
Report to Housing, Health and Care Committee

Date of Meeting: 22 August 2013

Subject: Multi-Agency Child Protection Self Evaluation
1st February 2013 - 31 March 2013

Report by: Assistant Head of Social Services, Childcare

1.0 Purpose

- 1.1. The purpose of the report is to advise committee of the findings of the multi agency self evaluation of services (*Appendix 1*) who work together to protect children and young people.

2.0 Recommendations

- 2.1. It is recommended that the Committee reviews this report and comments and challenges as appropriate.

3.0 Considerations

Background Information

- 3.1. This work was commissioned by chief officers in order that a comprehensive self evaluation be undertaken to secure continuous improvement across the agencies who work to protect children and young people.
- 3.2. This report is also being submitted to the Education Committee on 19 September 2013.
- 3.3. The exercise was supported by Inspectors from the Care Inspectorate. A letter from the Care Inspectorate is attached as *Appendix 2*, giving their comments on the process of the self-evaluation exercise.
- 3.4. The self evaluation focussed on the key areas identified for improvement from the CP2 Inspection of services in Clackmannanshire.
- Immediate response to concerns
 - Early and effective intervention
 - Assessment of risk and need
 - Planning for individual children

- 3.5 The self-evaluation team consisted of officers at senior level from Health, Education, Social Work and Police.
- 3.6 The self-evaluation exercise noted areas of good practice, continued improvement in services to protect children, and areas for improvement.

An action plan to support continued improvement will be presented to the Child Protection Committee in August 2013.

4.0 Sustainability Implications

- 4.1. This work supports the developments of sustainable services by promoting a culture of continuous improvement.

5.0 Resource Implications

5.1. Financial Details

- 5.2. There are no financial implications in this report.

- 5.3. Finance have been consulted and have agreed the financial implications as set out in the report. Yes

5.4. Staffing

There are no staffing implications in this report

6.0 Exempt Reports

- 6.1. Is this report exempt? Yes (please detail the reasons for exemption below) No

6.0 Declarations

The recommendations contained within this report support or implement our Corporate Priorities and Council Policies.

- (1) **Our Priorities** (Please double click on the check box)

- The area has a positive image and attracts people and businesses
- Our communities are more cohesive and inclusive
- People are better skilled, trained and ready for learning and employment
- Our communities are safer
- Vulnerable people and families are supported
- Substance misuse and its effects are reduced
- Health is improving and health inequalities are reducing
- The environment is protected and enhanced for all
- The Council is effective, efficient and recognised for excellence

(2) **Council Policies** (Please detail)

7.0 Equalities Impact

7.1 Have you undertaken the required equalities impact assessment to ensure that no groups are adversely affected by the recommendations?

N/A on this occasion Yes No

8.0 Legality

8.1 It has been confirmed that in adopting the recommendations contained in this report, the Council is acting within its legal powers. Yes

9.0 Appendices

9.1 Please list any appendices attached to this report. If there are no appendices, please state "none".

Appendix 1 - Self-Evaluation Report findings in Clackmannanshire Council Area

Appendix 2 - Clackmannanshire & Stirling Supported Self-Evaluation Letter

10.0 Background Papers

10.1 Have you used other documents to compile your report? (All documents must be kept available by the author for public inspection for four years from the date of meeting at which the report is considered)

Yes (please list the documents below) No

Author(s)

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Approved by

NAME	DESIGNATION	SIGNATURE
John Scott	Assistant Head of Social Services, Child Care	Signed: J Scott
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**Self-Evaluation of Services to protect children
Self-Evaluation Report findings in Clackmannanshire Council Area**

<p align="center">Elaine Murray Anne Salter Brian Johnston Sandra Hunter</p>	<p align="center">Date 1 February 2013 – 31 March 2013</p>
<p align="center">Completion date: 28 March 2013</p>	

Introduction

Chief Officers recommended that a comprehensive self-evaluation be undertaken to provide clear and measurable evidence of outcomes and delivery of services to protect children and young people across both Clackmannanshire and Stirling Council areas.

The purpose of this self-evaluation process is to secure continuous improvement of the services leading to positive outcomes for children, young people and families.

This self-evaluation was to be guided by the following principles;

- The self-evaluation to be owned by the partnership agencies of Stirling Council, Clackmannanshire Council, NHS Forth Valley and Central Scotland Police.
- The self-evaluation team to have nominated officers of a senior level from within Health, Education, Social Work and Police. The officers were Sandra Hunter, Child Protection Nurse Advisor; Elaine Murray, Quality Improvement Officer Education; Brian Johnston, Chief Inspector. The fourth member of the Self-evaluation Team was Anne Salter, Lead Officer Child Protection, Clackmannanshire and Stirling Child Protection Committee.
- The self-evaluation team to have dedicated support from Lead Officers from each of these Agencies, with the capability to access relevant staff across the partner agencies to ensure an accurate analysis of current practice and culture. The Lead Officers were Maureen Berry, Nurse Consultant and Strategic Lead for Child Protection, NHS Forth Valley; Kevin Kelman, Assistant Head of Education, Clackmannanshire and Stirling Council; Allan Moffat, T/Assistant Chief Constable and Jane Menzies, Assistant Head of Social Work, Clackmannanshire and Stirling Council.
- Inspectors from the Care Inspectorate to provide support, challenge, guidance and signpost the teams to areas of good practice.
- The self-evaluation proposals to be marketed widely and all staff encouraged to actively participate.
- The self-evaluation to include representation and views from the voluntary sector.
- The self-evaluation to take place between 01/02/13 and 31/03/13.

- The self-evaluation to focus on the key areas as identified from the CP2 Inspections of Clackmannanshire and Stirling from April and June 2010. These are:

Work stream 1 Immediate Response to Concerns
 Work stream 2 Early and Effective Intervention
 Work stream 3 Assessment of Risks and Needs
 Work stream 4 Planning for Individual Children

The activity arising from these work streams to form an evidence base of progress in regard to Self-Evaluation and Leadership by the Child Protection Committee.

- The Chair of the Child Protection Committee and the Lead Officer to be involved and committed to the process from planning through to completion
- Final reports to be completed individually for both Stirling and Clackmannanshire Council areas, commenting on all four work streams, and the overarching two areas of self-evaluation and leadership by the Child Protection Committee. These reports to include findings, strengths, areas for development and recommendations.

Methodology

- Introductory meeting with inspectors, Chair of Child Protection Committee, leads and self-evaluation team to agree outline of process
- Briefing to Child Protection Committee – 5th February, 2013
- Briefing paper out to all agencies to introduce team, outline process and share terms of reference.
- Weekly written updates to leads and inspectors
- Regular support and challenge meetings with Inspectors
- Examination of all relevant documentation to determine work stream priorities
- Development of self-evaluation proformas and distribution to relevant people across all agencies
- Identification of key people to speak with in focus groups and one to one meetings
- Distribution of specific questions in order to obtain further information in relation to perceived gaps in information or further clarification
- Multi-agency case file audit
- Invitation to staff from all agencies and services to contact the team with any relevant information including examples of good practice
- Gathering of information from all of above for evidence bank
- Preparation of reports on individual work streams
- Collation of final composite report

Sources

In order to consider how well we plan together to protect children and as a starting point for our continuous improvement a number of sources of evidence were collated and interrogated.

Information was gathered from self-evaluation proformas, questionnaires, interviews, focus groups, scrutiny of childrens' plans and case file audits.

The tools used for the self-evaluation were the HMle 'How Well do we Protect Children and meet their Needs?' and the new Care Inspectorate guide 'How Well are we improving the Lives of Children and Young People?' (This is the new guidance currently being piloted and which will be adopted for future inspection of children's services).

The self-evaluation team was given specific direction and guidance in the use of these tools by the Inspectors from the Care Inspectorate who supported the self-evaluation process.

Other documents which informed the self-evaluation included:

- Joint inspection of services to protect children and young people in the Clackmannanshire Council area, April 2010
- Clackmannanshire and Stirling Child Protection Committee Joint Multi-Agency Continuous Improvement Action Plan, October, 2012
- Care Inspectorate Joint Inspection of Children's Services Guidance to support Review of Practice through Case File Reading, January, 2013
- Child Care Long Term Team Progress Report, January 2013
- Transitional Strategic Plan Clackmannanshire Child Care Service, January 2013 – June 2014

Examples of Good Practice

- An area recognised as a strength in the HMle Joint Inspection of Services to Protect Children and Young People was the Pre Birth Planning Service, led by NHS Forth Valley maternity services. This continues to expand and develop, ensuring multi-agency systems of support are available for vulnerable pregnant women.
- Central E-Safety Partnership is a multi-agency group which works across Forth Valley with a variety of organisations in the public and private sector as well as engaging directly with the public. It was nominated for a Scottish Policing Award in 2013 in recognition of the impact of this work in communicating messages about internet safety.
- The Young Runaways Co-ordinator liaised with Stirling High School in Stirling and Lornhill Academy in Clackmannanshire with a cross section of children and young people between First Year and Fourth Year to establish their views on the service and resources provided. The outcome of this was to update current leaflets, progress a design competition, and consider the use of technology such as DVD, Facebook Page and Phone Applications.
- The Early Effective Intervention work with children and young people who have committed offences (EEI) has been nationally recognised as improving outcomes for children and Young People by focusing on the needs of children and not the offence, often avoiding a criminal outcome and providing supportive actions in a prompt manner.
- Secondary education staff provide a fifteen minute Nurture Registration Class which aims to address unmet need for vulnerable children at the start of the school day which allows children to socialise and learn having had an opportunity to discuss any worries they may have or have practical hunger or clothing issues attended to.
- All secondary schools in Clackmannanshire have multi-agency lunch time drop-in sessions facilitated by School Nurses where a wide variety of health related issues

can be addressed 1:1 or on a group basis. Children and Young People can be referred to other agencies through health drop-ins or participate in nurse-led work.

Key Issues

- Local and national issues, e.g. restructuring of National Health Service (NHS), Clackmannanshire and Stirling Councils (including shared services); the creation of Police Scotland and the new Forth Valley Policing Division; Getting It Right For Every Child (GIRFEC); National Child Protection Guidance and a National Fire and Rescue Service, have all impacted and continue to impact on delivery of service. This needs to be recognised and staff supported accordingly.
- A continued commitment to the development of GIRFEC should build on current improving multi-agency practice.
- There is evidence of improved information-sharing particularly within the co-located Child Protection Team. The quality of information-sharing can be inconsistent across agencies however.
- Further work is required to embed a more systematic approach to capture the views of children, young people and families both strategically and across all areas of practice.
- Services should build on current plans to promote an effective and reliable multi-agency approach to Self-Evaluation and Quality Assurance through the Multi-Agency Continuous Improvement Group (MACIG). Quality assurance/self-evaluation work has been evident primarily on a single agency basis (eg. The Child Protection Action Group and Clinical Governance Group, NHS Forth Valley and Stirling Council Social Work Service and Education Service).
- The work of the Multi-Agency Referrals Screening Group (MARSG) was recognised as valuable when reviewing IRDs and Child Protection investigations. There is no evidence that the Group is currently meeting.

Process of Self-Evaluation

The key areas identified in previous inspections in 2010 were merged into workstreams identified prior to the Self-Evaluation Team commencing this work.

The Team would like to highlight that there are many other areas of practice relevant to Child Protection which may not have been included in this process due to the specific focus of this piece of work. Information was gathered as described within the Sources section to inform these workstreams;

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| – Immediate Response to Concerns | – Brian Johnston |
| – Early and Effective Intervention | – Sandra Hunter |
| – Assessment of Risks and Needs | – Anne Salter |
| – Planning for Individual Children | – Elaine Murray |
| – Self-Evaluation | – Elaine Murray |
| – Leadership by the Child Protection Committee | – Anne Salter |

Individual Responses

1. Immediate Response to Concerns

The social care intake team screen and respond to all new referrals about children and young people. If an immediate child protection response is required a process exists where the

social care service manager forwards a referral to the Police at the Forth Valley Public Protection Service (FVPPS). If the child is known to social care then a decision is made to either pass the case to the FVPPS or to the long term social care team.

The gathering of information in respect of an Initial Referral Discussions (IRD) by Police, Education and Health is conducted consistently and effectively due to these services being co-located at the FVPPS. It is noted that social care services are no longer represented at the FVPPS. Since this development there have been occasions, in a few cases, where delays had taken place in respect of sharing information (IRD process) prior to a child protection investigation. An inconsistent picture exists in respect of the IRD process "out of hours". Communication between agencies exists but there have been occasions when all information surrounding children and young people has not been known to key staff.

The responsibility for carrying out immediate child protection investigations is held by social workers and specialist police officers. The evaluation team did learn that some social workers would benefit from increased exposure to multi-agency joint investigations. The police officers work with health staff and are co-located at the FVPPS. Co-location has led to improved relationships between Police and Health.

The process of information sharing has improved but remains inconsistent. The evaluation team learned that there had been occasions when information was not shared on a multi-agency basis prior to an investigation. Examination of case files revealed that improved information sharing would improve practice in respect of looked after and accommodated children and children who are living in the same house as those affected by sexual abuse. It was also ascertained that the Police had encountered delays in trying to alert social care at the point of instigating a child protection investigation. Police lead a high number of joint interviews of children, as they felt confident if they were carrying out this role. Social care services have recruited new members to the child protection team. Increased exposure and staff development would enhance multi-agency working.

Evidence exists when following an IRD that the outcome is communicated to someone that is known to the child at the earliest opportunity. All four agencies keep their own records of the IRD. This process is time consuming and creates variable records.

A significant challenge exists to Police and Health in respect of staffing within the FVPPS as evidence suggests that there has been a yearly increase in respect of investigations and IRDs.

The process for multi-agency discussions surrounding CP1 forms received from education and health is not clear. There was no evidence that the Multi-Agency Referral Screening Group (MARSG) is currently in operation to review referrals to the social care intake team, IRD's and child protection investigations. A report has gone to G5RG with regard to the capacity issues relating to this and guidance as to how to progress this is awaited.

Multi-agency screening of Vulnerable Person Reports (VPR) is working effectively to identify the most vulnerable children and families. The VPR ensures that the views of children and families are recorded against SHANARRI indicators. Children and families benefit from prompt information sharing as VPRs are now being sent to Social Care Services and Health Named Persons. It has been recognised that Education services have created guidance for staff although they are not yet able to receive VPRs electronically.

A prompt response from Social Workers in respect of child protection orders has been clear. Improved multi-agency training and guidance in respect of CPOs would be beneficial to staff.

Strengths	Areas for Development
<ul style="list-style-type: none"> • Social workers and police officers consider the need for a medical examination and consult a paediatrician when appropriate. Health practitioners are consistently consulted in the IRD process in relation to the need for medical examinations or more comprehensive health assessments. • Evidence exists that staff from all agencies receive some training in respect of basic child protection. • Children and Young people involved in the investigative process are assessed against the GIRFEC wellbeing indicators. This includes an assessment of risk using the 'my world triangle' and the resilience matrix. • Social workers carry out suitability checks quickly when they need to place children with family and friends in an emergency. This is now embedded in practice but further work is required in terms of sharing information with partners. 	<ul style="list-style-type: none"> • Further consideration should be given to how child protection/child welfare referrals are processed. • Social Work Services and Police should improve the initial response to concerns about children if referred 'out of hours'. • The Police should consider an on duty rota system in respect of cp investigators 'out of hours'. • Together agencies should implement the agreed procedure for recording decisions made during the IRD process to ensure efficiency and consistent information sharing. • All services should consider reviewing links with independent schools and nurseries through the legislation relating to Named Persons and GIRFEC. • Multi-agency training in respect of child protection orders should be incorporated into existing training. • Education should further develop their systems for gathering and giving feedback to schools on CP1, IRD, VPR and become involved in young runaway discussions • Meetings of the Multi-Agency Referral Screening Group (MARSG) should be re-established to review referrals to the Social Care Intake Team, IRDs and child protection investigations as part of the development of quality assurance processes. • Staffing arrangements to the Police Family Unit should be reviewed. Any increase in support would alleviate the backlog of investigations. • Further development of information sharing between local Authorities, including Clackmannanshire and Stirling, is required. • Further work needs to be done to ensure children's long-term needs are consistently taken into account by all agencies.

	<ul style="list-style-type: none"> • An alert system in respect of elevating single agency concerns into a multi-agency discussion should be developed. • A calendar of child protection development days for multi-agency staff at all levels including managers should be developed alongside the practitioner forums. • Social work services should consider the implications of creating a dedicated single intake team for Stirling and Clackmannanshire. • The Child Protection department within NHS Forth Valley should be resourced to meet increased demands. • Current Level 1 child protection training for staff across all agencies should be evaluated with regard to content, uptake and impact. Agencies should also identify any staff groups not currently receiving Level 1 training (e.g. school catering, administrative, cleaning and crossing patrol staff, taxi-drivers, child-minders) and extend provision to take account of this. • The process of conducting initial referral discussions should be improved so that information sharing across agencies is undertaken at the earliest opportunity. • Social work should consider developing a more effective process for progressing initial referrals.
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2. Early and Effective Intervention

The principles of Getting it Right for Every Child (GIRFEC) ensure more children and families get the help they need at an early stage before their situation becomes more serious, builds and promotes resilience and provides additional help and support in a timely and effective way.

GPs in some areas had information with regards to GIRFEC but there should be stronger links between the GIRFEC Implementation Group and GPs to enhance this. Some GPs recognised Health Visitors as key professionals in the protection of children and described concerns at the reduction of Health Visitor numbers having a negative effect on child protection. One GP described liaising with the Health Visitor and Social Worker in relation to unmet needs for children and parents particularly with regards to neglect.

The Pre Birth Planning Service reflects GIRFEC principles and continues to plan in the early stages of pregnancy to reduce risks to unborn babies by assessment of pregnant mothers and their partners. Siblings of the unborn baby are considered when required. An Annual Report is produced which includes a plan for the year ahead with a recent focus on reducing alcohol use in pregnancy promoted via resources and advice for parents and training to staff.

Clear guidance is available to escalate pre-birth planning concerns to child protection when necessary.

Work has begun to look at the range of parenting programmes that are running across Stirling and Clackmannanshire as part of the anticipated development of a joint Parenting Strategy across the area in partnership with NHS Forth Valley and Third Sector partners.

The Early Years Service is involved in Parenting capacity assessments in Clackmannanshire and supports parents to access a range of other groups in the Family Centre, Young Parents Group and Under 1's group which is facilitated jointly by Health Visiting Teams and Family Centre.

The Young Parents Project improves support to young parents, promoting their ability to cope and become successful parents while maintaining links for employment, it was held up as an excellent example of strong and effective partnership during a Ministerial visit in September 2012. The project was promoted to the self-evaluation team from Clackmannanshire Council and during a Health Visitors focus group.

A celebration event was held in March 2013 and allowed young parents and their families to feedback and showcase the work of the project. The project hopes to expand from a single designated officer.

Clackmannanshire has recently developed a single early years screening group linking with Social Work, Family Centre, Action for Children, Health Visitors, Housing and Mental Health Services. A designated house is used for the purpose of intensive parenting capacity assessments. The group have identified they need time to embed the new model in practice.

Advice from midwives in the ante-natal period continues to develop to meet the needs of the parents, with the Ready Steady Baby parenting resource becoming available as a phone application and ante-natal classes being delivered in a non-English speaking presentation.

Health visitors also continue with 1:1 parenting advice routinely.

Following a variety of training sessions evidence shared suggested an increase in confidence that GIRFEC work is improving outcomes for children. Police officers producing Vulnerable Person Reports are receiving continued support to improve on their use of SHANARRI in reports which are shared with Named Persons.

Most Health Visitors are aware of written guidance from NHS Forth Valley, in support of receiving Vulnerable Person Reports, and attended briefing sessions prior to receiving them. Health visitors were confident they received them within acceptable timescales.

Where Education had received Vulnerable Person Reports, the information was described as helpful in supporting them and understand children's presentation and behaviour in class or indeed the absence of children from school.

The Staged Intervention process remains an effective response from Education which continues to identify and support children according to their level of need from an early stage and is developing to embed the principles of GIRFEC. There is a consistent theme from health, education and social work relating to the extensive paperwork with regards to GIRFEC and the time it takes to complete but also identified time and practice improves this.

Named Persons have a positive view of chronologies and have described a move towards analysis leading to effective plans to improve outcomes for children.

The team around the child meetings happen regularly and examples of effective outcomes for children in short timescales produce a confidence in the Named Person role.

Early and Effective Intervention (EEI) for child offending has been fully implemented in Clackmannanshire. It offers prompt and effective action as a priority to protect children who have offended where there are concerns about their safety. A focus on the child's needs

rather than the offence is promoted. There is strong evidence of Quality Assurance which can be evidenced from both external evaluation and Self- evaluation. Progress to multi-agency meetings, assessment and planning at an early stage and supports to vulnerable families offers useful strategies but health representation needs to be developed. Neglect is noted as a theme for reasons for referral to the Reporter, with lack of parental care or parental substance misuse recognised consistently. This has led to the service requesting direct access to appropriate Parenting groups, specifically for Teenage Parenting.

There is a perceived difficulty by some in regarding this project as Early and Effective intervention, as the circumstances which have often led to the offending behaviour have not been identified and addressed at an earlier stage. Sustainability of EEI for child offending is not secure due to the project funds being reviewed in September 2013 by the Scottish Government.

Evaluations evidence that the lives of children are improving from the EEI interventions and supports the recommendation for sustainability.

Strong links were identified with the Central Scotland Police Young Runaways Project are facilitated by the co-located office which promotes good communication. Police leading the Young Runaway Project have conducted a single agency review of the process and identified a year on year reduction in episodes of children reported missing. They have identified good practice in capturing children's views during Return Home Interviews, in multi-agency information sharing discussions and decision making in Young Runaway Discussions.

Ensuring children are empowered to keep themselves safe at an early stage and in an effective way prevents difficulties arising or increasing.

Evidence has been shared which suggests this continues to be promoted in many ways.

School children are offered sessions by the Road Safety Officer and Central Scotland Fire and Rescue Service who report statistics suggest a reduction in road deaths, fire calls and hoax fire calls. S4 pupils attend a multi-agency event Safe Drive Stay Alive which has a facebook page for young people to access and comment.

Campus Police Officers, a new initiative, described their work with pupils as building positive relationships and gave examples of promoting safety, describing consequences of criminal behaviour and supporting issues such as bullying with a recognition of the negative effect bullying has on children and young people.

Education staff support children to develop a language of feelings and emotions through such resources as Box of Feelings. Circle time continues to be a powerful way to encourage children and young people to explore issues which may concern them.

Feel, Think, Do is a sexual abuse prevention programme facilitated by the Health Promotion Department in NHS Forth Valley for P6 pupils. It empowers children to deal with risk, keep safe and encourages an activity 'MY5', promoting children to consider and plan five appropriate adults they can identify to share any concerns they may have. There has since been an evaluation with a review and update. The numbers of teachers trained continues to increase.

Central E-safety Partnership works with young ambassadors to assist with developing and implementing an E-safety strategy. Internet safety material for children and parents is available and promoted within schools and communities and a dedicated E-safety vehicle visits different locations including public events across the Clackmannanshire Council area. This partnership was nominated for a Scottish Policing Award in 2013.

Strengths	Areas for Development
<ul style="list-style-type: none"> • Pre Birth Planning Service continues to expand and develop • Feel, Think, Do has progressed service user and professional evaluation feedback, to review and update their approach and has increased the number of teachers trained • There is an increase in confidence from staff regarding the role of Named Person. • Improved links between Police and Named Persons and sharing VPRs have led to improved outcomes for children. • Health Visitors value the written guidance and briefing sessions prior to receiving VPRs and are confident they receive them in good time. • Staged Intervention processes in Education is embedding GIRFEC principles. • Named Persons are beginning to see the value of multi-agency chronologies and related analysis leading to improved plans for children. • EEI child offending evidences improved outcomes for children and Young People who offend by focusing on the needs of children and not the offence, often avoiding a criminal outcome and providing supportive actions in a prompt manner. • The Young Runaway process offers supportive Return Home Interviews which can be either single or joint agency offering safer options and coping mechanisms to children and families and addressing any concerns assessed during the interview. • The Young Runaway Police Officer met focus groups in high schools for evaluation and is consequently reviewing options for new leaflets, facebook page and possible phone application. • Training focusing on the transition from health to education by Named Persons 	<ul style="list-style-type: none"> • Teenage Parenting support should be more available • Education should have guidance and training about receiving VPRs. • Guidance for receiving VPRs as a Named Person should be included in orientation resources for new Health Visitors in post • Education staff should receive VPRs timeously and consistently. • The fifteen minute Nurture Registration Class should be rolled out all across relevant schools. • IT systems should promote communication, particularly with regards to creating multi-agency chronologies. • Sufficient administrative support to the Team around the Child meetings should be available to Named Persons • Young Runaway Discussions should include Education. • Other agencies in health should routinely contribute to multi-agency chronologies, such as Child and Adolescent Mental Health, Physiotherapy and Speech and Language Therapists. • EEI child offending should improve the capturing of Service User Views, by continuing with steps already taken to include the use of technology. • Health Representatives should be participating in the EEI child offending multi-agency processes. • Stronger links between the GIRFEC Implementation Group and GPs should increase awareness of roles and responsibilities in relation to the GIRFEC agenda. • The use and understanding of chronologies should continue to develop

<p>is being planned.</p> <ul style="list-style-type: none"> • The NHS Forth Valley Child Protection Department was noted by various health professionals to be supportive and helpful. • Work has begun to look at the range of parenting programmes that are running across Stirling and Clackmannanshire as part of the anticipated development of a joint Parenting Strategy across the area in partnership with NHS Forth Valley and Third Sector partners. • The Young Parent Project was highlighted as good practice by more than one agency and recognised in a Ministerial Visit as a strong and effective partnership. • Links between GPs, Health Visitors and Social Work are addressing unmet needs for children in early stages. • Education staff provide a fifteen minute Nurture Registration Class which aims to address unmet need for vulnerable children at the start of the school day which allows children to socialise and learn having had an opportunity to discuss any worries they may have or have practical hunger or clothing issues attended to. 	
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3. Assessment of Risks and Needs

Responses indicate that the introduction of GIRFEC processes and related paperwork together with related staff development are leading to improved multi-agency assessment of risks and needs in relation to children and young people within Clackmannanshire.

However communication and information-sharing between services and agencies to inform assessment is inconsistent and processes around this need to become more robust.

The quality of assessments can also be inconsistent and more attention needs to be given to the use of chronologies; the significance of emotional abuse, neglect and domestic abuse; disability (of the child or young person or of their carers); young people's substance use/misuse; the circumstances of siblings and other children in the household; the history of the child and family; the home environment; and community issues.

There is not always a clear understanding of the difference between child protection and child welfare or that the latter may merit intervention to prevent a child's circumstances deteriorating. A child protection response may be required even when a formal joint police and social work child protection investigation is not progressed.

Attendance and the quality and timing of submission of reports at key meetings (core groups and case conferences) where child protection assessments are discussed is generally good but on occasion there are issues around key people not being invited/attending or reports not being submitted/arriving late.

The lack of sufficient administrative support can impact negatively on the process of these key meetings as well leading to lack of adherence to local and national guidance.

Risk assessment and decision making training for staff and managers within children's services has been commissioned across Forth Valley from Stirling University and an ongoing programme is now being delivered on a multi-agency basis.

In addition some services and agencies (e.g. MAPPA, Education Psychology, Youth Justice, Substance Misuse services, maternity services) use specialist assessment tools where appropriate.

The views of children and young people and of their families are included in some assessment processes in a variety of ways but it is generally recognised that this is an area requiring further development.

The new National Risk Assessment Framework needs to be integrated into current practice and training.

A formal single and multi-agency quality assurance process for assessment of risks and needs should be developed as part of a wider quality assurance framework.

Strengths	Areas for Development
<ul style="list-style-type: none"> • The introduction of GIRFEC processes and related paperwork together with related staff development is leading to improved multi-agency assessment of risks and needs in relation to children and young people within Clackmannanshire. • Increased involvement of staff from a wider range of services and agencies in child protection processes including investigations, core groups and case conferences is also contributing to improved assessment of risks and needs. • The Initial Referral Discussion process ensures greater consistency between agencies in relation to assessments of risks and needs. • Some services and agencies (e.g. MAPPA, Education Psychology, Youth Justice, Substance Misuse services, maternity services) use specialist assessment tools where appropriate. • The views of children and young people and of their families are included in some assessment processes e.g. Education use a variety of methods with children including talking mats and photographs. 	<ul style="list-style-type: none"> • The views of children and young people and their families should be consistently reflected in assessments and related meetings. • Processes around communication and information-sharing between services and agencies to inform assessment should become more robust to ensure consistency. • More attention in assessments should be given to the use of chronologies; the significance of emotional abuse, neglect and domestic abuse; disability (of the child or young person or of their carers); young people's substance use/misuse; the circumstances of siblings and other children in the household; the history of the child and family; the home environment; and community issues. • All CP1 referrals should be considered child protection until a multi-agency discussion agrees otherwise. • There should be a clearer understanding of the difference between child protection and child welfare and that the latter may merit intervention to prevent a child's circumstances deteriorating. • All CP1 referrals must be shared on a multi-agency basis.

<ul style="list-style-type: none"> • Risk assessment and decision making training for staff and managers within children's services has been commissioned across Forth Valley from Stirling University and an ongoing programme is now being delivered on a multi-agency basis. • The Alcohol and Drug Partnership has developed links with Fire Services to identify vulnerable substance-misusing households. • Pre-birth planning meetings and the CADS maternity liaison group regularly assess the impact of parental substance misuse on parenting. • Reflective supervision and peer support contribute to effective assessment by social work staff. • There is improved communication and information-sharing between the Scottish Children's Reporters Administration and social work staff. • NHS Forth Valley regularly audits child protection reports including the quality of assessment. • The Multi-Agency Early Years Screening Group helps identify and target support to families where neglect is an issue. • A designated house is used for intensive parenting capacity assessments. 	<ul style="list-style-type: none"> • Supervision/support should be available to staff involved in assessment of risks and needs in all services and agencies. • The new National Risk Assessment Framework should be integrated into current practice. • Attendance and reports at key meetings (core groups and case conferences) where child protection assessments are discussed should be consistent and in line with agreed guidelines. • There should be a formal process initiated by the named person to review a child's circumstances in terms of assessment of risks and needs if he/she has been subject to an agreed number of VPRs/CP1s. • A formal single and multi-agency quality assurance process for assessment of risks and needs should be developed as part of a wider quality assurance framework. • Increased administrative support should be made available to key meetings (child protection case conferences and core groups) to ensure compliance with local and national guidelines.
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4. Planning for Individual Children

A continuum of planning and support for children and young people is evident and the development of the GIRFEC delivery model is bringing clarity to the way in which children and young people are appropriately supported. Universal support and planning for children, young people and families is accessed through their entitlement to Education, Health and Voluntary Services such as youth groups. Within education the Staged Intervention process is part of the universal planning and support for children and young people. It is a well-established process where participation in meetings and planning for learning is embedded. Young people's views are regularly recorded and within planning there is evidence of their input with them often commenting on their preferred learning styles. Staged intervention meetings and planning are recorded on GIRFEC paper work and the process is becoming increasingly integrated with the service delivery model. Support Coordinators interviewed as part of this self-evaluation were confident in the process, clear about their roles and able to evidence positive outcomes for children and young people. The continuum of support is also evident across the duration of a young person's life from pre birth planning services to an established protocol for working with young people aged sixteen to eighteen which identifies that it is the responsibility of both children and adult protection services to support this age group.

For those children, young people and families who require enhanced, targeted and intensive support the principles of GIRFEC guide the Team Around the Child to work together to plan effectively for children and young people in a timeous and outcomes-focussed way. Members of the TAC identified a collaborative approach to decision-making and jointly assessing information and risk assessment. The Integrated Assessment Framework (IAF) supports multi-agency planning and the quality of reports was described as good with a focus on outcomes for children. Increasing use of the IAF was evident with forms being consistently used at planning meetings, however paperwork is still often described as being burdensome. The multi-agency Child's Plan is agreed at the Initial Child Protection Case Conference and populated at the first core group thereafter. The plan will cross-reference with single agency planning. The plan is reviewed and the outcomes are evaluated at subsequent core group meetings and case conferences. Education staff reported the need to have further meetings out with this process with a focus on meeting educational needs. Planning meetings continue to meet after de-registration and interviewees noted that the focus of the plan is responsive to the changing needs of the child or young person.

There was a recognition that at all stages of the child protection process there may be a need for single or multi-agency escalation where there is not agreement that appropriate action is being taken to protect children. Currently NHS Forth Valley have guidance in relation to escalation and this now needs to be considered by all partners

All staff require further guidance on aligning recording processes for their own services with GIRFEC paperwork. Education requires further guidance on managing chronologies effectively and agreement as to how to align with school process such as pastoral notes. Health services continue to move forward with regard to using GIRFEC paperwork and the public health nurse for looked after children is piloting the paperwork. Social work staff need to continue to develop practice in relation to multi-agency chronologies, which are regularly updated at case conferences and core group meetings. They also need to share information more timeously with other agencies, some respondents commented that they provided information to social work with regard to changing circumstances for families but did not receive new information.

Lead Professionals demonstrated understanding of their role in relation to seeking clarity and further information and ensuring actions are implemented. However some difficulties were identified when the Lead Professional was from an agency other than their own, Education professionals reported difficulties with regard to getting information in a timeous way and social workers reported a lack of understanding about their roles and responsibilities from other agencies. There is also a lack of clarity as to how best to contribute to, update and use the chronology when it is not available in "real time" There is a recognition that single agency chronologies are a very useful tool in understanding a child's journey: this was identified on many responses from both health and education. However although a multi-agency chronology is seen as best practice it still presents some practical difficulties.

Most people said they were clear about their role as a Named Person and confident about organising TAC meetings but capacity is an issue. However health professionals identified difficulty with locating appropriate space and administrative support. All professionals who responded said as part of their role as Named Person they ensured that either they or someone known to the child gathered the views of the young person and gave feedback to them following meetings. The team identified that information re CP1 referrals from various agencies was not always fed back to the Named Person.

The experience of the Chair Person during LAC reviews, core groups and case conferences was highlighted in both interviews and questionnaires as being a clear factor in determining the quality of meeting, ensuring SMART plans and allowing for honest dialogue and challenge to service users, framed in a constructive way. Respondents were clear that a consistent Chair Person supported best outcomes for children and families and reported that this had been the case for case conferences recently. The core groups are however not consistently chaired by team leaders which affected the quality of planning and dialogue. They welcomed the recent introduction of minute takers.

Strengths	Areas for Development
<ul style="list-style-type: none"> • The use of SHANARRI and the My World Triangle reflects the impact of neglect • The increase in information sharing between named persons improves the response to children experiencing neglect, SHANARRI indicators support recognition of neglect. • Recent outcome focus training offered by Barnardos continues to inform practice • All agencies prioritise sending staff to core groups and case conferences • Within health clear links with learning from audits of reports and future training • Evidence of increased practice and improved liaison between professionals organising the TAC meetings. Staff confident in taking on role of Named Person • Good uptake from agencies for further training, inter-agency training highly valued by respondents • Social work staff request regular written updates from staff in residential placements in order to keep Chronologies current. 	<ul style="list-style-type: none"> • An agreed electronic method of safely sharing information about a child or family between agencies would promote further information sharing where relevant. • A reporting mechanism or monitoring tool should be developed in accordance with national legislation to demonstrate an accurate picture of children in Forth Valley outwith mainstream public sector services e.g. children receiving Home Education and in Independent Schools/Nurseries. • Chronologies should be developed in all children's education files. • Chronologies should be updated regularly at core groups with further guidance developed to support this. • Guidance should be developed to ensure consistent systems and standards are maintained in relation to record keeping in children's files. NHS Forth Valley will need to follow national guidance. • A systematic way of gathering and responding to Service users views following engagement with child protection services should be developed. • Further sessions of GIRFEC training should be delivered as some health staff have not been able to attend sessions so far and the gap between staff attending GIRFEC paperwork training and using the paper work has caused a need for a refresh. • Further training to address the needs and change the lives of children experiencing neglect should be delivered and include the different thresholds of understanding what can be shared and included in a multi-agency chronology. • There should be guidance developed to encourage better engagement with hard to reach families e.g. families who lack capacity to change due to parents' Learning Disability • Staff should gather information proactively for reports in order to adhere to time frames outlined in National Child Protection Guidance. • A focus for a future Child Protection Practitioners Forum meeting should be understanding each others' roles and responsibilities. • Consider should be given to how

	<p>Child protection case conferences can ensure the voice of young people are heard, including those young people whose babies are being considered for placement on the register.</p> <ul style="list-style-type: none"> • Develop further opportunities for multi-agency training, specifically around understanding the barriers for each service. (To include housing) • Further consideration of how form 4 can usefully support planning for young people supported Youth Justice team. • Develop a range of advocacy services children and young people referred to Child Protection.
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5. Self-evaluation

We have not as yet established a multi-agency framework for self-evaluation and although it is generally understood that self-evaluation is a broad term which describes all activities which services undertake to effect improvement we do not have a model of cyclical activity which identifies priorities, takes action, and evaluates impact.

This self-evaluation process is a useful focus for future areas of work and will need a strong commitment from all stakeholders and strong leadership to drive forward change. It is necessary to build on the work of MACIG to create a framework for self-evaluation which collates a range of activities both formal and informal into a comprehensive, systematic approach.

This activity should support the development of a self-reflective culture which encourages all colleagues to identify and learn from innovative and excellent practice.

Strengths	Areas for Development
<ul style="list-style-type: none"> • All agencies are committed to taking forward self-evaluation. 	<ul style="list-style-type: none"> • There is a need to develop a multi-agency self-evaluation model which would support staff to come together to reflect on practice and identify priorities for development.

6. Leadership by the Child Protection Committee

Information received from members of the Child Protection Committee and staff from across agencies and services suggests the Child Protection Committee provides an opportunity to discuss and explore key child protection priorities and share information about local and national issues.

It has been strengthened by the appointment of an independent chair who is able to challenge more effectively services and agencies and it has developed effective links with the Alcohol and Drug Partnerships, the Adult Support and Protection Committee, the Forth Valley Child Protection Action Group, MAPP, the Voluntary and Independent sector sub-group, the Violence against Women Partnerships and the Community Safety Partnerships.

The Child Protection Committee produces a quarterly newsletter updating on national and local child protection news and has led on developing an outcomes framework for child protection in partnership with Barnardos and a protocol for working with young people aged

sixteen to eighteen.

The Child Protection Committee logo and community awareness raising events have raised the public and professional profile of child protection.

The Multi-Agency Continuous Improvement group is beginning to take forward some of the key areas of responsibility around self-evaluation, performance management and quality assurance of the Child Protection Committee more effectively and the quality assurance and performance management information being presented to the Child Protection Committee is being developed.

Attendance at the Child Protection Committee varies significantly with some members regularly attending or identifying a substitute to attend in their place and others not. Similarly some members actively share information from the Child Protection Committee with and bring information to the Child Protection Committee from their own services and agencies but this is not consistent for all members.

The relationships between the Child Protection Committee, the G5, the G5 Reporting Group, the high level Multi-Agency Continuous Improvement Group and the three Forth Valley Child Protection sub-groups need to be made clearer to provide a robust interface and seamless service.

There is a need to engage more actively with frontline staff and service users, including children and young people, in relation to the work of the Child Protection Committee.

Strengths	Areas for Development
<ul style="list-style-type: none"> • The appointment of an Independent Chair continues to provide independent leadership and challenge to all services and agencies represented on the Child Protection Committee. • The Child Protection Committee is seen by members as providing an opportunity to discuss and explore key child protection priorities and share information about local and national issues. • The Child Protection Committee has developed effective links with the Alcohol and Drug Partnerships, the Adult Support and Protection Committee, the Forth Valley Child Protection Action Group, MAPP, the Voluntary and Independent sector sub-group, the Violence against Women Partnerships and the Community Safety Partnerships. Written update reports are provided to the Child Protection Committee by all the above and the Lead Officer Child Protection provides written update reports to all and attends all but the Stirling Alcohol and Drugs Partnership of which she is not a member. • There have been joint training events 	<ul style="list-style-type: none"> • Attendance at the Child Protection Committee should be prioritised by all members and an appropriate substitute identified when unable to attend. • Information from the Child Protection Committee should be consistently shared by members with their own agencies and information brought to the Child Protection Committee from the same. • The relationship between the Child Protection Committee, the G5, the G5 Reporting Group, the high level Multi-Agency Continuous Improvement Group and the three Forth Valley Child Protection sub-groups should be clarified. • There should be an Annual Development Day to assist in focussing the work of the Child Protection Committee on agreed priorities for which ownership is shared. • The Child Protection Committee

<p>and conferences organised by the Child Protection Committee and the Alcohol and Drug Partnerships and the Child Protection Committee and the Violence against Women Partnerships.</p> <ul style="list-style-type: none"> • The Child Protection Committee produces a quarterly newsletter updating on national and local child protection news which is available on the councils' websites and disseminated to partner agencies. • The quality assurance and performance management information being presented to the Child Protection Committee is being developed. • The Multi-Agency Continuous Improvement group is beginning to take forward some of the key areas of responsibility of the Child Protection Committee around self-evaluation, performance management and quality assurance more effectively. • The Child Protection Committee has led on developing an outcomes framework for child protection in partnership with Barnardos and a protocol for working with young people aged sixteen to eighteen. • The Child Protection Committee logo and community awareness raising events have raised the public and professional profile of child protection. • The Multi-Agency Child Protection Practitioner Forum meetings are now well established and well evaluated by attendees in Stirling and are beginning to be rolled out in Clackmannanshire. 	<p>should become more effective in using the experience and expertise of members, including the voluntary and independent sector, and should identify members to take forward agreed areas of work through sub-groups.</p> <ul style="list-style-type: none"> • The Chair's activities should be more visible between meetings with a formal report from the Chair to the meeting to support this. • The resilience of the Child Protection Committee should be enhanced with cover for the Lead Officer and administrative staff in their absence. • There should be more engagement with frontline staff and service users, including children and young people, in relation to the work of the Child Protection Committee. • The Child Protection Committee website should be developed, in consultation with frontline staff, service users, children and young people. • The Multi-Agency Child Protection Practitioner Forums should be further developed to include practitioner representation on the planning group.
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Recommendations

- This self-evaluation exercise has reinforced the value of self-evaluation and there is now renewed recognition that ongoing self-evaluation needs to be further embedded in both single and multi-agency processes.
- The multi-agency self-evaluation quality assurance framework currently being developed by MACIG should be taken forward as a matter of priority and a multi-agency team should be identified as a sub-group to implement, evaluate and report back on agreed outcomes recognising the current work relating to the Barnardos Outcomes Framework.

- Together agencies should consider escalation processes on both a single and multi-agency basis and appropriate guidance developed which ensures each agency understands the process by which they can escalate concerns to child protection level.
- Single and multi-agency action plans with identified leads need to be developed to address the areas for development identified in the Comprehensive Report.
- Ongoing auditing processes should be agreed in order to continue to explore practice issues arising from the Self-evaluation process.
- Consideration should be given by all agencies to strengthening the response to child protection referrals which are received out of hours.
- The focus for all the above should be improved outcomes for all children and young people living in the Clackmannanshire Council area.

29 JUL 2013

Ms Elaine McPherson
Chief Executive
Clackmannanshire Council
Greenfield House
ALLOA
Clackmannanshire FK10 2AD

25 July 2013
Our Reference: AB/YD

Dear Ms McPherson

Clackmannanshire and Stirling Supported Self-Evaluation

Following your own self-evaluation and the views of Care Inspectorate staff on the process, please find below comments from the Care Inspectorate which you may wish to include or refer to in your August Committee Reports. Given the multi-agency nature of the Chief Officers Group and of the self-evaluation team, I can confirm that I am happy for these comments to be shared with your NHS and Police colleagues.

The current **Assurance and Improvement Plans** for Clackmannanshire and Stirling Councils confirmed that the Care Inspectorate had reached agreement with chief officers to build capacity for improvement in services to protect children through supporting a programme of joint self-evaluation.

The partners moved quickly to establish the joint self-evaluation team which received support and reported to senior managers from the shared social work and education services, NHS Forth Valley and Central Scotland Police. The self-evaluation team were also supported by Inspectors from the Care Inspectorate who met with the team on four occasions during February and March 2013. The Inspectors provided a support and challenge role as the self-evaluation team planned their work plan and programme, gathered information and evidence and undertook their analysis. Outwith the meetings, the Inspectors were available to provide on-going support by telephone and e-mail contact and the team made appropriate use of this.

The Inspectors saw that there was strong support for this self-evaluation activity from all the partner agencies and that there was regular communication between senior managers and the self-evaluation team. The team undertook the self-evaluation in a diligent and effective manner. The team was fully aware of the need for the self-evaluation to be an honest and accurate review of current position of services to protect children and for its findings to be evidence based.

By means of questionnaires, one to one interviews, focus groups and a joint case file audit, they gathered a substantial evidence bank. The team analysed this information and used this analysis in producing reports of the self-evaluation findings for the Clackmannanshire and Stirling areas. Whilst services to protect children were the primary focus of the self-evaluation, the team also looked more broadly at children's services and made use of the Care Inspectorate's draft self-evaluation guide and quality illustrations in doing so.

The self-evaluation reports provide a significant amount of useful information about services to protect children and services more broadly for children in Clackmannanshire and Stirling. The reports identify areas of good practice and of where practice has improved. They also identify a number of areas for development. The joint children's services inspections scheduled for February 2014 will provide an opportunity for the scrutiny bodies, including the Care Inspectorate to evaluate children's services, including the implementation of GIRFEC in the two council areas. The self-evaluation activity and the findings provide a very useful basis on which the partners can jointly work together to plan continued improvement. The next and very important stage is for both joint and single action plans to be developed and implemented based on the self-evaluation findings.

We look forward to discussing progress with you through the work of the Link Inspector over the coming months.

Yours sincerely

[Redacted signature]

Annette Bruton

Chief Executive

Direct: 01382 207102

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