionate response to the child's needs. All of these factors contributed to better outcomes for children.

The GIRFEC meeting process does emphasise the importance of keeping universal services at the centre of service delivery where possible and not intensifying service intervention when this is not necessary.

Governance

While the GIRFEC meeting was established by Chief Officers, professionals interviewed indicated a lack of clarity around overall governance of the Group. This related to the weekly governance of the group as well as the overall arrangements managed by EACPC. As the chair of the GIRFEC group is rotated between agencies, it is important chairs have a clarity of role and the Group operates in a consistent way. At an operational level it is the responsibility of the Chairs, however, the chairs currently do not meet and it may be appropriate for dedicated training and development in this area.

While overall responsibility of the GIRFEC meeting process sits withEACPC, there does not appear to be a lead manager who has responsibility for monitoring the operational efficiency of the Group.

General Comment

Agencies were asked to comment on whether they thought the Group was positively impacting on the outcomes for children and overall they indicated that they thought this to be the case. Health described it as the "*cherry on the cake - as good as it gets*" and there was an acknowledgement that it is highly resource intensive for a very small number of children and this was only the tip of ice berg with regard to vulnerable children in the community.

The GIRFEC meeting's strength is the quality of information that is shared at the meeting across partner agencies. The information is informative, and comprehensive with agencies being alerted for the first time to specific information held by another agency. There is clear commitment from the Chairs and group members to ensure meetings are held regularly, all agencies attend and provide up to date information. The additional admin support has significantly impacted on the process and local systems have been established to gather the relevant information within the very short timeframe. It is recognised that it is not always possible to have all information available at the meeting, but this research would indicate that agencies are committed to trying to ensure that this is possible.

The research has identified that the Group meeting is an important forum for sharing information and where necessary identifying the *Lead Professional* which can be from any of the partner agencies. This has encouraged other agencies to assume the role of *Lead Professional* and strengthened the role of universal services in supporting children and their families. Agencies will continue to require to be supported in taking on the lead professional role as the GIRFEC model itself does require a culture shift and new ways of working need to be identified and agreed across all partner agencies.

It light of comments from practitioners and on reading files, it is important that there is a robust process of sharing information from the GIRFEC meeting with key practitioners who will have the responsibility of actually working with the child and the family. The GIRFEC meeting minutes do provide a record of information shared, but sometimes this can be difficult to follow, and as the practitioner was not in attendance, they will never have the benefit of the rich discussion that took place between partner agencies. Therefore the quality of information recorded on agency data bases is crucial to ensuring that comprehensive information shared at the meeting is not "lost in translation".

East Ayrshire CPC may wish to consider the following -

1. ***Group Membership***- consideration could be given to inviting adult protection to sit on the group in light of the need for a robust interface between children and adult services and to ensure better information exchange.

   The decision by SCRA not to be represented on the group is considered to be a deficit by Group members, however, as this may be a national SCRA decision it may not be possible to initiate further local discussions around the possibility of SCRA attending in the future.

2. ***Interface between GIRFEC meeting and Child Protection***- While it is recognised that the Meeting does promote good quality information sharing, consideration needs to be given to ensure that the good multi agency practices of professionals within the GIRFEC meeting are replicated for those children who sit within the child protection system. The same quality of information needs to be shared within respective child protection meeting forums and processes to ensure that decision making is well informed by ALL relevant inter agency information. EACPC may wish to consider the quality of interagency information sharing both in the initial stages of child protection and in the longer term through core group and review case conference processes.

3. ***Referral Process***- some consideration should be given to ensuring that referrals already open to social work and where there is ongoing intervention do not continue to be referred to the meeting. There needs to be some process in place which can identify cases that should not be brought to the Group, and this may allow the Group to give more time to those cases where there is a need to identify and intervene at an earlier stage.

4. ***Interface between C&F Services and Addiction Services***- professionals identified the need to strengthen the interface between services and to ensure that robust information sharing processes are in place and that addiction staff have a clarity with regard to their role and responsibility with regard to the impact of parental addiction on parenting.

5. ***Education Information***- There continues to be an issue with regard to education information during holiday periods when pastoral notes are not available. It was acknowledged that work is on going at this time to try and progress this issue, however, this problem was first identified during the pilot.

6. The research has highlighted that those professionals working with children and families may not have a clarity about the ***role of the GIFEC group***and have expectations that cannot be met in light of the Group remit. EACPCs may wish to re-issue to staff the aims and objectives of the meeting.

7. ***Feedback to Practitioners from the GIRFEC group***- minutes of meeting are prepared quickly and circulated. The Group may wish to consider how information is shared with those workers who are working directly with the child and family. Group members are well informed due to the high level of information sharing at the meeting, however, there is a danger that information is diluted as information is put on to agency data bases. Consideration should be given to reviewing the existing minute format in order that information is captured in more meaningful way for professionals engaged with the child/family.

8. ***Admin Support***- All professionals identified the importance of Admin support and that the Group could not function as efficiently as it currently does without this resource. Continued funding of admin posts is central to the efficiency of the Meeting process.

9. ***Lead professional Role***- Inter agency training should strengthen agency understanding of the role of lead professional. While there would appear to be clarity of role within the GIRFEC group, the strength of understanding amongst practitioners may require to be enhanced during the culture shift that the GIREFEC practice model dictates.

Appendices

Appendix A

East Ayrshire Child Protection Committee

Remit

toundertake an audit of a sample of files to gather information on the needs of children and families.

Identifier:

Family Composition

Parent 1

Gender	Age	Disability	Ethnicity

Parent 2

Gender	Age	Disability	Ethnicity

Other relevant family members/ household members

Gender	Age	Disability	Ethnicity
Relationship			
Gender	Age	Disability	Ethnicity
Relationship			

Child Information

Child 1

Gender	Age	Disability	Ethnicity

Child 2

Gender	Age	Disability	Ethnicity

Child 3

Gender	Age	Disability	Ethnicity

Child 4

Gender	Age	Disability	Ethnicity

Chronology of contact with Social Work

Key dates

Key staff

Frequency of contact

Nature of contact

(e.g. one off office for practical assistance; statutory referral, referral from another agency; child protection)

Chronology of contact with Health

Key dates

Key staff

Frequency of contact

Nature of contact(e.g. one off office for practical assistance; statutory referral, referral from another agency; child protection)

Chronology of contact with Education

Key dates

Key staff

Frequency of contact

Nature of contact(e.g. one off office for practical assistance; statutory referral, referral from another agency; child protection)

Chronology of contact with Voluntary Sector

Key dates

Key staff

Frequency of contact

Nature of contact(e.g. one off office for practical assistance; statutory referral, referral from another agency; child protection)

Identification of needs children and families

What needs of child / children were identified by agencies?

(repeat for each child as necessary)

For each agency state how assessed, how named, how recorded, by whom

Action taken

Are there unidentified needs? (state simply here as can be out into categories later)

What needs of parent 1 were identified by agencies?

For each agency state how assessed, how named, how recorded, by whom

Action taken

Are there unidentified needs? (state simply here as can be out into categories later)

What needs of parent 2 were identified by agencies?

For each agency state how assessed, how named, how recorded, by whom, action taken

Action taken

Are there unidentified needs? (state simply here as can be out into categories later)

Overall analysis

Key messages from the audit of the file

Key recommendations

Appendix B

East Ayrshire Child Protection Committee

Review of Multi Agency Non Offence Related Group (GIRFEC) January 2011

Questionnaire for Group Members

Dear Colleague

EACPC has commissioned researchers to

- Conduct a cost benefit analysis of the group meeting and associated processes and identify the impact of the group meeting and process on outcomes for children.

We have been advised that you are the agency lead for the Group meeting and would be grateful if you could take a few moments to complete the questionnaire below. The questions will also form the basis of a group discussion with all agency representatives to be arranged shortly.

We are keen to explore with group members how the group meeting operates in practice and what processes the group has replaced. We wish to map out previous practice and process and to evaluate this against the group process and the impact this has on outcomes for children.

Moira McKinnon & Dr Pam Green Lister

Garth Associates

Contact Mob 07872 901 785

Agency

Name
Job title

Do you normally attend the Group meeting Yes No

If you are unable to attend who attends on
your behalf

Designation of worker

Does this person always stand in for you or can
This change at each meeting
Will the designation of the worker always be the same

Can you please detail the tasks you are required to undertake for the Group and calculate the hours that you Commit to the Group

Preparation for meeting
On average how long does the group last
Post meeting tasks

Pre
Do you undertake the pre group checks Yes No
If No who undertakes this task
Grade of worker
How long does this task on average take
Does one person have responsibility for this task Yes No
If no does this only form part of range of other
Duties

During
How long does the group on average meet for

After
What tasks require to be undertaken after
Themeeting
How long on average can these take
Do you undertake these yourself yes no
If no who undertakes these

What do you consider to be the strengths of the group meeting

What do you consider to be areas for further development

Do you consider the group to be positively impacting on the outcomes for children - please define

Do you consider all agencies to contribute to the group meeting with regard to

Information sharing - please comment

Attendance - please comment

Undertaking tasks associated with the child's plan - please comment

Appendix C

QUESTION SCHEDULE FOR GIRFEC GROUP

1. DO YOU THINK THERE IS ANYONE MISSING FROM BEING AROUND THE TABLE

2. HOW ARE ADDICTIONS REPRESENTED - HOW IS INFO BROUGHT TO GROUP

3. WHAT IS ROLE OF BARNARDOS ANDHOW ARE THEY ENGAGED IN GIRFEC PROCESS

4. WHY WAS THE GIRFEC MEETING ESTABLISHED

5. WHERE DO REFERRALS GET SET FOR DISCUSSION AT MEETING

6. WHAT IS ITS AIM/OBJECTIVES

7. WHAT IS THE ISSUE CPC RAISED ABOUT LEAD WORKER (MENTIONED AT LAST WEEK MEETING)

8. WHAT FEEDBACK IS GIVEN TO WORKERS FROM MEETING - HOW IS THIS COMMUNICATED AND BY WHOM

9. WHY ARE CP CASES BROUGHT TO THE GROUP - CAN YOU EXPLAIN HOW THESE ARE DEALT WITH BY THIS GROUP

10. HOW IS MINUTE SHARED - IS IT CONTINUOUS BY WAY OF EACH CHILD OR IT A COMBINATION WEEKLY RECORD

11. WHAT ARE THOUGHTS ON MEMBERSHIP ROTATION - STRENGTHS/WEAKNESSES

12 WHAT DO CONSIDER THE STRENGTHS OF THE GROUP TO BE / WEAKNESSES

13 HOW DOES THE GIRFEC PROCESS IMPROVE THE OUTCOMES FOR CHILDREN - WHAT IS YOUR EVIDENCE FOR THAT - HOW ARE OUTCOMES MEASURED

14. WHAT PROCESSES WERE IN PLACE BEFORE - WHAT DID THE GIRFEC MEETING REPLACE

15. WHAT IS THE RELATIONSHIP TO CP CASE DISCUSSIONS AND TRIPARTITE PROCESSES

16. IF CHILD IS ON THE CP REGISTER WHAT IS THE RELATIONSHIP TO CORE GROUP

17 WHY ARE ALLOCATED CP CASES BROUGHT IN FIRST INSTANCE

18. PROCESS
How long do you think your agency commits each week to activity outwith group

Appendix D

EAST AYRSHIRE FOCUS GROUPS

Held 16 December 2010

Questions for Focus Groups

1. Introductions

2. Background to research – CPC

GENERAL

1. Can you give us a picture of how child protection processes are organised within your area and are there variations between north and south

2. Have there been significant management/structural changes in the last 3 years

3. From practice what is your sense of child protection activity in the area

CHILD PROTECTION

4. Over the last 3 years there has been a reduction in child protection referrals – from practice does this feel that this is the case (this does reflect national trends) (299, 189, 191)
What are your views as to why this might be the case

5. Your stats indicate that there are less case conferences and this may be related to the above – but a slightly higher number of them are going on to case conference – what are some of the issues around decision making as to what goes to case conference and what does not

6. CP1's – can you describe how child protection referrals are made by other agencies – what is the practice

   - When are CP1's completed

   - What happens to those cases that do not proceed after initial information gathering to child protection

   - For you what constitutes a referral

   - What tools are used to assist in the assessment of risk at investigation stage

7. Case Conferences - drop in no (linked to above) 191 = 108, 189=100, 299=163
On average just over 50% cases go to conference – from a SW perspective does this feel a reasonable figure or does the volume of CP activity suggest that it should be more

8. Decision not to register – higher no of cases going to conference with a lower no of children not being registered – why do you think more children are being registered of those going to conference

9. What are the key practice areas with regard to child protection – is it neglect, abuse, SA etc

- What is your experience of the different forms of abuse
- Physical injury has dominated 09= 60% 08= 64% as at 31 March 20 36%
- Neglect in 07=53% but in 10= 41%
- Emotional abuse – no registrations in 2009?

8. What is the age distribution of children on the CP register
(stats indicate majority of children 38% are under 4 yrs with slight drop in no of children 5-10 and 11-15)

9. De-registration – what are y our views as to why children's names are removed from the CP register

- 21% of children were accommodated in last year – are you reducing risk and maintaining children in community or removing to protect

- What is your experience of children being re-registered – what plans do you put in place when a child is deregistered

CPO's

10. 08-09 order nationally rose by 31% and in your area they rose by 45% yet in 09=10 they fell by 75%

- What is the criteria for applying for a CPO at a local level

- Who makes the decision to go for CPO

- Who presents to sheriff

- How do you protect children if CPO's not being applied for

- Was there some new service that can provide intensive family support to reduce and manage hence the drop in CPO's applications?

PREGNANCY PROTOCOL

11. Can you describe your pre and post birth multi agency processes in relation to vulnerable pregnant women (37, 4, 42 referrals?)

- Does your protocol only relate to addiction or to wider vulnerability

- When do pre-birth conferences take place

- Who is responsible for undertaking the comprehensive assessment of need and risk of mother

- When was the protocol introduced – what differences in practice have you seen as a consequence of protocol

- Do all agencies appropriately participate in the process

- What assessment process/framework is used to assess risk

IAF AND RISK ASSESSMENT

12. Tell us a little about your IAF and how this is used in assessing need and risk

- How do agencies contribute to this process

- How helpful if the IAF to this process

- What is the quality of assessments

PARENTAL SUBSTANCE MISUSE

13. How are parents assessed with regard to capacity within addiction services and C&F

What do the joint working practices of addiction & CF look like

ANYTHING YOU WANT TO TELL US ABOUT

Appendix E

Review of Cases discussed at the GIRFEC Meeting Observed by Researchers

Child	Referred by	Age	Risk Indicators	Referral	Action	Previous GIRFEC	Lead Agency
1	Police	4 children 5-15 yrs	DA	Couple separated - father in London, phoned mother and was threatening. Police responded.	No concerns from Education Continue to monitor	No	Education
2	Police	4 & 8	DA, addiction, offending	Couple separated. Neighbour called police - police arrived mother had red marks on face - history of DA - children talking about violence in nursery. Mum previously black eye and broken nose. Hard to engage family	Open case to SW. Liaison with other agencies Re monitoring concerns. No real evidence of what work had been undertaken since previously presented Referral to reporter	Yes	S Work
3	Police	4 children	DA, PI	Child burn mark on finger - JII. 2 previous DA referrals to police. Couple not coping open to support	Good sharing of info across agencies - children seen to be unkempt - some general concerns. SW to lead with health and early years monitoring	No	S Work Education to monitor
4	Police	4 children	DA, Violence, addiction, weapons - BoP	Dad punched daughter. Some differences around child health information which required to be checked. DA mum previously been to Women's Aid. Confusion as to whether older child referred / attended CAMHS. Dad violent 27 calls to house by police - disturbances and older child going missing	Open to SW - going to case conference Sporadic contact with SW since 2006 Violence to staff - joint visits Referral Mum to vulnerable adults protection team ?	No	S Work

5	Police	5 8 11	DA	Couple cohabiting for 3 weeks. He arrives late at night shouting - police called - gone before they arrive. Repeats this later in day and arrested - bailed. Mum also victim of DA at hands of previous partner	IAR completed in June 2009 - NFA Referral to Barnardos - family still waiting Useful sharing of health information Re CAHMS. SW to undertake follow up visit Log unmet need Re Barnardos	No	S Work
6	Police	5 10	DA	Father stalking family. Charged with BoP in prison - on release first thing he did was contact. Previous offence with axe. Mother and family fearful - several calls to police he always is away before they get there.	Useful MH info re father Previously known to SW. Referral to Barnardos. No lone working (? Why father not in house - no concerns about mum)	No	S Work
7	Police	2	Addiction, MH, offending, DA both have assault charges	DA - dad arrested smashing up house/windows when drunk. Relationship on and off.	Mum previously refused Barnardos support. No concerns from nursery. SW Working with family - not engaging - earlier referral to reporter Referral to Vul adults for dad	No	S Work
8	Education	14	Not attending	Some confusion around YP's health - mother condoning non attendance. Dad complex MH issues which resulted in in patient stay - stabbed in community last year	Need to link MH services (CPN) to other services especially school nursing. Education to work with YP Referral to reporter due to non-attendance Referral to adult protection for father	No	Education
9	Police	9 mths	MH	Young couple - sep 1 week ago - dad attempted suicide on 3 occasions - police involved linking to MH services. Mum ex LAAC.	SW now working with couple. Psych services arranged for father. Nursery to monitor Referral to Adult protection	Yes last week	S Work
10	Police	10 14	SA	21 yr old male online communication with14 yr - travelled to Scotland from abroad to meet YP -. Police intercepted and investigated - no intent. Family happy for	Meeting served purpose of sharing information. No concerns from agencies SW will do one off visit and reinforce internet	No	S Work

				contact	safety with YP and family		
11	Police	1	DA	DA concerns - Residing at aunts home - Child's attendance at nursery poor	SW already involved under CP - CHILD ON CP REGISTER - child living with aunt - but at meeting confusion as to where child was staying - nursery were unsure. Unsure why case presented as already in CP system	No	S Work
12	Police	3 10	DA, MH father, neglect	Domestic incident - dad punched mum when she refused him alcohol. Remanded - violent past history and DA - Police recorded 12 DA incidents. Some concern father was harbouring Y Persons and giving them drugs.	Open SW case - wrap around service for 3 yr old - collected and taken to nursery etc. Ed Pschy involved. Neglect concerns - 3 yr biting other children said she saw did bite mum. F worker to help with play etc. Significant support package. Mum has 2 older children 18+ who were both LAAC Existing care plan and interventions to continue - why this came to meeting - multi agency response	No	S Work
13	Police	1	DA	She has ended relationship - he turned up at door drunk - she phoned police and he was removed.	No concerns from any of the agencies - all agencies agreed for NFA Health visitor to monitor	No	Health
14	Police	4 children	DA, MH mother Addiction both (dad in past), violence (mother)	Mum assaulted father. Currently on bail. Mum drunk most days. She has had contact with sex offender in past. Housing issues for mum.	Long history of SW involvement - mum history of alcohol misuse. Verbally abusive to husband - he left - she assaulted him. Father caring for children. Agencies no concerns about dad's care, but does require support. Referral to vulnerable adult protection	No	S Work
15	4 2	Police	DA, addiction, criminality	Couple recently separated - father turned up at door drunk - police called he was removed - no charges. He has number of charges - concern he is involved in organised drugs.	Mum has older children all known to SW. All agencies aware of situation - concern consistent head lice. On Additional caseload for HV. W Aid involved in past. SW going to visit after meeting	No	S Work

16	1 7 9	Police	DA, MH (father) addiction, criminality	Dad suffers from depression - argument and he kicked door in - left before police got there. Police still following up. He has history of violence, drugs, assault	SW previously involved. Education no concerns - health indicated referral to CAMHS but this was unclear who and for what - needed to be clarified. SW to go out and visit following meeting	No	S Work
17	1 4 13	Police	DA	Mum and dad separated - both been drinking she asks him to leave - would not police called - he agreed to go. No charges. Previous drugs and firearms charges	School and health no concerns. NFA		
18	14	Police	Sched 1	Male in prison for having indecent images of children. On release links up with the family (friend of child's father). He told his CJ worker that the girl living in the family home was over 16 yrs	CJ & C&F to do joint visit to family and to be clear about contact with adult male. No other concerns from agencies. Would come under release protocol and MAPPA	No	S Work
19	9	Police	Domestic incident	Child lives with father - mum arrived at door would not leave - police called she was removed. Dad has previous convictions in past. When children living with mum police to house 23 occasions (drugs, noise, someone OD'd in house)	Housing information Re neighbourhood concerns. Since child living with father things have improved re care of child. SW closed case. Education to monitor	Yes previous week	Education
20	3 children	Police	DA, Sex offender	Concern mum has contact with sex offender Police previous 26 calls to house. 3 CP referrals	Confusion amongst early years and HV as to whether children accommodated or not. Open case to SW - father should not be in house but workers know he is probably living there. Concerns Re children from education, housing concerns Hard to see change - workers struggling to impact change. Already significant work ongoing and open case - not clear why at meeting	Yes	S Work
21	1	SW	Pre-birth Addiction, violence	Commenced as pre-birth assessment - mum drinking while in care of child. Child's father violent - he lives with new partner	C&F co-working with addictions - high level of support - daily visits to check sobriety and ability to care and protect - is this verging on CP	No	S Work

22	2 children	SW	DA, violence, MH both parents	Mum in car with children - father was shouting at her in care - he was detained. Father currently on bail - condition he does not have contact with family. 16 calls to house Re DA disturbances. He has been charged in past with weapons offences	Open SW case. SW indicated looking for feedback from Meeting - meeting does not lend itself to talking about detail of case. SW concerned if he is not around mum not able to cope with children - mum suffers from anxiety No lone working	Yes	S Work
23	15	Police	DA	Couple separated mum and child in refuge. Dad texted mum and police called	Child has profound learning disabilities - lot of support for mother and child. Both parents history of drugs/alcohol - dad has threatened to kill mum Intensive health supports No lone working with dad	Yes 3rd referral	S Work
24	15	Police	Domestic incident	Mum alcohol dependency. Dad came home and mum was drunk - they argued - police called - mum left and went to stay with sister. Mum threatened to kill dad with knife	SW Support in March 2009 - SW from learning community involved as YP saying things were very bad. School heavily involved and supporting YP Referral to support assistant	No	Education
25	3 6	Police	Domestic incident	Couple separating - mum came home and door was locked - dad had left key in door - no further action. 2 previous DA incidents - followed up by SW in past.	Nursery and education no concerns Early years to monitor	No	Education
26	2 children	Police	DA	11 calls to house in past Re DA. Adults arguing. Police info to suggest drugs dealing from house. Intelligence kids left unattended	SW open case for assessment. CP referral in 09 for sexualised behaviour - case closed at that time. Agencies no other concerns.	No	S Work
27	14	Education	Non school attendance	No police involvement	Off school for long periods - linked to appendix. Education to continue to follow up and monitor and if necessary re-refer to SW	No	Education