

Practitioner Feedback from Practitioner Forum events – March 2015

What is <i>working well</i> for children in Falkirk who are affected by domestic abuse?	<i>Individually</i> , what else do you (practitioners) need to improve outcomes for children who are affected by domestic abuse?	What <i>collectively</i> could we do better?
<p>Sharing information with named person/others – TAC meetings, NPM, IAF</p> <p>VPD process working well</p> <p>Resilience matrix and chronologies – being used (education) but want more training on how to improve use of this</p> <p>Interface with 3rd sector – good joint working</p> <p>NPM – SHANARRI seen positively. One comment that “now so used to using this [wellbeing indicators] that it has become second nature”</p> <p>Direct work/1-1 work and the indirect work of agencies eg housing</p> <p>IAF paperwork – all using the same language</p> <p>GP surgeries – some have the wellbeing indicators in waiting rooms</p> <p>Range of services for both the mother and child</p> <p>GIRFEC</p> <ul style="list-style-type: none"> • resilience matrix being used • other tools eg genogram • viewpoint • life story work 	<p>Resources – impact of budget cuts being felt by all services</p> <p>Would benefit from having an education pack (Safe as Houses very outdated) – tackle beliefs/attitudes of boys</p> <p>Better access to mental health services – not just CAMHS but also counselling/lower tier 1 & 2 – mental WELLBEING</p> <p>Admin support needed for TAC meetings</p> <p>We could be better at providing feedback (from a social worker)</p> <p>Some positive work being taken forward in Housing services – information sharing etc but more to do</p> <p>Children with ASNs – how well do we explore issues with them/views???</p> <p>Clarity around consent – if obtained by one agency, is this sufficient for all agencies???</p> <p>Accessing existing/new resources</p> <p>Named person – consistency and understanding of the role of the NP and LP needed and others understanding of this</p>	<p>Feedback following referral/request for assistance remains variable. There is also some inconsistency in response by SW teams to similar types of issues.</p> <p>Services to support mother/child at the same time – several comments about the loss of CEDAR project and the subsequent gap in services.</p> <p>Joint working practices felt to be positive but there was a view that this still could be improved</p> <p>IT solution for integrated chronology and assessments</p> <p>More public awareness for the wider public protection agenda – recognition that there are many overlaps eg CP and DA</p> <p>Gaps in provision for children with ASNs – reluctance of services to work with children with ASNs</p> <p>Children’s Views – how do we make sure that we seek/gather their views in a meaningful and not tokenistic way??</p> <p>Electronic systems which support information sharing – records, chronology Corporate parenting responsibilities!</p>

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<p>Services using a range of approaches to engage with children – kids talk/teen talk, mellow parenting, youth groups, POP (Caring dads programme specific to domestic abuse), books (hands are not for hitting, big bag of worries, talking mats), circle time, art therapy, incredible years (PPP)</p> <p>Events such as the PF events / GIRFEC Learning cafes which allow the opportunity to network and identify resources that might not otherwise have been known</p> <p>Early intervention – there is/has been a change in mindset</p> <p>Domestic abuse courts – quick turnaround</p>	<p>VPD information sharing needs to be quicker for some services – Windsor Park School missed off the list (for VPDs)</p>	<p>Feedback still an issue – variable across the LA area – needs consistency of response by teams to similar issues</p> <p>Named person – consistency and understanding of the role of the NP and LP needed and others understanding of this</p> <p>Getting people to MA meetings – attendance can be variable</p> <p>Continue to build on and develop GIRFEC for child and adult services</p>
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