

3 March 2016

TITLE OF REPORT: Child Protection in Gateshead – Fourth Evidence Gathering session

REPORT OF: Alison Elliot, Interim Strategic Director, Care Wellbeing and Learning

SUMMARY

Council has agreed that this committee should review how the child protection system operates in Gateshead. The review will examine each stage of the process and will explore the way decisions are taken, risks are managed, and the involvement of partners. The review will explore how Gateshead undertakes its safeguarding responsibilities in conjunction with partners within the policy context and legal frameworks for Child Protection.

The review will provide the committee with an overview of how the child protection process works in Gateshead and provide examples of how Gateshead children's social work service operates in conjunction with partners to ensure children's safety. It will focus in particular on the ways in which services operate collectively, review the evidence and contribute to the future development and delivery of child protection within Children's Social Care Services.

Fourth Evidence gathering

1. This fourth evidence gathering has been developed to provide the committee with an overview of how multi agency decisions are made regarding whether a child needs to become subject to a child protection plan and under what category. The session will consider decision making during Initial Child Protection Conferences (ICPC) and how these decisions are reviewed at subsequent Review Child Protection Conferences (RCPC).
2. The session will enable Members of the committee to have an overview of the process, quality assurance, the role of the Chair and the role of the agencies involved.

Purpose of an Initial Child Protection Conference (ICPC)

3. Following a Section 47 investigation, an ICPC brings together family members (and the child where appropriate), with the supporters, advocates and professionals most involved with the child and family, to make decisions about the child's future safety, health and development.

If concerns relate to an unborn child, consideration should be given as to whether to hold a child protection conference prior to the child's birth.

4. The conference should take place within 15 working days of the last strategy discussion. Government guidance for convening child protection case conferences is contained in '*Working Together to Safeguard Children 2015*' and outlined in Gateshead LSCB Child Protection Procedures <http://proceduresonline.com/gateshead/lscb>

Conference responsibilities include:

5. To bring together and analyse, in an inter-agency setting, all relevant information and plan how best to safeguard and promote the welfare of the child. It is a shared multi-agency responsibility of conference participants to make recommendations on how agencies work together to safeguard the child in future.
6. To consider the evidence presented to the conference and taking into account the child's present situation and information about his or her family history and present and past family functioning, make judgements about the likelihood of the child suffering significant harm in the future and decide whether the child is continuing to, or is likely to, suffer significant harm; and
7. To decide what future action is needed to safeguard the child and promote his/her welfare, how that action will be taken forward, and with what intended outcomes.
8. The Safeguarding Children's Unit based in the Civic Centre has a key responsibility in chairing child protection conferences ensuring that accurate minutes are recorded and all agencies involved including family members are provided with a record of the decisions made and where a child protection plan had been agreed a copy of that plan .
9. In Gateshead Child Protection Conferences are chaired suitably trained social workers experienced in child protection. In Gateshead the role is carried out by the same staff who undertake the role of Independent Reviewing Officers (IROs). However in their capacity as Child Protection Chairs they are directly accountable to the Director of Children's Services whereas in the role of IRO they are personally responsible for monitoring the performance by the local authority of their functions in relation to a child's review and their case and as such have direct recourse to Cafcass if deemed necessary.
10. Child Protection Chairs should;
 - a. where possible be a consistent Chair for the case; the same person should chair subsequent child protection reviews (RCPCs);
 - b. Independent of operational and/or line management responsibilities for the case; and
 - c. Should meet the child and parents in advance to ensure they understand the purpose and the process.

11. The Decision Making Process. All involved professionals should:

- Contribute to the information their agency provides ahead of the conference, setting out the nature of the agency's involvement with the child and family;
- Consider, in conjunction with the police and the appointed conference Chair, whether the report can and should be shared with the parents and if so when; and
- Attend the conference and take part in decision making when invited.

The conference should examine the following questions when determining whether the child should be subject to a Child Protection Plan.

- Ensure the child is safe from harm and prevent him or her from suffering further harm;
- Promote the child's health and development; and
- Support the family and wider family members to safeguard and promote the welfare of their child, provided it is in the best interests of the child.

12. The Conference Chair must ensure that the decision about the need for a Child Protection Plan takes account of the views of all agencies represented at the conference and also takes into account any written contributions that have been made. This discussion will normally take place with the parents/carers present.

13. The decision will be taken by professionals attending the conference, i.e. those eligible to be counted for the purposes of establishing a quorum this will not include the child, parents, carers, supporters although they may be asked to comment on the strengths, concerns, risks, future plans and protection. Where there is no consensus, the decision will normally be made by a simple majority. Where a majority decision cannot be reached, the Conference Chair will make the decision.

14. The Conference Chair must ensure that all members of the conference are clear about the conclusions reached, the decision taken and recommendations made, and that the record of the conference accurately reflect the discussions, the decision and, where relevant, the reasons for the Conference Chair exercising their decision-making powers. Any dissent by professionals at the conference must be recorded in the conference record. If parents/carers disagree with the decision, this also must be recorded in the record of the conference and the Conference Chair must discuss the issue with them and explain their right to and the process for challenge.

15. The attendees at the conference will pull together an outline of the Child Protection Plan to safeguard and promote the welfare of the child and

decide who will form the Core Group Meetings. A date must also be decided upon for a review conference.

Categories of Significant Harm

16. If the decision is that the child is at continuing risk of Significant Harm and is therefore in need of a Child Protection Plan, the Conference Chair should determine the category of significant harm which the child has suffered or is at risk of suffering.

17. The following definitions are taken from Appendix A of *Working Together to Safeguard Children, 2015*.

- **Physical Abuse** A form of abuse which may involve hitting, shaking, throwing, poisoning, drowning, suffocating or otherwise causing physical harm to a child. Physical harm may also be caused when a parent or carer fabricates the symptoms of, or deliberately induces, illness in a child.
- **Emotional Abuse** The persistent emotional maltreatment of a child such as to cause severe and persistent adverse effects on the child's emotional development. It may involve conveying to children that they are worthless or unloved, inadequate, or valued only insofar as they meet the needs of another person. It may include not giving the child opportunities to express their views, deliberately silencing them or making fun of what they say or how they communicate. It may feature age or developmentally inappropriate expectations being imposed on children.
These may include interactions that are beyond the child's developmental capability, as well as overprotection and limitation of exploration and learning, or preventing the child participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying (**including** cyber bullying) causing children frequently to feel frightened or in danger, or the exploitation or corruption of children.
Some level of emotional abuse is involved in all types of maltreatment of a child, though it may occur alone.
- **Sexual Abuse** Involves forcing or enticing a child or young person to take part in sexual activities, not necessarily involving a high level of violence, whether or not the child is aware of what is happening. The activities may involve physical contact, including assault by penetration (for example rape or oral sex) or non-penetrative acts such as masturbation, kissing, rubbing and touching outside of clothing. They may also include non-contact activities, such as involving children in looking at, or in the production of, sexual images, watching sexual activities, encouraging children to behave in sexually inappropriate ways, or grooming a child in preparation for abuse (including via the Internet). Sexual abuse is not solely perpetrated by adult males. Women can also commit acts of sexual abuse, as can other children.

- **Neglect** The persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development.

Neglect may occur during pregnancy as a result of maternal substance abuse. Once a child is born, neglect may involve a parent or carer failing to:

- Provide adequate food, clothing and shelter (including exclusion from home or abandonment).
- Protect a child from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate care-givers); or
- Ensure access to appropriate medical care or treatment.

It may also include neglect of, or unresponsiveness to, a child's basic emotional needs.

Core Groups

18. The Core Group is a group of individuals identified responsible for implementing and progressing the Child Protection Plan. The Core Group is the forum for inter-agency collaboration and should facilitate good communication to achieve the objectives detailed in the Child Protection Plan. Members of the Core Group are jointly responsible for sharing information, undertaking tasks, reviewing and refining the plan with a focus on achieving improved outcomes for the child.
19. Membership of the Core Group is identified at the ICPC and is reviewed at subsequent review conferences. A lead social worker will be identified to lead the Core Group and parents will be key members along with professionals who have direct contact with the family. Although the lead social worker has the lead role, all members of the Core Group are jointly responsible for the formulation, implementation, and review and monitoring of the Child Protection Plan. Core groups are an important forum for working with parents, wider family members and children of sufficient age and understanding
20. The first Core Group should be held within 10 working days of the Initial Child Protection Conference. Thereafter Core Groups should be held on a six weekly basis or more frequently if necessary. Dates for subsequent Core Groups should be agreed at the first meeting.
21. Core Group meetings will focus on sharing information and progress, measuring any changes in the family's behaviours or the family's capacity to change and what resources are required to help the family achieve or sustain any changes. The core group will measure progress against the planned outcomes.
22. An effective Core Group promotes good inter-agency co-operation and provides the framework in which professionals and family members can work in partnership towards achieving the aim, objectives and desired outcomes contained within the Child Protection Plan

Purpose of the Child Protection Review Conferences (RCPCs)

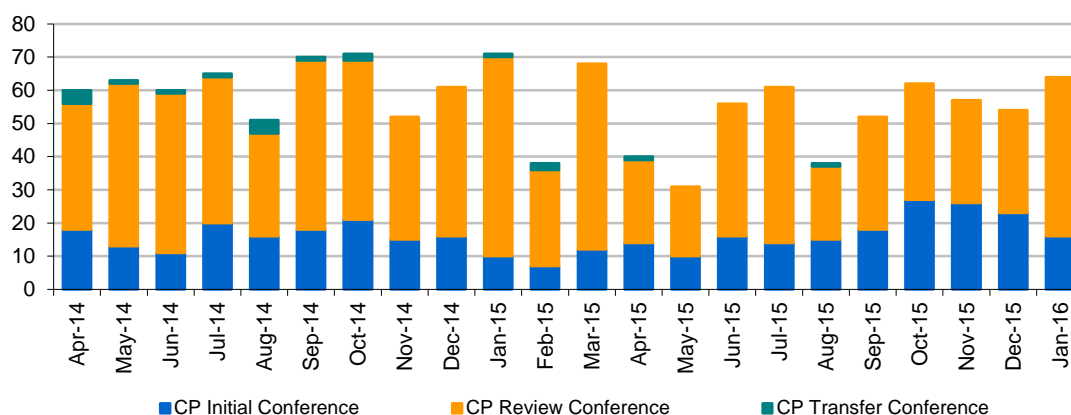
23. The review conference procedures for preparation, decision-making and other procedures should be the same as those for an initial child protection conference.

- To review whether the child is continuing to suffer, or is likely to suffer, significant harm, and review developmental progress against child protection plan outcomes.
- To consider whether the child protection plan should continue or should be changed.
- The SCU ensures best practice through the engagement of children and their families in the conference and reviewing service making sure their views are fully represented in planning, service delivery and decision making.

Performance Data April 2014- January 2016

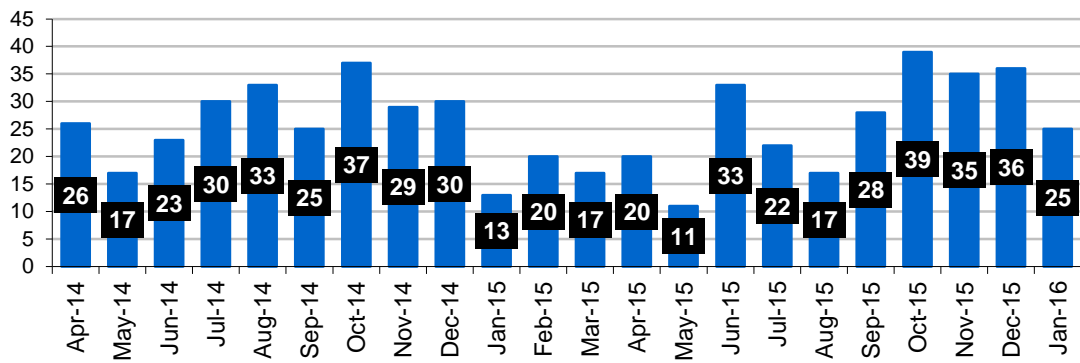
24. Between April 2014 and January 2015, a total of 618 CP conferences took place (157ICPCs/446 RCPCs /15 Transfers). Between April 2015 and January 2016, a total of 508 CP conferences took place (178 ICPCs/328 RCPCs/2 Transfers). This represents an 18% decrease overall in the number of CP conferences taking place, despite there being a 13% increase in ICPC's.

CP Conferences held by month

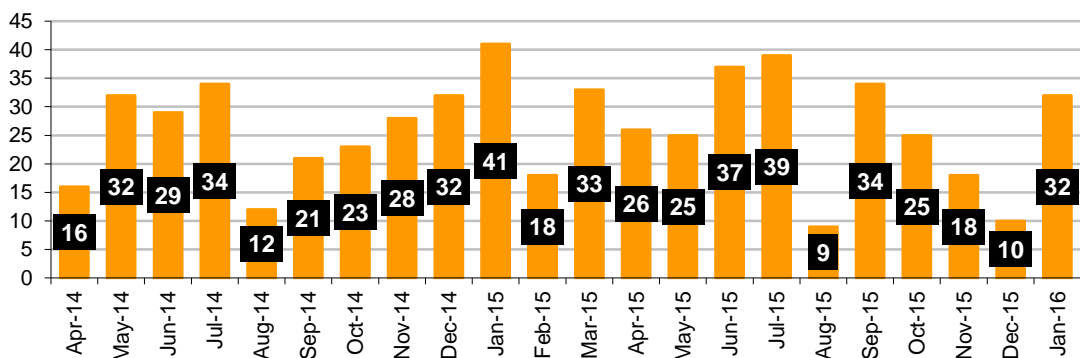


25. While there has been a decrease in the number of conferences held in the period April 2015 to January 2016 April compared with the same period last year during the last 4 months the numbers of conferences per month is more in line with the picture form 2014 -2015.

CP Plans Started by Month



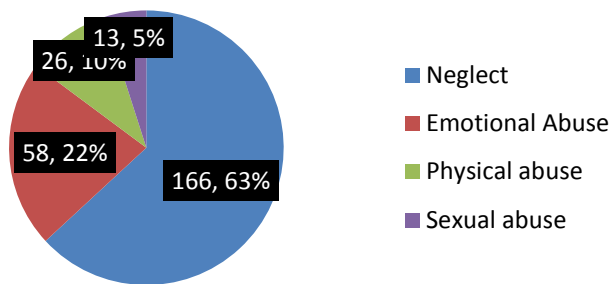
CP Plans Ended by Month



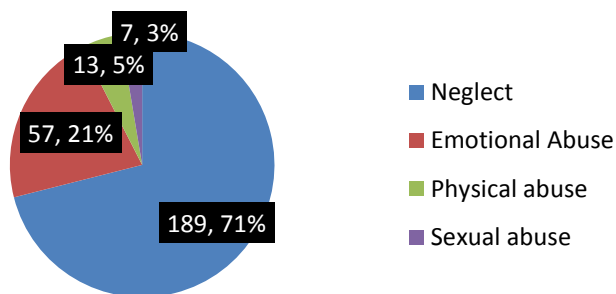
26. Between April 2014 and January 2015, 263 children became subject to CP plans, and 268 children became de-registered (an overall change of -5). 63.1% (166) of those children became subject to a plan under a category of neglect, 22.1% (58) became subject to a plan under a category of emotional abuse, 9.9% (26) became subject to a plan under a category of physical abuse and 4.9% (13) became subject to a plan under a category of sexual abuse.

27. Between April 2015 and January 2016, 266 children became subject to CP plans, and 255 children became de-registered (an overall change of +11). 71.1% (189) of those children became subject to a plan under a category of neglect, 21.4% (57) became subject to a plan under a category of emotional abuse, 4.9% (13) became subject to a plan under a category of physical abuse and 2.6% (7) became subject to a plan under a category of sexual abuse.

**New Child Protection Cases by Initial Category
- 01/04/2014 - 31/01/2015**



**New Child Protection Cases by Initial Category -
01/04/2015 - 31/01/2016**



28. Gateshead continues to have high numbers of children with child protection plans. The majority of those children continue to be registered under the category of neglect.

29. 100% of plans are distributed within 1 day of the ICPC and during the last 12 months significant work has been undertaken to ensure that Chair's reports following conference have been distributed within the required timescale of 20 days. Since February 2015 we have been able to demonstrate 100% compliance with timescales.

30. Ensuring the right people are represented at the conference has also been subject to performance improvement during the last 12 months. Specifically, ensuring that GP information and police information is available to the conference to ensure decisions can be made with a complete picture of the circumstances surrounding the child.

31. Concerns were expressed about the availability of GP reports at both ICPC's and RCMP's. Despite an improvement in reports being shared when practices were reminded these improvements were not able to be sustained. In order to support Health to meet statutory performance targets and improve practice work was undertaken with the named GP visiting a range of GP Practices, and holding sessions with both GP and Practice Managers to review administrative processes and organisational issues and the key lessons learnt for both Health and the SCU from the Baby T SCR. As a result there has been a significant improvement in communication and an improvement from 22% of conferences having GP reports to 71% of conferences having GP reports.

Recommendations

32. Committee members are invited to
 - a. Comment on this fourth evidence gathering
 - b. Make recommendations in relation to the Child Protection Process

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