

Response to Consultation on Child Protection from South Edinburgh Health Forum (SEHF) - Sep 2010

We welcome the opportunity to comment on this very important set of Guidelines. Attached are comments from our group, mainly from a retired GP. One of our members, a retired social worker, has recorded her comments separately and I attach them in their entirety.

“I have been struggling with this as the guidance is so vast and I have been trying to take it all in.

The National Guidelines will I feel be very useful to all working directly with children. The roles and responsibilities of all the organisations are clearly described, as is the process of investigation and the procedures to be followed in arranging a multi-agency case conference. The responsibilities of the key professional and the recording of decisions, the importance of keeping the child and the family informed about procedures are very well described. The Guidance is a very valuable reminder of all that should be done in the interests of the child's wellbeing, but in a way it is all too straightforward.

I admit that my experiences as a former practising social worker and consequent worries may be rather out of date but I was a member of a social work team where child protection was given top priority. We did have inter-agency training and found it very valuable in understanding roles and building trust between the different agencies. This trust meant the sharing of information and concerns took place much more readily. Making referrals increased markedly to the benefit of the children concerned. We had had training in listening to children and not asking leading questions though, from a recent news item, this can still take place. In some ways it was easier to investigate where there was some physical injury and an unsatisfactory explanation of how it had happened but the cases which still worry me were those where there was no physical evidence but the child was showing signs that something was wrong.

Where there is a conspiracy of silence in the family the gathering of evidence that could lead to a place of safety order cannot be based on gut feelings. The social worker has to try to continue working with the family in the hope that the situation for the child will improve.

Now retired, I can see how the Third Sector can be useful even if not having direct contact with children. The Guidance reminded me that we all can look at the areas where we live from the point of view of the safety of children growing up there: are there Mother and Toddler Groups, nursery schools, safe road crossings, safe play areas and youth activities?

I really don't know if any of this is worth noting but Child Protection is an area of working which concerns me deeply.” [Retired Social Worker]

CONSULTATION QUESTIONS

General Questions

1. What are your views on the usefulness and accessibility of the guidance for your sector? Are the suggested processes and terminology used relevant to your service/agency/profession? How could they be improved?

It would be helpful to have less jargon-type terminology or presumed familiarity with acronyms in reports. Given that reports are read by a wide range of professionals, not all are familiar with each other's jargon.

2. The guidance seeks to strike a balance between acknowledging the *Getting it right for every child* approach as the future direction for children's services, and the current stage of its development and implementation across Scotland. What are your views on how GIRFEC has been incorporated into the document?

3. Are there any equality or diversity issues that should be more fully reflected in the guidance?

Specific Questions

4. Part 1: Key Definitions and Concepts: The guidance suggests that there should no longer be a requirement to identify a category of registration when registering a child on the Child Protection Register. This is to encourage a move towards a focus on the needs and risks to the individual child, rather than on categorisation.

a) Do you agree with this change in process?

Yes

Please provide additional comments.

Each child is a unique entity with his/her own specific issues relating to their circumstances. No one child can therefore be categorised under any one requirements need – these are so very complex.

b) We are aware that removal of categories of registration will have an impact on management information availability, and a separate project is underway to consider information requirements at a local and national level. What are the child protection management information requirements in your area of expertise?

How is this information currently collected?

5. Part 3: Risk Assessment: While the guidance discusses risk assessment and indicators of risk, it should be noted that the intention is to develop a separate risk assessment toolkit. The toolkit will be based on the general principles and framework set out within the guidance, and in particular link with the GIRFEC model. On this basis, are you content with the principles set out in the guidance around risk assessment?

Yes, No, In Part, Don't Know

Please provide additional comments.

6. Part 3: Responding to Concerns about Children: The guidance states: *'There are a number of tasks and roles that specific agencies have a particular responsibility for – for example, the decision to undertake a child protection enquiry (police and social work), planning a joint investigation, including the need for a medical examination (police, social work and health), and co-ordination of child protection case conferences and the child protection plan (social work).'* Do you agree with these roles and responsibilities?

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In Part

Please provide additional comments.

The more agencies who are responsible for an “at risk” child, the less open a vulnerable youngster may be. Trust in one individual is essential. Therefore a co-ordinated and interactive holistic approach should provide a more satisfactory outcome for both agency representatives and the child.

7. Part 3: Child Protection Case Conferences and Appendix 1: The guidance introduces national timescales, in particular that initial Child Protection Case Conferences should be held as soon as practically possible and no later than **21 calendar days** from the notification of concern. Also, it suggests that participants should receive the agreed child protection plan within **5 calendar days** of the conference; and the minutes no later than **15 calendar days** after the conference.

Do you agree with these timescales?

If not, what is the best standard that could be reasonably expected?

Yes, No, In Part, Don't Know

Please provide additional comments.

As each case is urgent, a time limit guideline for **too short** a period may compromise the ability to research and present a well-documented case study/history.

8. Part 3: Child Protection Case Conferences: The guidance suggests that pre-birth case conferences, where they identify the need for the unborn child to have a child protection plan, should also place that child on the Child Protection Register.

Do you agree with this approach? Is this approach already taken in your area? What benefits do you see from pre-birth registration? What disadvantages?

Yes

Please provide additional comments.

9. Part 3: Child Protection Case Conferences: The guidance states that *‘while the chair of case conferences will often be from social work services, where an individual could fulfil the required criteria, it would not be inappropriate for a practitioner from a different agency or service to undertake the role.’* The focus is therefore on the competency and impartiality of the chair, rather than their particular profession. Do you agree with this approach?

Initially

Please provide additional comments.

Experience, common sense, initiative, awareness, compassion and empathy are what are required of a “Chair”, regardless of which agency they represent.

10. Part 3: Child Protection Case Conferences: The guidance states the

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desire to move towards a position where only one report is considered by a case conference. However, it also recognises that this is not something all areas are capable of implementing at this stage. However, are you content with the *principle* of having one composite report co-ordinated by the Lead Professional and representing the views of all services, agencies and families involved?

Yes, No, In Part, Don't Know

Please provide additional comments.

11. Part 3: Child Protection Case Conferences: The guidance suggests that '*all participants at a CPCC with significant involvement with the child/family have a responsibility to determine whether or not to place the child's name on the Child Protection Register. Where there is a split decision, the Chair will determine the final decision.*' Do you agree with this approach?

Yes, No, In Part, Don't Know

Please provide additional comments.

12. Do you have any additional comments

The less bureaucratic the documentation, the easier it is to assimilate and therefore the quicker an urgent conclusion, resulting in the correct action as soon as possible may be effected.