Multi-Agency Child Protection Self-Evaluation Findings Summary Report 2024.

Introduction

As part of the scheduled work of Public Protection Committee (PPC) Performance Quality and Improvement Sub Committee, a multi-agency child protection self-evaluation commenced in Autumn 2024. A Multi-Agency Child Protection Self-Evaluation Steering Group consisting of operational managers from across the partnership was set up in summer 2024 to oversee the work, chaired by the Lead Officer Child Protection, with support from the PPC Performance and Assurance Officer. It was agreed that this would be a smaller self-evaluation exercise than previously, only looking at a smaller case file reading and gaining feedback from staff.

The self-evaluation included:

- record reading across the four main partner agencies of Social Work, Police, Health and Education services,
- gaining feedback through a staff survey to identify how well we are implementing the new Child Protection Guidance.

From the 60 families identified where consent was given to read their records, all the records for these 60 cases were read in the four days allocated beginning 4th November 2024 by the 16 record readers (8 teams of 2 readers). A summary of these findings in terms of data and evaluation can be found below.

The MA CP SE Steering Group agreed that the case file reading sample should include the following themes of:

- Child Protection Cases
- Pre-Birth Cases where vulnerabilities or risks have been identified
- Children referred to Child MASH where Domestic Abuse was the primary concern.

(A sample of 14 families was included where the main reason for involvement was concerns regarding domestic violence. This was to provide evidence of any improvement in practice following the previous self-evaluation findings regarding the implementation of Safe and Together.)
As part of this self-evaluation we considered the following three key questions:

1. **How are we doing?** This helped us understand the impact of our service on the lives of vulnerable children.
2. **How do we know?** We sought and considered evidence we had to back up our answers to question 1.
3. **What are we going to do now?** Our improvement plan outlines our plans to improve based on this self-evaluation.

Date of self-evaluation: Autumn 2024 **Who led this self-evaluation?** Clare Cowan, Lead Officer Child Protection

Who else was involved:

Karen Brown, Performance & Assurance Officer - Self-Evaluation Co-ordinator

Multi-Agency Child Protection Self-Evaluation Steering Group, overseeing the activity, identifying resources and providing final sign-off of findings.

Staff from within Children & Families Social Work, Police Scotland V Division, Education and NHS Dumfries and Galloway who read files and did the initial analysis and evaluation.

D&G Link Inspector, Care Inspectorate, who undertook a critical friend role, including providing file reading training and some initial moderation of cases.

Quality Indicator 5 from the Quality Framework for Children and Young People in Need of Care and Protection *November 2022***.**

How good is our delivery of services for children, young people and families?

QI. 5 – Delivery of key processes.

Summary of self-evaluation work (completed earlier) which considered and evidenced each aspect.

Quality Indicator	Our evaluation	Key Strengths	Areas for Improvement
5.1 Recognition and response to initial concerns	**Good**	Findings indicate that the quality of referrals received show real improvement, with more evidence of work already undertaken; recognition of impact of abuse; speaking to and informing families, and provision of enough information to make decisions, although not always consistent. Pre-birth referrals are of a good standard, and it is evident that practitioners are spending time to ensure that the right information is being gathered with clearer identification of risk and impact, as well as support models used. There is evidence of effective joint working and good relationships between partners. There are some examples of high levels of practice at the initial stages of the child protection process (quality of information and initial multi-agency response to concerns) shown by 87% of files read being graded as good and above, demonstrating thorough information gathering and communication across partners. There was an 'excellent' grading which demonstrated in depth information gathering and mapping following the initial referral leading to robust decision making for an unborn baby and ultimately good outcomes. When following up concerns over half the files are of a good or very good standard. It is demonstrated that IRDs are held timeously, with good information sharing and planning. There were some good examples of child protection inquiries, with thorough exploration of circumstances and impact of risk to enable good decision making but this standard was not always seen.	IRDs to be clear on individual children's needs within families and make recommendations specific to the child. Ensuring all staff understand the roles and responsibilities of others working in child protection processes. Within CPIs naming the concerns and impact on the child could at times be better. Safety plans were of varying quality, sometimes these were too broad and not clear on what the expectations of parents were. Contingency planning to be improved. Multi-agency meetings are in the main of good quality, with links to collaborative working practices, clear multi-agency assessments and plans. However, minutes of child's plan meetings out with child protection are not as evident and although these can be taking place, they are not documented. Throughout the initial stages of work, trauma informed language and being clear about concerns were not always evident. Ensuring views are captured and information is triangulated to inform decision making would improve grading for some records.

Quality Indicator	Our evaluation	Key Strengths	Areas for Improvement
5.2 Assessing risk and need	**Good**	The quality of assessments shows encouraging results with 78% evaluated as Good or above, which is an improvement from our previous self-evaluation; comprehensive assessments and planning which included all views was highlighted by file readers. Single agency chronologies have increased, with some good examples, however this is not consistent and can lack positive events. There is evidence of more multi-agency chronologies since the previous self-evaluation undertaken in 2022; 67% of the chronologies found were evaluated as Adequate or above, with 52% evaluated as Good or above which shows positive improvement and an indication of culture change. Better use of chronologies for historical context regarding current impact was noted by file readers. The Safe & Together approach is more apparent in recent assessments, indicating a shift from the previous self-evaluation, however this requires more time to be fully embedded.	At times assessments can have missing information which makes it hard to see the evidence of decisions and outcomes. We also need to get better at referencing tools/research used to inform assessments. Better analysis of information would strengthen assessments. The needs of siblings require to be evidenced more strongly, and records updated in the child's own right, as well as better focus on the impact of harm/abuse to the child(ren). The concerns identified at IRD are not always considered which reduces the quality of the assessment. When children are being supported out with child protection processes, there is some missing information making the child's journey difficult to follow. Initial assessments are not always updated and therefore support given and the voices of families are lost. Although there is evidence of assessments being updated when significant events have occurred, these require to be improved to avoid confusion and becoming lists of information in the mapping section. Focus on improvements to single agency chronologies and the development of multi-agency chronologies.

Quality Indicator	Our evaluation	Key Strengths	Areas for Improvement
5.3 Care planning, managing risk and effective intervention	**Good**	This is an area where practice is graded at 70% and above across the identified areas. Planning is shown to be strong in the initial stages of intervention. There were some good timeline examples that demonstrated that actions were being monitored and provided clarity regarding responsibilities and the work being undertaken alongside families. We are getting better at using the Safe and Together model when supporting children and families. There are some real strengths in relation to improving wellbeing and reducing risk and harm for children, identification of risks is in the main robust with clear recording of worries as well as strengths.	Whilst strengths are evidenced in our planning earlier in the process, this area could be improved when support is being given out with child protection processes as plans are often not updated. Some child's plans require to be clearer regarding roles and responsibilities and show better understanding of behaviours and triggers. It is important that timelines are kept up to date and provide relevant details. Records of reviews are not always available and on some occasions support and time with families is not adequately recorded, or at times missing. Although there are some good examples of partnering with the survivor in domestic abuse situations, this is inconsistent. Similarly, there are some instances of holding the perpetrators of domestic abuse to account but again this is not occurring regularly; the use of the Perpetrator Mapping tool would have supported interventions more robustly. The use of family networks is not consistent and opportunities to utilise these supports are sometimes missed or not recorded.

Quality Indicator	Our evaluation	Key Strengths	Areas for Improvement
5.4 Involving children, young people and families.	**Good**	There were some really good examples of involving families and building good relationships, but this was not consistent. The staff survey indicated we are seeing that there is some really good work taking place to ensure we are building relationships with children and hearing their voices. There was some evidence of lovely work around relationship building with children and gaining their views, and use of the best person to do this; including how views were gathered would be helpful and provide context. There were some positive examples of support given to children with disabilities or where English was not the child's first language. There was some use of advocacy and of this working well.	Child's views to be updated throughout process. Sometimes views were not updated following the first assessment and/or plan and it is therefore not known whether these were not sought or just not recorded. In some cases, the voice of the child was unheard or lost in the process. Time alone with children is not always evident. Recording of advocacy as this is often missing or unclear if it was offered. Gaining the child's views where the child is pre-school, and the voice of the infant as these are often missing. Note - Consideration of the views of an unborn is not included in the Care Inspectorate model, however we do hope to see this within our assessments albeit this is not captured in our self-evaluation.

Some wider areas for improvement were identified during file reading, in terms of consistency of practice and lack of staffing and resources. These have been escalated to senior managers in COG and PPC and we will continue to monitor progress going forward.

Overall, this self-evaluation, alongside associated data, provides good evidence that we continue to meet the needs of our most vulnerable children following the pandemic and with significantly pressured staffing and resource availability. The next steps are to agree improvements to be made, alongside work carried out from the improvement plan identified following the 2020-22 self-evaluation: noting the short timeframe from the recommendations being agreed, work starting, and therefore more time being needed to see change being embedded.

Appendix 1: Improvement Plan

The Performance, Quality & Improvement Sub Committee will oversee the progress of any improvement plan. The aim is to review this plan regularly and make the information accessible to be shared with services, managers, frontline staff and relevant stakeholders within the Public Protection Partnership.

Improvement Identified	Existing Improvement Activity	What needs to be done?	Who is leading on this?	Expected Timeframe for completion	What will success look like? /How will we know completed?/ Measure
Ensuring staff understand roles and responsibilities of others	The CP Multi-Agency Level 3 training has been developed and will provide this information for staff	Will continue to be monitored and reviewed as necessary	Learning & Development Sub Committee	Summer 2025	Staff will have an understanding of others' roles in CP Processes
IRDs to be clear on individual children's needs within families and make recommendations specific to the child	IRD Review Group systemic self-evaluation is undertaken and identifies improvement actions	Continue to review this at the regular IRD Review Group	MASH Managers	Dec 2025	The quality of IRDs will remain high and continue to improve
Identification of the impact of harm is required in all assessments	The Social Work review of their CP Investigation, assessment and planning templates will address this issue & allow clear recording of impact of harm on child	C&F Social Work to complete review and update recording templates	Charles Rocks	Mar 2026	When reading CPIs and assessments, the impact of any harm on the child(ren) will be obvious
Child's views to be updated throughout process	Social Work is currently reviewing assessment and planning templates	C&F Social Work will ensure that template design enables views to be captured routinely	Charles Rocks	Mar 2026	We will see evidence of children's views being taken into account and updated in records throughout the duration of support
Timelines/progress needs to be recorded/updated	C&F Social Work review ongoing	Current C&F review will consider how this can be improved and make necessary changes to planning template	Charles Rocks	Mar 2026	Timelines will be current and clearly record progress that has taken place

Improvement Identified	Existing Improvement Activity	What needs to be done?	Who is leading on this?	Expected Timeframe for completion	What will success look like? /How will we know completed?/ Measure
Better recording of reviews of plans when outwith CP processes	Changes being made to the existing social work planning template	C&F Social Work will take into account CP SE activity when reviewing templates to ensure that all reviews are recorded	Charles Rocks	Mar 2026	We will be able to find records of reviews of children's plans when not in cp processes
Consistency of practice	The change of delivery model in C&F Social Work services had only been in place for a small amount of the cases considered. This change should address the issue of inconsistencies going forward as CP work is now completed by the same group of workers	Will continue to be monitored and reviewed as necessary	Charles Rocks	Mar 2026	We will see more consistent practice across all aspects of child protection processes no matter where children live in the region
Lack of staffing and resources	This has been raised with PPC and COG. Leaders are therefore well aware of the challenges of recruitment and retention across the Partnership	No direct actions identified at the moment.	PPC/COG	Mar 2026	Staff will feel less anxious about the levels of staffing and resources currently available to support children and their families
Continue to improve SA chronologies and develop MA chronologies.	The Strategic Priority Group working on MA Chronologies and Information Sharing will take forward all necessary action from these findings	Improvement work is ongoing as per Priority 4 of the Public Protection Strategic Plan 2024-27	Steven Morgan/ Charles Rocks	Mar 2027	MA chronologies will be successfully implemented and used effectively