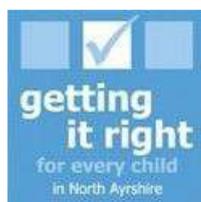




AN 'ESSENTIALS' GUIDE TO CHILDREN AND FAMILIES SOCIAL WORK IN NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP



Background and Context

This booklet is intended as a guide that provides staff within the Partnership with essential information on teams within Children and Families in North Ayrshire, and the procedures carried out within the service.

The guide is laid out so that it can be used as a full document, or each section can be pulled out and used as standalone guide on the specific topic.

The document should be used in conjunction with professional judgement and Scottish Government policies.

Version Control

Version Number	Date Issued	Author	Update Information
V1.0	July 2020	Mhairi McLoone	First Published
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An 'Essentials' guide to Children and Families Social Work in North Ayrshire Health and Social Care Partnership

Contents

<i>Commonly used Acronyms</i>	Page 5
<i>Map of Services</i>	Page 7
<i>Legislation underpinning Children and Families Social Work</i>	Page 9
<i>Requesting Assistance</i>	Page 11
<i>Early Intervention Services within NAHSCP</i>	Page 13
<i>Prevention Services within NAHSCP</i>	Page 15
<i>Report requests for SCRA</i>	Page 19
<i>Children's Hearings system for Social Work Staff</i>	Page 21
<i>Child Protection Procedures</i>	Page 23
<i>Identifying the best nurturing home for a child/YP</i>	Page 25
<i>Senior Management decision making forums</i>	Page 27
<i>Working with Looked After and Accommodated Children for Social Work Staff</i>	Page 29
<i>Permanence Planning for Social Workers</i>	Page 31
<i>Vulnerable Young Persons (VYP) and YP in Secure Accommodation</i>	Page 33
<i>Working with Children/ YP under Care and Risk Management (CARM)</i>	Page 35
<i>A guide to supporting children/young people to access Aftercare/Throughcare</i>	Page 37
<i>A guide to using AYRSHARE</i>	Page 39
<i>A guide to working with children during Coronavirus (COVID-19)</i>	Page 41
<i>A guide to the changes in processes during Coronavirus (COVID-19)</i>	Page 43
<i>Paperwork checklist for Social Workers</i>	Page 45

Flowcharts

<i>Request for Assistance</i>	Page 47
<i>Child Protection Concerns</i>	Page 49
<i>Child Protection Investigation</i>	Page 51
<i>Children's Hearing Process</i>	Page 53
<i>Receiving Children into Local Authority Care</i>	Page 55
<i>Child Protection Order</i>	Page 57
<i>Permanency Planning Group</i>	Page 59
<i>Secure Accommodation (on authority of Chief Social Work Officer)</i>	Page 61
<i>Secure Accommodation (when authorised by Children's Hearing Panel)</i>	Page 63
<i>Risk Management</i>	Page 65



This page is intentionally blank to allow each section of the document to be pulled out and used as a standalone guide

Acronyms

NAHSCP – North Ayrshire Health and Social Care Partnership

LA – Local Authority

LP – Lead Professional

SW – Social Worker

TM – Team Manager

SCRA – Scottish Children’s Reporters Administration

PRR – Parental Rights and Responsibilities

RPs – Relevant Persons

PHP – Pre-Hearing Panel

CP – Child Protection

ICSO – Interim Compulsory Supervision Order

CSO – Compulsory Supervision Order

WA – Wellbeing Assessment

LPSA – Lead Professional Summary and Analysis

TAC – Team around the Child

YP – Young Person

VYP – Vulnerable Young Persons

VYPM – Vulnerable Young Persons Meeting

PAM – Post Admissions Meeting

LAAC – Looked After and Accommodated Child

CFDIS – Children and Families Disability Team

PAT – Programs Approach Team

CPR – Child Protection Register

PPG – Permanency Planning Group

Ad/Perm – Adoption and Permanence

PO – Permanence Order

AO – Adoption Order

NRAF – National Risk Assessment Framework

RMD – Risk Management Discussion

RMC – Risk Management Conference

RMCG – Risk Management Core Group

IER – Initial Enquiry Report

IAR – Initial Assessment Report

SBR – Social Background Report

IRD – Initial Referral Discussion

CP1 – Child Protection Investigation

CPIC – Child Protection Initial Conference

CPRC – Child Protection Review Conference

LAC 1 – Sec 25 paperwork

LAC 11 – LAAC Review minute

NADARS – North Ayrshire Drugs and Alcohol Recovery Service

MADART – Multi-Agency Domestic Abuse Response Team

FFT – Functional Family Therapy

C+F – Children and Families

FNP – Family Nurse Practitioner

YPS – Young Person Support

AUCS – Ayrshire Urgent Care Services

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Where are we based?



Shore Road
Lamlash
KA27 8JY
01770 600742
Isle of Arran Locality C&F

Craigton Road
Kilbirnie
KA25 6LJ
01505 684551
North Coast locality C&F
Garnock Valley Locality C&F
Service Access Team, North Coast and Garnock Valley

Kilwinning Academy
Dalry Road
KA13 7HD
01294 555430
Kilwinning Locality C&F

23 Main Street
Dregorn
KA11 4AQ
01294 218406
Pathways to a Positive Future

Meadowcroft
6A Kilwinning Road, Irvine
KA12 8RU
01294 315440
Throughcare and Aftercare (option 1)
Rosemount Project/ Programs Approach Team (option 2)
Residential Social Workers (option 3)
Corporate Parenting Team (option 4)
Drugs and Alcohol Workers Team

Bridgeway House,
Irvine
KA12 8BD
Irvine Locality C&F: 01294 310300 (option 2)
Service Access Irvine and Kilwinning Locality, MAASH, EEI: 01294 310300 (option 2)
Functional Family Therapy: 01294 310300 (option 2)
Children Affected by Disability Team: 01294 310300 (option 3)
Family Placement Team: Adoption Team, Fostering Team, Kinship Team: 01294 310300 (option 4)
Syrian Refugee Co-Ordinator: 01294 317811

Horseshoe Building, Ayrshire Central Hospital, Irvine
KA12 8SS
CAMHS North Ayrshire: 01294 323419
Safeguarding Midwives: 01294 323 496

Cunninghame House
Friars Croft
Irvine
KA12 8EE
Child Protection Team: 01294 310300 (option 2)
Named Person Services: 01294 317787
Universal Early Years: 01294 317844
School Nurse Service: 01294 317794

Saltcoats Town Hall
Countess Street
Saltcoats, KA21 5HP
01294 310005
Service Access
Three Towns Locality

Aitken Place
Ardrossan
KA22 8PR
01294 468213
Three Towns Locality C&F

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A guide to legislation underpinning Children and Families Social Work

Child in Need - *Section 22 of the Children (Scotland) Act 1995*

The local authority (LA) will safeguard and promote the welfare of children who are in need by providing services as appropriate.

Voluntary Supervision - *Section 68(5)a of the Children's Hearings (Scotland) Act 2011*

SCRA refer the child/ YP to the local authority to implement the child's plan on a voluntary basis.

Compulsory Supervision Order (CSO) - *Section 83 of the Children's Hearings (Scotland) Act 2011*

A legal order which places certain responsibilities on the LA in respect of a child/ YP. Measures may be attached to the order (for example as to their residence and contact) and must be followed. An order should only be sought when there are concerns for a child/ YP and the family are not engaging meaningfully on a voluntary basis. A CSO typically lasts for a year, an early review may be added as a measure of the CSO. An early review can be requested by the YP and relevant persons after three months. The LP can request an early review at any time.

Interim Compulsory Supervision Order (ICSO) - *Section 86 of the Children's Hearings (Scotland) Act 2011*

An interim order lasts 21 days for when Panel Members are unable to make a substantive decision but have concerns about a child/YP. Conditions may be attached, including residence. An ICSO can be renewed at each subsequent Children's Hearings with every third renewal taking place at court for a Sheriff to make the decision whether to renew the ICSO.

Voluntary Reception into care - *Section 25 of the Children (Scotland) Act 1995*

The LA has a duty to provide accommodation and care of the child/ YP in certain circumstances, such as when there is no one with PRRs in respect of the child or if they are lost or abandoned. Most often this will be with the express agreement of those with PRR's. If a child requires to be accommodated this should always be carried out on a voluntary basis when possible. Paperwork should be completed and kept in the child's file as a record of the agreement. If the child is accommodated for 6 months the parent(s) must provide 14 days' notice to NAHSCP to have their child returned to their care.

Child Protection Order (CPO) - *Section 37 of the Children's Hearing (Scotland) Act 2011*

An emergency court order granted by a Sheriff when it is believed a child is likely to or has suffered significant harm and requires to be immediately moved to ensure their safety. You must explore alternatives ways of safeguarding the child, before resorting to a CPO. A discussion must take place urgently with legal services and you must have the agreement of a Senior Manager prior to a CPO being sought.

Secure Accommodation - *The Secure Accommodation (Scotland) Regulations 2013 and The Children's Hearing (Scotland) Act 2011 (Implementation of Secure Accommodation Authorisation) (Scotland) Regulations 2013*

Secure accommodation is a form of residential care that restricts the freedom of children/YP. It is for the small number of YP who are likely to cause serious harm to themselves, or others. Their needs and risks can only be managed in a controlled setting. Secure accommodation must be agreed by the Chief Social Work Officer. There are procedures and timescales that must be adhered to when a child/ YP is placed in secure accommodation and the requirements are different if authorisation has been provided by the Children's Hearing for secure accommodation, relevant advice should be sought if secure accommodation is assessed as necessary.

Seeking Refuge - *Section 38 of the Children (Scotland) Act 1995*

The LA provides a child/YP with 7 days (in certain circumstances up to 14 days) of care at their request when there is evidence of risk to the YP.

Residence Order - *Section 11 of the Children (Scotland) Act 1995*

Sought through the court, most often by kinship carers to secure the child's residence with them and/or to confer on them PRRs in respect of the child in their care. A LA cannot make an application under this section.

Permanence Order (PO) - *Section 80(2) of the Adoption and Children (Scotland) Act 2007*

Under a PO, the LA gains PRRs for the child including certain 'mandatory' provisions, such as the right to determine where the child is to reside. A PO is tailored to the child's circumstances and may make provision regarding any contact they are to have with parent(s). It may also confer certain PRRs on their long-term carers, if appropriate (known as ancillary provisions). Most often a birth parent's PRRs will be extinguished when a PO is granted. This order secures children's future in care and in most circumstances negates the need for an order through the Children's Hearing system. Children/YP over the age of 12 who have capacity require to consent for a PO to be granted in respect of them.

Adoption Order (AO) – *Section 17 of the Adoption and Children (Scotland) Act 2007*

Prospective adoptive parents can apply for an Adoption Order at court once the child has been residing with them for 13 weeks. An Adoption Order, if granted, vests PRRs in adoptive parents and removes them from birth parents. Provision may be made for contact or information exchange between the child and their birth parents, if appropriate. Children/YP over the age of 12 who have capacity require to consent for an AO to be granted in respect of them.

Permanence Order with Authority to Adopt (POA) – *Section 80-84 of the Adoption and Children (Scotland) Act 2007*

A PO may contain a provision granting authority for the child to be adopted. This route tends to be followed by North Ayrshire when adoption is in the best interests of the child, but prospective adopters have not yet been identified, or an adoption application would be strongly contested (as it is the local authority that makes the application). If a POA is granted, the court does not need to consider the consent of the birth parents during any subsequent application for an adoption order.

A guide to requesting assistance

A Significant Life Event should be added to the child/ YP's Ayrshare Chronology when intervention commences and ceases by any service in the Partnership or externally, detailing the impact specific to the child/ YP.

Service Access

Service Access carry out initial screening and assessment of new requests.

The Service Access team will assess the risk and unmet need to the family and signpost to services as appropriate. The Service Access teams have a Money Matters advisor and a Housing Support Officer integrated into the team to offer housing and benefit support at the earliest opportunity. Service Access carry out a home visit to the family as soon as possible and always within 3 working days of the request being received.

If well-being concerns are identified and further assessment and/or intervention is necessary, the locality team will support the child/YP. Youth Support workers are based within the locality teams and offer early intervention or specific pieces of preventative work on an individual basis or by the delivery of groupwork.

If Child Protection concerns are identified, the Child Protection Team will be asked to investigate. Service Access will attempt to visit the family three times within the first 5 working days, this will consist of one unannounced home visit and two arranged home visits. If the family do not engage within 10 working days, the Child Protection Team will investigate due to concerns of non-engagement.

Children and Families Disability Team

When further assessment for a child affected by disability is necessary, the child/YP may be supported by the Children and Families Disability Team (CFDIS) for further action to be taken as appropriate. To gain this support the child/YP must meet the critical or substantial criteria set out by the CFDIS. If required criteria is not met, advice and guidance can be sought from the CFDIS team regarding signposting to other services as appropriate.

MAASH (Multi-Agency Assessment and Screening Hub)

The Multi-Agency Assessment and Screening Hub (MAASH) is based in Kilmarnock Police Station. The Social Work staff within the team are managed directly by the Service Access Team Managers.

The hub carries out initial screening and assessment of ALL domestic abuse referrals from Police where Social Services are not already involved. There is a direct link to an IDA (Independent Domestic Abuse Advisor) within Women's Aid.



The team also have a housing support worker who can support victims of domestic abuse throughout their period of homelessness until they are moved into their own accommodation.

Multi-Agency Domestic Abuse & Response Team (MADART)

The Team includes police officers, social workers and housing officers, working alongside ASSIST advocacy service. MADART offers specific intervention to families where domestic abuse is present to reduce, in the

longer term, the incidences of domestic abuse in North Ayrshire, making it a safer place to live in and ensuring that our children have the best possible start in life.

EI (Early effective intervention)

Based within Kilmarnock Police Station, EEI has a direct link with police systems in order to divert young people away from crime management systems and offer early support and intervention.

Both MAASH and EEI act as a filter to the Children's Reporter to ensure that only those cases which meet the request criteria are sent to the Reporter. MAASH and EEI can refer children/YP to the Child Protection team if they deem the concerns to meet the Child Protection threshold.

Children and Families Locality Teams

If a family have received support from a locality team within the past three months, the request will not be screened by Service Access, the request will automatically be received by the locality team to offer continuity to the family.

If Child Protection Concerns are identified at the time the request is made, the Children and Families TM will request that the Child Protection Team investigate the concerns.

There are six locality teams in North Ayrshire; Irvine, Kilwinning, 3 Towns, North Coast, Garnock Valley and Isle of Arran. The locality teams cover the same geographical area with health colleagues to promote joint working and improved service delivery.



Plans are in place to move the locality teams into the local secondary schools to further promote partnership working with a multi-agency team approach.

Child Protection Team (CP Team)

The team carry out Child Protection Investigations of Children and YP deemed to be at risk of significant harm. The team will investigate all new Child Protection Concerns.

Most of the concerns received are screened by the Service Access team to determine if there is evidence to meet the Child Protection threshold. However, Early Years Social Workers, Health Visitors and NADARS can make a request directly to the CP Team.

Also, if a parent or adult in the home is charged with a Schedule One Offence under section 12 of The Children and Young Person's (Scotland) Act 1937, the investigation is carried out by the Child Protection Team. This is an offence of abandonment, wilful neglect, sexual or physical violence towards a child.

Any Child Protection Investigations commenced by Ayrshire Urgent Care Services (AUCS) are referred to the Child Protection Team for further action to be determined by the CP Team Manager.

A guide to Early Intervention services within NAHSCP

Named Person Services

The Named Person is a professional within Health and Education and Youth Employment who is responsible for promoting, supporting and safeguarding the well-being of children and young people.

The Named Person will support the family and signpost to services when necessary. If concerns accumulate the named person will request additional support for the child/ YP from the relevant Social Services department.

Each school child has a designated school nurse who updates the Named Person or Lead Professional of any health needs or concerns.

Universal Early Years

The team offers early intervention with a holistic approach to supporting families to give their children the best start in life. The team offer support from ante-natal care until the child is 5 years old.

The team consists of Assistant Nurse Practitioners (parenting and nutrition), Employability Support, Family Nurseries, Health Visitors, Infant Feeding Nurse, Mental Health Nurse (peri-natal), Early Years Social Workers and Speech and Language Therapists.



Early Intervention will support children to have the best start in life and can negate the need for ongoing intervention.

Family Nurse Partnership

Family Nurse Partnership (FNP) is a successful programme that supports first-time young mums of 19 years and under. Specially trained family nurses provide home visits from early pregnancy until children are 2 years of age. The programme is also offered to women between 20-24 years who have lived care experience or have more complex needs.

Young Person Support Workers

Young Person Support Workers (YPS) are an early intervention support based within the locality teams.

Individual or groupwork is provided to children and young people on a voluntary basis. The aim of the intervention is to identify need and risk at an early stage and carry out a focused piece of work to prevent further risk. Early intervention works to reduce the risk factors and increase the protective factors in a child's life aiming to prevent ongoing intervention and overcome adverse childhood experiences.

Groupwork is identified based on the specific needs of the local community.

Young Persons Drug and Alcohol Workers

There are four Young Persons Drug and Alcohol workers based within a bespoke team. The aim is to enable the achievement of better outcomes for our children, young people and families harmed by alcohol and

drugs, whilst reinforcing the Rights, Respect and Recovery strategic vision for a “whole family approach”. The team deliver a preventative approach via brief interventions, to a more targeted input using motivational interviewing techniques.

The Team Manager for the team also participates in the Children and Families Affected by Substances (CAFAS) group. The workers are experienced in implementing CHAT (Children Harmed by Alcohol Toolkit) and offer group-work for children who are affected by their parents’ addiction, previously or present.

Syrian Refugee Co-ordinator

Families who arrive in North Ayrshire under the Vulnerable Persons Resettlement Programme are met as they arrive at the airport in Scotland and the team are aware of their medical needs prior to arrival. It is a multi-disciplinary team that offers access to housing, education, health services, benefits and recreational activities in the community.

The Police meet with each family and explain the differences in legislation that must be adhered to. Finances available to refugee families decrease over the 5-year period, so the team support the family to build their independence over this time.



If it is unsafe for families to return after the 5-year period they must apply for ‘Leave to Stay’ four weeks prior to the expiry of their refugee status. The team will signpost families to legal services to allow them to progress this of their own accord.

The team link with Universal Services to support families as appropriate and may choose to request Children and Families support. If a request for assistance is received regarding a Syrian refugee family, then the LP must include the Syrian Refugee Co-ordinator in the assessment and plan for the child/YP.

Safeguarding Midwives

The Safeguarding in Pregnancy Team is a team of community midwives offering additional support to expectant mothers and their partners during their pregnancy.

The team provides care for women/couples who require additional support due to a range of health and social issues. These could include drug and alcohol use, mental health or learning disability, previous difficulties in bringing up children, being in care as a child or young person, being the victim of harm or abuse, being homeless, and any other factor impacting on the well-being of the unborn baby.

The team can offer additional time to support expectant mothers and have close links with services such as social work, mental health and addiction services. The Safeguarding Midwives have in-depth knowledge and skills and refer to appropriate supports when additional needs are identified.

A guide to Prevention Services within NAHSCP

Rosemount Project

The Rosemount Project is a crisis intervention and intensive support service designed to prevent children and YP from being accommodated. The service provides immediate support to vulnerable children, YP, families and carers who are assessed as high level of need and risk. The team deliver a high quality, responsive and personalised service to maintain children and young people at home with their families/carers and within their communities.

A solution focused and whole family approach is implemented to avert family breakdown with the delivery of intensive support packages to meet the unique needs of children, YP and their parents or carers. Support is also provided to children and YP who have been accommodated to assist their return to the family home.

The age range for the service is 8 to 16 years of age and the team can provide daily contact and support out with regular working hours including evenings and weekends. A request for assistance must be made at the earliest opportunity if a child is at risk of being accommodated due to family breakdown.

A dedicated Throughcare/Aftercare worker is also attached to the team to assist young people aged 16 to 18 years of age who are homeless. This service offers a range of interventions including support with accommodation, finances, health, education, training and employment.

Residential Social Workers

The Residential Social Work Team support identified children who are Looked After and Accommodated away from home. The children/YP are in either a NAHSCP residential house or an external placement.

The SW develops a Child's Plan, along with the Senior Officer, key residential staff and the TAC to ensure all their needs are met. The premise of the team is to ensure a high level of support and when possible to support the YP in either transitioning back home, or to an identified appropriate transition placement, or ultimately to their own local community.

The aim of the team is to ensure that time spent in local authority care is minimised and that the YP is prepared to achieve and attain their best outcomes. If the time spent being looked after cannot be minimised, then it is to offer the best care planning possible.

Programmes Approach Team (PAT)

PAT is a youth justice service adopting a whole systems approach to reduce the number of under 18s referred to courts, reduce the number of under 21s in custody, reduce offending and preventing reoffending.

The team work with young people aged 12 to 21 years old who display problematic behaviour, including offending or harmful sexual behaviours. The team aims to promote social inclusion where young people learn to reflect on the ways in which their actions affect others, take responsibility for their behaviour and make positive choices for the future.

Functional Family Therapy (FFT)

The team offer a high-quality intervention program with an average of 12 to 14 sessions over three to five months. The therapy supports the reduction of disruptive communication patterns and focuses on positive



For more detailed information, please refer to the document, Practice Guidance for Residential Social Work.

interactions, effective supervision and boundary setting. This support is available to young people aged 11-17 years old and their families where Children and Families intervention is already in place. The team also support children/YP to return to the full-time care of their parents after being accommodated in local authority care.

The aim is to improve family relationships, prevent young people becoming accommodated, reduce the number of young people experiencing multiple arrests and/or custody and reduce the number of YP at risk of Anti-Social Behaviour, Child Sexual Exploitation, gang involvement or radicalisation.

Kinship Team

Kinship is considered as a preventative measure to children being received into local authority care and as a viable alternative to local authority care, but must be assessed as being of a good standard of care for the particular child/ren.

Kinship Care should, in all cases, be considered when a child living at home is seen as being at risk of becoming 'looked after'. This option must be fully progressed, where at all possible, prior to accommodating the child. It must be again be a matter of consideration, in an ongoing manner and specifically at the PAM and again prior to presenting a child's case at the Permanency Planning Group.

The aim should be to maintain children with their families and communities with people they know.



Kinship Carers are supported to follow the Nurture principles, this approach is used in school and at home. By adopting a consistent approach, it is the aim that children will thrive in all aspects of their life. NRAF Ecomaps is a tool that can be used to support children/YP, to identify who is important in their life and this will aid workers to identify possible Kinship Carers.

A home visit, departmental and Police checks are carried out by the Lead Professional in the first instance to determine the viability of possible carers. If viable, a request for assistance should be made to the Kinship Team by completing the 'Referral Form' on Carefirst CF6. The referral should be made, regardless of whether the plan is short, or long-term care. The Kinship Team will carry out the Kinship Assessment and present this at NAHSCP's Kinship Panel, the LP and their Team Manager also attends the Kinship Panel.

If Kinship Status is agreed the Kinship Team will provide ongoing support and finances to the carers. Thereafter, if it is decided that rehabilitation is to be progressed, the Kinship Team must be updated as soon as the decision to do so is made. It will often be appropriate for a Residence, or Kinship Order, to be applied for by the Kinship Carer, to secure the child in their care, if the decision is made for the child to remain with a Kinship Carer in the long term. NAHSCP can provide financial support with this action.

Social Services need to have placed the child with the carer for them to qualify as a 'Kinship Carer' under certain eligibility criteria. Private family arrangements are not treated in the same way. The Kinship Team must be updated of any changes within the family, the young person, or concerning family time /contact arrangements or with, to ensure these are in line with NAHSCP policy and explore the impact this may have on the status of the Kinship Carer and the stability of the placement.

Children/YP in kinship care should be reviewed under the LAAC regulations and if they are subject to a looked after status, on their 16th birthday, they are eligible for Continuing Care.

For more detailed information, please refer to the Kinship Care Procedures.

Child and Mental Health Services (CAMHS)

The Child and Adolescent Mental Health Service (CAMHS) consists of specialist clinicians who can offer assessment and a range of interventions. Interventions can be offered to children and young people from the age of 5 to 18 years old who are experiencing difficulties ranging from emotional or behavioural problems to persistent mental ill-health issues.

A small number of children may require support under the age of five in partnership with other child health colleagues. These issues may have a significant impact on everyday life or they may cause serious harm either to the young person or someone else.

Interventions can vary from short term treatments for those with mild to moderate mental health problems; to more complex treatments for children and young people experiencing more severe and complex problems.

CAMHS will support anxiety disorders, bipolar affective disorder, depression, neuro-developmental and tic disorders (when presenting with other mental ill-health issues), obsessive compulsive disorder, eating disorders, post traumatic stress disorder, psychosis and recurrent self-harm.

Referrals to CAMHS should be made through the individual's family doctor (GP), social work or education services. Out-of-hours access to mental health services is available through NHS24 on 111 in the first instance.

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A guide to report requests for SCRA

Anyone can make a referral to Scottish Children's Reporter's Administration (SCRA) if they feel that a child is at risk.

SCRA will determine whether an assessment needs to be carried out by Social Services with a view to compulsory measures being pursued.



Social Workers should strive to engage with families on a voluntary basis and should only recommend compulsory measures when there is evidence of the family not engaging on a meaningful basis.

The following reports may be requested by SCRA:

Initial Enquiry Report (IER)

Further information is needed regarding the referral for SCRA to decide. The IER is a Word document template to provide this information. Service Access complete IER's for children/ YP who are not receiving support from the locality team.

Initial Assessment Report (IAR)

The Well-being Assessment should be completed up to the first recommendation box. If enough safeguarding is in place by the family and universal services then no further action should be recommended, justification should be provided. Voluntary measures of support should always be offered in the first instance under the minimal intervention principle. If further support is necessary and the family will not engage voluntary then a full Well-being Assessment should be completed, see SBR.

Social Background Report (SBR)

The Children's Reporter will decide whether a Children's Hearing is necessary to be held. This decision will be made based on the information available from all agencies within the Wellbeing Assessment and considering Social Services recommendation. The Wellbeing Assessment should be completed to the second recommendation box.

SCRA send a copy of all reports to Young People over the age of 12, parents with PRR and anyone deemed a relevant person. Any carers that are not deemed 'relevant' will not be provided with a report due to the confidential information within. The Lead Professional should always discuss the content and the recommendation of the report with the family prior to submitting and update their views accordingly.

AYRshare: A Significant Life Event should be added to the child/ YP's AYRshare Chronology when referred to SCRA, when a report is requested, and with the outcome from SCRA.

The impact should be recorded reflecting the impact on the child/YP.

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A guide to the Children's Hearings system for Social Work Staff

The Lead Professional will explain the Children's Hearing System to the family and explain that this is a legal forum, making the family aware of their right to seek legal representation.

The Children's Hearing Panel is made up of three trained volunteers who will make legal decisions for the child/ young person. These decisions can be appealed by parents with PRR or anyone with Relevant Persons (RP) status. Each Children's Hearing must consider whether the child's immediate safety is assured or whether legal action is necessary to safeguard the child.

Pre-Hearing Panel (PHP) - *Section 79 of the Children's Hearings (Scotland) Act 2011*

PHP's are convened to deal with preliminary matters, prior to a Children's Hearing. In certain circumstances the Reporter must convene a PHP and in other circumstances they may choose to convene a PHP. If the Social Worker considers it necessary for a PHP to take place, they must request this in writing at the time their report is due. A PHP should be requested when consideration is to be given to:

- **Whether to excuse a child/ young person or a relevant person from attending the hearing. For either to be excused certain criteria require to be met. (For example, if considering the child's age and maturity they would not be capable of understanding proceedings or if there is a risk to their physical or mental welfare if they attend. For relevant persons if, for example, it would be unreasonable to require them to attend or their attendance is unnecessary for the proper consideration of the matter before the hearing).**
- **Whether to deem or remove someone as a 'relevant person', see Relevant Person Status for further information.**
- **Whether it is likely the Children's Hearing will consider making a Compulsory Supervision Order with secure accommodation authorisation.**

Relevant Persons - *As defined at Section 200 of the Children's Hearings (Scotland) Act 2011*

Certain people are automatically considered 'relevant' in relation to a child in the context of the Children's Hearing system:

- **Anyone with PRR's for the child**
- **Birth parents without PRRs for a child**

Certain others may be 'deemed' 'relevant' in relation to a child (by a PHP or Children's Hearing), namely, any person who has, or has recently had, significant involvement in the upbringing of the child.

(Note: This definition may be subject to change. This matter is currently under consideration by the Supreme Court, specifically regarding the possibility of siblings being deemed 'relevant' under this framework. An update will be provided when the outcome of this case is known).

Grounds of Referral - Section 67 of the Children's Hearings Scotland Act 2011

There are various reasons why a child might be referred to the Children's Reporter – these are known as the grounds of referral (or 'section 67 grounds'). They are set out in full at Section 67 of the Act.

Consideration by the Reporter as to whether 'grounds' exist in relation to a child is central to the Children's Hearing process.

The Children's Reporter will consider whether there is evidence that one or more of the grounds applies, largely on the basis of the report submitted. A grounds hearing will be arranged if the Children's Reporter considers that there is sufficient evidence that one or more ground applies in relation to the child and the child might be in need of protection, guidance, treatment or control through compulsory measures.

The Lead Professional should discuss the Children's Hearing process, the report and any grounds with the parents prior to the Children's Hearing to reduce parent's anxiety. The Lead Professional should make the parents and young people aware of their right to legal representation throughout the Children's Hearing process.

- **All with PRR and RP's status and the child must attend the Children's Hearing unless the child has been excused at the PHP.**
- **All with PRR and RP's status and children (8 years and older who have capacity) will have the grounds read and asked if they agree with them.**
- **The panel may decide to 'discharge the referral' if explanation is provided as to why compulsion is not necessary.**
- **If the grounds are not accepted the panel members will decide whether to 'refer the matter for proof'. This is when a Sheriff will establish whether the grounds exist, after hearing evidence.**
- **Anyone involved with the child may be cited to provide evidence in court if necessary.**

Appointment of Safeguarder at a Children's Hearing - Section 82 of the Children's Hearings Scotland Act 2011

A Safeguarder may be appointed by the Children's Hearing Panel if further information is necessary to make decision regarding the child and this information is not presented by the parties present.

Information for Children/ Young People:

<http://www.chscotland.gov.uk/the-childrens-hearings-system/information-for-young-people/>

Information for Parents/Carers

<http://www.chscotland.gov.uk/the-childrens-hearings-system/information-for-parents-and-carers/>

A guide to Child Protection Procedures

Teams Responsible for the Child/YP

All new Child Protection Referrals are referred to the Child Protection Team for investigation. If a child already allocated to a Social Worker within the locality team, it is this team who are responsible for investigating. All children on the Child Protection register will have a Child's Plan that is overseen by a Senior Officer. The TM will complete a Significant Life Event on Ayrshare at the beginning and end of the Investigation with recommendation of the CP1. The TM will complete a Significant Life Event for each Child Protection meeting held and the outcome of the meeting.

Referral/Screening Form and Outcome Form

The Child Protection concerns are recorded by the Team Manager within the referral/screening form.

When opening the 'Outcome Form' the Team Manager will decide and record whether the referral is Child Protection Concerns or Well-being Concerns. The Team Manager direction to the Social Worker is recorded within the form. The Social Worker completes the 'Assessment of Intervention' section within the outcome form and provides a recommendation. The Team Manager decides whether an Initial Referral Discussion should be carried out based on the Social Worker's assessment.

Initial Referral Discussion (IRD)

The Team Manager, Police Scotland and/or Child Protection Health Advisor can initiate an IRD. All agencies gather and share information to make an informed multi-agency decision as to what actions are necessary. These include whether a Child Protection Investigation, Joint Investigative Interview and/or a comprehensive/ forensic medical needs to be initiated.

Child Protection Investigation (CP1)

The Lead Worker must be Child Protection trained. The CP1 report is to be completed on Carefirst CF6 and authorised by the Team Manager within 14 days of receiving the CP Concerns. The investigation gathers all evidence and determines whether a CPICC/ CPPBCC needs to be held. Pre-birth investigations are referred by Safeguarding Midwives. CP Team Manager, CP Health advisor and safeguarding midwife attend a Pre-birth Screening meeting to



determine whether a CP Investigation should be instigated. The invite list at the end of the CP1 is mandatory and should detail all relevant parties in the care of the child. There is a separate invite form on Carefirst that must be updated prior to CPRC.

Child Protection Pre-Birth Conference (CPPBC)

The CPPBCC will take place within 21 days of receipt of the CP Concerns and decide whether the child(ren)'s name is placed on NAHSCP's Child Protection Register. When an unborn baby's name is placed on the CP Register the CP Team are responsible for the child(ren) for 6 months unless the child is removed from the CP Register prior to this. The meeting is chaired by a Senior Officer and consists of representatives from

Social Services, Health, Police and Education, and anyone with PRR.

Child Protection Initial Conference (CPIC)

The CPICC is a multi-disciplinary meeting chaired by a Senior Officer that will decide whether the child(ren)'s name is placed on NAHSCP's Child Protection Register. The CPICC takes place within 21 days of the concerns being received. The meeting will discuss the child's circumstances to determine whether the current concerns places the child(ren) at significant risk of harm and what support is needed to reduce the level of risk. The decision is informed by the CP1 and the multi-agency discussion.

Child Protection Review Conference

The CPRCC will take place every three months whilst the child's name is on the CP register. The review whether the child(ren)'s names need to remain on NAHSCP's Child Protection Register. The decision is made based on the progress of the child's plan and evidence of enough reduction of the risk to the child. The invite list must be updated prior to the Review Conference, this is to reflect any changes in the professionals involved with the child over the past three months.



Child Protection Core Group

A Core Group is chaired by a Team Manager on a monthly basis with the first Core Group taking place within a fortnight of the child/YP's name being placed on NAHSCP's CPR. Parents/Carers and the key members from the Team around the Child attend the Core Group and there must be at least two agencies present. The purpose of the meeting is to track the progression of the actions outlined in the child's plan.

Post De-registration Meeting

A meeting is held three months after the child/YP's name is removed from NAHSCP's Child Protection Register. This is to review the child's plan and monitor the changes that were made to reduce the risk to the child/YP have been sustained.

A guide to identifying the best nurturing home for a child/YP

The primary goal for families is for families to remain together, however, if a child returning home is not viable then steps must be taken to secure the child/YP's future by exploring kinship carers, and if this is not viable through adoption or within a permanent Foster Placement. See page 14 'A guide to Prevention Services in NAHSCP' for further information on kinship care. All Kinship options must be considered prior to placing a child in local authority care.

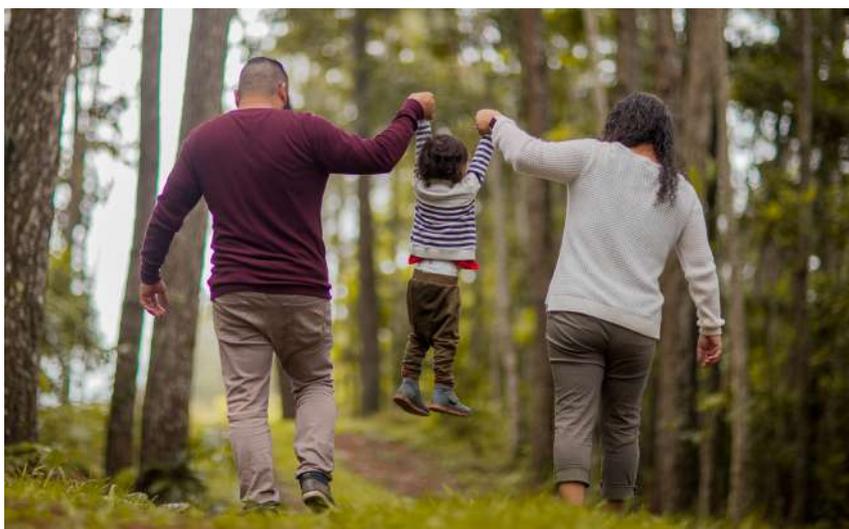
Fostering Team

Foster Carers are assessed as emergency, short-break, interim, long term, or permanent carers. A Fostering Panel is convened to consider the approval and registration of all foster carers (including the terms of their registration) and to review the registration of carers.

In NAHSCP there are two fostering schemes in operation. 'Fostering First Carers' are largely interim carers who provide care for children/YP from one overnight, to a much longer period. For a child/YP, this means that the childcare planning process has concluded that they would benefit from spending some time being cared for away from home. However, many young children are subject to a 'drift in their care plans', and steps should be taken to attempt to avoid this, if possible.

The primary goal for children and their families is rehabilitation, however, if rehabilitation is not viable, then steps must be taken to secure the child/YP's future by exploring kinship carers, and if this is not viable, then through adoption, or within a permanent Foster Placement.

When children have been accommodated with Foster Carers for longer than 6 months, then, under the relevant Guidance, all those involved with them, must then consider the options to legally secure their future. This may be via a Permanence Order, Permanence Order with a view to Adoption, or Adoption, depending on the age and stage of the child. Frequently, Fostering First Foster Carers, offer to care for the child on a long-term basis and in such instances, they may be reassessed as long-term carers.



NAHSCP operates a 'Fostering Xtra Scheme', a specialist fostering scheme primarily for YP aged 10 – 16 years, or sibling groups where one sibling is within this age range. The foster carers are assessed as having skills and experience in supporting children within this age group and receive additional training. The aim of this scheme is to provide a family structure to YP who are likely to be, or have been placed, in a Children's House. These tend to be classified as long-term placements.

The aim for all children is, that they are secured by a legal order to provide security for the duration of their childhood. Permanent carers are the term by which foster carers are known, where children are in placement secured by a Permanence Order. For a child, this means that rehabilitation has concluded and there are no viable kinship opportunities and the child's planning process has determined that, in order for the child to meet and achieve their agreed outcomes and to thrive, that they need to be cared for, away from home, on a permanent basis.

A matching process takes place to determine where children/YP should reside on a permanent basis, i.e.

whether this will be their current carer, or whether another foster carer requires to be considered.

Where assessed as appropriate, by the Fostering Panel, carers can also be approved as emergency and short break carers. A short break placement usually forms part of a planned series of short breaks (including emergency placements, with a carer, who is already providing planned short breaks to the child). For a child, this will mean that because of special circumstances they and their long-term carer will benefit from periods of respite.

For further detailed information, please refer to the Adoption and Fostering Procedures

Adoption Team

Adoption provides a permanent family for a child in care, who are unable to return to their birth family. Most children requiring adoption are of primary school age, or younger. The Adoption Team carry out in depth assessments of potential adopters, with the assessment presented at NAHSCP Adoption Panel. The Adoption Team work closely the LP to ensure that the most suitable match is identified, with the available adopters, in line with the child's needs.

The adoption process is thereafter progressed, via the Legal Service, the Adoption/Permanence Panel and H&SCP Procedures, as well as Children's Hearings and the Court.

The Adoption Team hold monthly support groups for adopters and every adopter has an allocated social worker, from the Adoption Team, who also continues the coordination of Post Adoption Support, at the appropriate level.



Children's Houses

NAHSCP has four Children's Houses; The Meadows, Carnmore, Abbeycroft and Achnamara. These are group living environments where professional staff provide everyday nurturing care to the YP.

The care provided is based on the Child's Plan and the Lead Professional must maintain regular contact with the child/YP and the staff within the house. This can be short-term or long-term care depending on the circumstances of the child/YP.

External Placements

In exceptional circumstances it may be in the child's best interests, and if they meet the required criteria, that they are 'looked after' within specialised residential care, or in some situations, care and education provision. This may be either within or outwith North Ayrshire, depending on the type of accommodation required, to meet their needs.

In circumstances of this nature, discussions must take place with Senior Management and approval must be provided, by Senior Management as well as the Head of Service, prior to progressing further. In such circumstances, the LAAC Senior Officer will attempt to secure an alternative residential placement for the young person. If a specialist external foster care placement is required, this will be sought by the Family Placement Team. NAHSCP aims to have all children and Young People returned to their local area, or moved to alternative provision, as soon as possible.

A guide to Senior Management decision making forums

Scrutiny Group

The Group is made up of Senior Managers and chaired by the Chief Social Work Officer. The group meet monthly to consider the situations of YP, who may be in difficulty, where there have been discussions in relation to them being at risk of becoming 'looked after', or YP who require to move from their current position, for example, within a children's house, or foster placement, to a residential care, or a residential care and education establishment.

The Group also discuss YP moving from residential care back to another establishment better suited to their needs, or where the establishment has requested a move, return home or to other family members.

Feedback is provided to the Lead Professional in relation to decisions made or actions to be progressed.

Inclusion Group

If a child is not attending or is unable to attend mainstream school, then a request is made to the Educational Psychologist to carry out further assessment.

The Educational Psychologist or Lead Professional can request that the child/YP's circumstances are presented to the Inclusion Group and may ask for additional support within mainstream education.

The Inclusion Group consists of Senior Manager (Education), the Principal Psychologist (Joint Chair with Education Senior Manager), Early Years Rep, Primary Rep, ASL Rep Primary and Secondary, Secondary Rep and Senior Management from the Health and Social Care Partnership. However, in exceptional circumstances an external education provision may be recommended when a child cannot remain in mainstream education due to the level of risk they present. This provision may include residential placements.

This is the last resort of a 'staged intervention model'. If the Inclusion Group decide that it is in the child's best interests to be placed elsewhere, then agreement is sought from the parents/carers and/or a Children's Hearing is asked to vary a CSO.

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A guide to working with Looked After and Accommodated Children for Social Work Staff

All agencies involved with the child/ YP should be updated within three days of the child being received into the local authority's care. A Significant Life Event must be added to Ayrshare when a child/YP is accommodated and again if the child/ YP experiences a change of placement. These should be recorded within 24 hours of the child being placed/moved.

Good Parenting

The local authority is responsible for providing every child in our care with good parenting and the best start to life. Children/ YP must be listened to and their views must be considered in all decision making. Children should be supported to express their views in an appropriate way. The child's views should be regularly gathered regarding family time (contact), who is important to them and how often this can be facilitated.

Post Admissions Meeting (PAM)

A PAM is arranged by the Social Worker within 3 working days of when the child is received into care. A Child's Plan will be formulated by the Senior Officer following the PAM. A multi-disciplinary assessment of the child will be carried out within six weeks of admission to care. The focus will be to support the parents to regain the care of their child(ren), offering scaffolding and carrying out a parenting assessment.

Looked After and Accommodated Children (LAAC)

A Senior Officer will oversee the child's plan of all accommodated children/YP. The first LAAC Review will be within 6 weeks of admission to care where the multi-disciplinary assessment of the child will be discussed. A parenting assessment will be part of these plans to determine if/ when a child can return home and what support the family will need to manage this. This assessment will inform a further child's plan. The Senior Officer will set LAAC Review dates depending on the child's circumstances.

Parenting Assessment/ Pathways to a Positive Future (Pathways)

This is an assessment of the parent's capacity to care for their child(ren). The stand-alone Parenting Assessment should be carried out on Carefirst CF6. The parents' experience of being parented will inform the assessment and their ability to overcome childhood adversities. Supports and scaffolding should be identified to address the obstacles preventing the parent from offering 'good enough' parenting.

The parenting assessment should incorporate the input of all adults that offer a caring role to the child regardless of whether they reside with the child.

The parenting assessment will include interviews with each adult who provides a caring role and assessing contact with anyone with PRR. The 'Pathways' team carry out a more in-depth parenting assessment and report for children under the age of two who are accommodated in Foster Care.

A 16-week parenting assessment is carried out offering intensive support to parents to regain the care of the child or avoid drift for children who are unable to return to their parent's care.



Family Time

NRAF Ecomap should be carried out with the child/YP regularly to identify who the child/YP should be gaining family time with. An assessment must be carried out as to whether this should take place, whether this should be supervised and by whom. Children should gain family time with siblings when appropriate, their views should be gathered and this should be promoted unless it is deemed a risk to the child's well-being.

If family time is unsafe for the child, they must be provided with an age appropriate understanding of why it cannot take place. If family time must be supervised the reasons for this should be clearly recorded within the Child's Plan/ Well-being Assessment.

A contact agreement should be completed with the parent, Social Worker and the person supervising contact with regular feedback provided. Ecomaps should regularly be carried out with children in short term Foster Care and Children's Houses to identify possible Kinship carers for the child/ YP.

Supporting a child/young person to return to their parents' care

The Lead Professional and Team Manager will determine if or when it is safe for a child/ YP to return to their parent's care. For children/YP in Kinship Care, discussions must take place at the earliest opportunity with the Kinship Care TM, and LAAC Senior Manager. If accommodated in Foster Care the decision needs to be made with the Senior Officer. Again, involving appropriate Team Managers and Senior Managers, and a discharge LAAC needs to be arranged.



If subject to a CSO, the child cannot return home until the Children's Hearing Panel decide to vary the child/YP's residence. A rehabilitation plan should be in place to assess overnight family time/contact and identify appropriate supports. Overnight family time/contact should be in line with any conditions attached in the CSO.

The Team Manager must agree to the rehabilitation plan prior to it being implemented. The increase of overnight family time should be based on the assessment, multi-agency views and the child and family's views. A new Child's Plan is to be completed following the discharge, LAAC to identify ongoing scaffolding to sustain the return home. Multi-agency discussion should take place with the 'team around the child' to determine the timescales and plan.

Child/YP is to receive an age-appropriate copy of the plan and timescales. It should be noted that, while timescales require to be realistic and take full cognisance of the views of the child and family and their feelings and needs, the timescales should not drift, leaving the child spending most nights at home, over many months, before any final decision is made.

Life Story Work

Life story work should be carried out with children/young people who are outwith their birth parents' care, fully involving them in the process. Life story work social work intervention with children is designed to support them to make sense of their past, present and future. Ayrshare Chronology should be used to shape this work and significant life events identified by the child/YP should be added to the Chronology retrospectively.

A guide to Permanence Planning for Social Workers

Permanency provides a child/YP with a sense of belonging, by seeking long term care for them with legal security.

Permanence and Adoption must only be sought when there is clear evidence that, a return to anyone with PRR, or family member, would be, or likely to be, seriously detrimental to the child's welfare. There must be robust and specific evidence to pursue this course of action at court. An assessment by LP as to the detriment the child would be exposed to, should be detailed within a Parenting Assessment prior to attending the PPG.



For further, detailed information, please refer to the Permanence Strategy

Permanence decisions can be complex; advice should be sought from management, the FPT and Legal Services throughout the process. This guide provides the basic information as to the relevant legal tests, but it does not substitute for legal advice and guidance.

Permanency Planning Group (PPG)

The LP completes paperwork, see 'Paperwork Checklist for Social Workers'. Enquires should be made as to whether anyone else has PRR not stated on the birth certificate, if others hold PRR documented evidence should be provided. However, you must not restrict your consideration of where the child could reside, to those individuals with PRRs, only.

The LP and TM present the child's case and their recommendation at PPG, if the criteria for permanence has been met. The assessment is discussed in depth focusing on the Assessment of the parents and the possible alternatives for the child's care. This is to ensure that the Permanency route is in the child's best interests prior to progressing the care plan. The Group will consider the recommendation and agree to progress with permanence planning, or may provide further steps to be taken, prior to endorsing the recommendation.

Assessment

The assessment must be based on 'facts' (matters which could be established by evidence in any court process) rather than merely concerns. The expectations placed on the parents, the timescales they have been provided and their failure to meet the expectations within the timescales must be documented.

The expectations and timescales will be documented in the Child's Plan and evidence of their failure to meet the plan should be documented in the LPSA report and/or the Parenting Assessment.

The Parenting Assessment should provide an insight into the parent's capacity, what are the barriers to them meeting their child's needs, whether supports/ scaffolding would allow them to meet their child's needs and what has been tried so far. The LP will also document if the parents have any additional needs that merit further consideration in the assessment. If parents do have additional needs, it must be demonstrated how expectations and any assessments were adapted, to take account of those needs.

The LP should have details of all interested parties in the care of the child and justification as to why they cannot provide full time care. All other legal routes must be considered and there must be clear justification as to why a PO, POA or AO is necessary to safeguard the child.

The PPG will either endorse the recommendation that permanence planning is in the best interests of the child or it will outline further work that may be required before that recommendation can be made.

Permanence planning

If PPG endorse the recommendation, a Substantive LAAC will take place, within four weeks of the PPG to make a final decision, on permanence planning and paperwork to be completed for the Ad/Perm Panel. In terms of timescales, these form part of the Regulations, that all paperwork should be completed within 12 weeks, after the date of the Substantive LAAC.

A tracking worker will be assigned from the Fostering, or Adoption Team, and a Specialist Permanence Social Worker, will be allocated. This will create a partnership for joint work with the LP and ensure all reports and tasks are completed fully and timeously; which, it is stipulated is 12 weeks. A Linking meeting with adopters, or permanent carers will be arranged by FPT.

Adoption and Permanence Panel (Ad/Perm Panel)

The LP and TM present the child's case at the Ad/Perm Panel. The Ad/Perm Panel is a multi-disciplinary panel which includes representatives from Social Services and external agencies. Legal and Medical Advisers are also appointed to the Panel to provide advice, but do not contribute to the Panel's membership or its recommendation. The FPT SW will present the assessment of the permanent carers, or prospective adopters.

The Ad/Perm Panel will make a recommendation which must be endorsed by the Agency Decision Maker, within 2 weeks of Panel date. If adoption, or permanence is agreed, the FPT and LP must notify everyone with PRR and the matched Foster Carers/ Adopters within one week, of the decision. A Children's Hearing is requested at the appropriate time, asking the panel members to provide advice to the Court, on permanence or adoption. If the legal action is a PO, the FPT will work with the LP to provide Legal Services with a legal pack containing all necessary papers to prepare and lodge the PO application.



If adoption is to be pursued, planning takes place for the introductions and move of the child, and the prospective adopters will be supported to make the Court application in due course. Once the child is placed with adopters, the LP and Adoption SW and Specialist Permanent SW, must update the section 17 report and submit to Court.

Whilst the two legal actions are slightly different, both are ultimately pursued based on the assessment by Social Services, as to the child. The outcome of a PO, AO or POA, application is not guaranteed until the Court takes a decision on the application. If the application is opposed, then that process can take some time. The LP and others may be required to give evidence in Court in support of the application.

It is important that until the matter is determined by the Court, the LP must continue to assess changes to the child's circumstances and those of anyone with PRRs and consider how it may impact on the earlier assessment. That is important because the legal tests apply at the time the application is being considered by the Court, which may be some time after a formal Parenting Capacity Assessment has been undertaken.

A guide to working with Vulnerable Young Persons (VYP) and YP in Secure Accommodation

Vulnerable Young Persons Procedures are utilised when children/ YP's behaviour places them at serious risk of harm. This can include situations where children and young people are sexually exploited, self-harm/ suicidal, regular missing persons, children/YP at risk, or where there is evidence of being trafficked or behaviours linked to addiction, such as the purchasing and distributing of substances.

A Significant Life Event must be added to Ayrshare within 24 hours of VYPM or a Secure Screening taking place and/or again if a child is placed in Secure Accommodation.

Vulnerable Young Persons Meeting (VYPM)

Following agreement from Team Manager, The Lead Professional will complete the 'VYP Referral' form and send to the CP Admin team. The VYPM will be arranged within 5 working days of the referral, it is the LP's responsibility to invite the team around the child to the meeting.

VYPM take place every 6 weeks to review the care plan and monitor whether the level of risk is reducing. If a crisis takes place the VYPM can be arranged to review the plan sooner.

The LP will complete the 'Lead Professional Summary and Analysis' report for each Review. Each Review will consider whether the child/YP continues to need the support and protection of Vulnerable Young Persons Procedures.

The LP will complete an updated the Child's Plan following the VYPM.

Secure Screening

The Secure Screening must consist of the Chief Social Work Officer, the Team Manager and the Lead Professional as a minimum.

It is common practice for the Secure Screening to have several inter-agency professionals present and this is determined based on the concerns of the individual child and key players in the decision making for the YP.

Secure accommodation for a child/YP should be a last resort to ensure their safety with an aim that no children are subject to secure accommodation as depriving a child of their liberty infringes on one of their most fundamental human rights.

This said, there are times where it is the only option to safeguard a child and therefore must be justifiable.

The decision to place a child/YP in secure accommodation must be fair, transparent and in the best interests of the child.



The Secure Screening ensures that all other alternatives are identified and implemented prior to considering secure accommodation.

The Chief Social Work Officer will write to the YP to make them aware of the discussion taken place and the

decision made.

Secure Accommodation Authorisation (SAA)

Children's Hearing:

The Children's Hearing (or Sheriff) must be satisfied that it is necessary to include the secure accommodation authorisation in the order.

If Secure Accommodation is deemed the only possible way to safeguard the child/YP, one or more of the following conditions must be met, and the majority of cases should be presented to a Children's Hearing in order to seek 'Secure Accommodation Authorisation':

- That the child has previously absconded and is likely to abscond again and, if the child were to abscond, it is likely that the child's physical, mental or moral welfare would be at risk
- That the child is likely to engage in self-harming conduct
- That the child is likely to cause injury to another person

If Secure Accommodation Authorisation is granted by the Children's Hearing (or Sheriff), it is then necessary for the Chief Social Work Officer to make a professional assessment of whether to implement the SAA. If they decide to implement the decision, the Head of the Secure Unit must also agree that certain criteria are met. If Secure Accommodation is implemented it is the responsibility of the Chief Social Work Officer to keep under review the necessity of Secure Accommodation.

Reviews will take place 7 working days of accommodation, a second review within one month of the first and then monthly reviews throughout the period of Secure Accommodation. The child and Relevant Persons can request the Chief Social Work Officer reviews this at any time. This framework is intended to ensure that a child/ YP is not placed in Secure Accommodation for longer than is necessary.

The child's plan will continue to be reviewed by the Lead Professional and the team around the child via Looked After and Accommodated Child Reviews.

Chief Social Work Officer:

The CSWO may place a child in secure accommodation when specific criteria are met even though the child is not subject to an order or warrant that contains a secure accommodation authorisation. If he does so, the CSWO must notify the reporter.

The reporter must arrange a children's hearing (or consider whether it is necessary to do so) or apply to the sheriff for a further interim compulsory supervision order. The children's hearing or hearing before the sheriff must take place within 72 hours of the child's placement in secure accommodation (with an additional 24 hours in certain circumstances).

A guide to working with Children/ YP under Care and Risk Management (CARM)

Care and Risk Management is the protocol to oversee children/YP who present a risk of serious harm within the community. This can include situations where children and young people are involved in harmful sexual behaviour and/or the commission of sexual offences and/or violence.

A Significant Life Event must be entered for the incident that has led to the Risk Management referral. Significant Life Events must also be added for each Risk Management meeting held.

Risk Management Discussion (RMD)

Following agreement from Team Manager, The Lead Professional will complete the 'Referral for Risk Management Discussion' form and send to the CP admin team. The RMD will be arranged within 5 working days of the referral, it is the LP's responsibility to invite the team around the child to the meeting. The LP will formulate safety plans for the community, education, home and/or residential placements.

The Senior Officer will ratify the Safety Plan and review this via Risk Management Conference(s) if deemed necessary.

When harmful sexual behaviour is present, the LP must complete the 'Risk Management Sexual Behaviour Reporting Form'.

Workers must remember this is a process for children/YP whose behaviour is harmful. Sexual curiosity in itself is not harmful.

Promiscuity can be harmful to the young person themselves and should be addressed through the Vulnerable Young Persons protocols.

A Senior Officer will chair the RMD with professionals from team around the child in attendance.

Parents/ Carers will not be invited to the Risk Management Discussion. The decision will be made whether to progress to a Risk Management Conference.



The LP will update the child's plan and Ayrshare following the meeting if the decision is made not to progress to a Conference. Immediate actions to protect the young person and others will be set by the Senior Officer.

Risk Management Conference (RMC)

A Review time period will be set at the Initial Risk Management Conference. This will be within a three-month period but could be earlier, each review period is dependent on the individual child's circumstances.

The LP will complete the 'Lead Professional Summary and Analysis' report for each Review. Each Review will consider whether the child/YP continues to need the support and protection of Risk Management.

The Lead Professional will complete an updated the Child's Plan following the RMCC. The Conference will determine who the people are in implementing the plan and they should attend the Core Group.

Risk Management Core Group (RMCG)

A Core Group will take place a minimum of once between RMCC's. This meeting is to review the progress made with the child's plan, whether the family and agencies are actively implementing the safety plan and to monitor and record if risk is reducing.

The decision may be made by the Lead Professional to incorporate the Risk Management Core Groups into another meeting, for example if Child Protection Core Groups are also arranged for the same child/young person.

Safer Futures Consultations

Safer Futures Ltd offer training for Social Workers, Foster Carers and Residential staff as well as individual consultations.

The consultations assist workers in their responses to children with sexually harmful behaviours. Christine McCarlie, Safer Futures Ltd, carries out bi-monthly consultations with NAHSCP for children/YP who have a safety plan under Risk Management.

The consultations are also to consider children/ YP who may need Risk Management and identify support as appropriate. The consultations include professionals from the TAC who are responsible for implementing the Safety Plan identified.

A guide to supporting children/young people to access Aftercare/Throughcare

Requesting Assistance

Young People who are looked after and accommodated on their 16th birthday are entitled to Throughcare and Aftercare support. Young people in residential, foster or kinship care are looked after away from home.

The Lead Professional should refer young people to Throughcare Services 6 months prior to their 16th birthday. The referral is a telephone conversation or email to Throughcare Manager to discuss the young person's circumstances.

The Lead Professional should ensure that the Well-being Assessment and Child's Plan are up to date on Carefirst for the Throughcare Manager to access.

Young People residing with an NAHSCP approved Kinship Carer are entitled to Throughcare support when there is no Residence or Kinship Order in place.



Young People in kinship care with a Residence or Kinship Order are not entitled to Throughcare support as they are not considered 'looked after and accommodated'.

The young person is initially placed on the Throughcare waiting list and a representative from the team will attend the LAAC Review to determine when their role should begin with the young person. This will be incorporated into the young person's child's plan.

The Lead Professional should discuss the referral to Throughcare with the young person.

Continuing Care

In general, the young person's case management is transferred to the Throughcare Team when there is a plan for them to move on from their placement. However, a young person can remain within a Residential, Kinship or Foster Care Placement until their 21st birthday under Continuing Care legislation.

Continuing Care means the young person lives in the same accommodation with the same level of support as when they were looked after. Continuing Care is discussed at a LAAC review and agreed if the young person requests it and it is deemed to be in their best interests.

A pathway assessment is completed to evidence that Continuing Care is the best plan for the young person's well-being. A young person cannot be in Continuing Care if they are Looked After and Accommodated so any CSO needs to be terminated. When a young person in Continuing Care reaches 18 years, their foster carer will be converted to a Supported Carer.

A discussion must take place between the Team Manager from Throughcare and the Team Manager from the locality team to decide whether the Children and Families Social Worker will continue to be the Lead

Professional or whether the Throughcare worker will assume responsibility for the Lead Professional role. This will be based on the circumstances of the individual young person and their plans for moving on.

Continuing Care Reviews will be held for young people with that legal status. Continuing Care Reviews replace LAAC Reviews.

The Lead Professional will complete the Pathways Assessment available on CareFirst (CF6). The Pathways assessment replaces the Lead Professional Summary and Analysis. This assessment is more appropriate for supporting a young person transitioning into adulthood.

Throughcare

The Throughcare team prepare and support young people when moving on from their looked after accommodation.

The Throughcare team support young people with building their independence and accessing appropriate support. The Throughcare team link with housing services to support young people with the responsibility of their own tenancy and support them with decision making during the process.



Young People may choose to return to their parents care or reside with family or a friend. Throughcare workers will support the young person to access financial support and continue with their education or employment prospects.

Aftercare

Once a young person has transitioned from their residential, kinship or foster placement and are more settled in the community, they will be allocated to aftercare services for ongoing support.

The Local authorities are legally required to provide aftercare support until the care leaver turns 19, and to assess any eligible needs for aftercare support until they turn 26 (or beyond in some cases).

NAHSCP Aftercare Team support young people leaving care until 21 years old. Young People can continue to access the team for advice and guidance until they turn 26.

A guide to using AYRSHARE

Ayrshare is an electronic information sharing system developed to support practice and enhance information sharing between professionals involved with a child or young person.

An Ayrshare folder can be opened by a child or young persons Named Person or Lead Professional when it is identified that assessment information is required to be shared to maximise outcomes.

Full guidance on Ayrshare functions and workers' responsibilities can be accessed on the Ayrshare domain

Ayrshare Vision Statement 2012:

"To improve the well-being of children and young people through the implementation of a secure, shared information system that will enable coordinated and efficient support by well-informed personnel, working in partnership to achieve appropriate and timely interventions, and improved outcomes."

Chronology

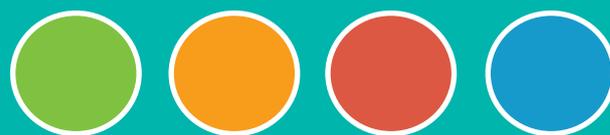
A significant life event is an incident that impacts upon a child's safety and wellbeing, circumstances or home environment. This will involve professional judgement based upon the child and family's individual circumstances. A Chronology is a sequential story of life events for the child which is an essential tool in informing decision making. When kept up to date the chronology will provide patterns of behaviour and analysing how the past is impacting the child to guide future intervention.

All Significant Events must be recorded on the Ayrshare multi-agency chronology under the appropriate GIRFEC SHANARRI indicator:

- Safe
- Healthy
- Achieving
- Nurtured
- Active
- Respected
- Responsible
- Included

The Chronology uses a traffic light approach to show the significance of the event:

- Green = Positive
- Amber = Alert
- Red = Negative
- Blue = Significant



Information Sharing

Ayrshare should be used to improve communication with the team around the child. All Well-being Assessments and Child's Plans must be uploaded to Ayrshare via the Sharing Screen on CareFirst. Any other paperwork completed that would be beneficial for the TAC to view should also be uploaded. The LP must continue to communicate with the team around the child on a regular basis as well as sharing all relevant paperwork on Ayrshare.

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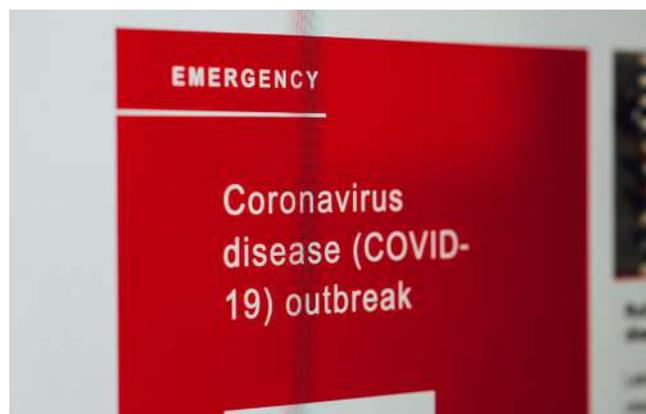
A guide to working with children during the Coronavirus (COVID-19) Pandemic

Social Workers will have to adapt to this unprecedented time as it is now everyone in the partnership's responsibility to balance the need to prevent harm with the need to avoid harm by spread of infection.

Good professional judgement and good practice will allow us to safeguard North Ayrshire's children.

Needs of the child

Some children could now be at risk of harm and neglect, where that would not have been the case prior to the pandemic. Early support continues to be the most effective way of reducing harm to children. NAHSCP has developed a vulnerable list to be visited a minimum of fortnightly to safeguard children and prevent the escalation to Child Protection. Social Workers should be mindful of signs of the following risk when carrying out home visits, this is not an inclusive list and does not negate the need for professional judgement.



- Limited safeguards to children and the loss of family support/relationships
- Reduced supervision from parents
- Parents' mental health impacting their ability to parent
- Exposure to domestic abuse and the possibility of being harmed when trying to protect a family member
- Increased risk of exploitation online
- Substance use as a coping mechanism – possibility of child being alone with a parent experiencing an overdose
- Physical harm due to parent's patience reducing over time, physical harm due to lack of supervision
- Sexual exploitation by family members and/or the possibility of forced early marriage
- Increased rates of Poverty having an impact on basic needs being met, nutrition and/or the possibility of child labour

How to engage children and families

Think creatively how to engage families with video visits to continue to build relationships and gain the views of children/ YP. Social Workers should continue to engage children/YP with the methods used face to face such as colouring activities, storytelling and games. Workers can carry out games the child/YP

identifies or leave materials to play games that can be completed on paper, or play 'I spy', 'would you rather', '20 questions' and/or charades. Such activities will make children more likely to engage with workers virtually.

Explain the changes to parents and ask what would make the experience more comfortable for them, listen and adapt where reasonable.

Acknowledge parents' feelings and regularly discuss the emotional impact of social distancing on the adult and act as a mediator for children who are struggling to voice their feelings and self-regulate.

Age appropriate explanations of social distancing should be explained to the child/YP prior to making face to face contact. This will reduce the risk of the child/YP feeling rejected due to the change in the working dynamics.



Involve Parents in the plans for engaging the children to promote partnership working.

Continue to challenge inappropriate and ineffective parenting as appropriate always being mindful that a child is left in the care of the individual. Use Supervision to determine the safest method and environment to have challenging conversations with parents in the current climate.

Child Protection

The needs of and risk to children have increased and the safeguards available to them have reduced during periods of the pandemic, making early intervention more necessary than ever. The threshold for Child Protection has not changed as a result of COVID-19.

Children placed on NAHSCP's Child Protection Register have been exposed to or are likely to experience significant risk of harm.

When a child's name continues to be placed on the CP Register, there must be evidence over the past three months that the child/YP continues to be at significant risk of harm.

Family Time

Every attempt will be made by workers to maintain relationships between children/ YP and those important to them.

This includes family time with parents, siblings and extended family when appropriate. Individual risk assessments must be carried out to assess the risk to the child and those in the household of being infected by and spreading Covid-19.

This assessment should be completed by the allocated Social Worker and discussed in conjunction with all other relevant parties including the Team Manager. If face-to-face contact is not deemed safe, then virtual family time should be promoted.

The Lead Professional is responsible for formulating and recording a clear plan for contact; including reviewing the family time and providing feedback for continuous improvement.

A guide to the changes in processes during Coronavirus (COVID-19)

A risk assessment should be carried out prior to any visit with clear direction as to how the home visit will be carried out in the safest manner for the child, family and workers entering the house.

Below is a snapshot of the changes to practice, workers should familiarise themselves with all the changes in the Coronavirus (Scotland) Act 2020 (most of the provisions within that Act have effect from 7 April 2020 for at least six months).

Safe Practice

Professional judgement is required as to what intervention can be carried out virtually and what requires face to face contact.

When direct contact is essential, public health advice on social distancing, shielding and the use of Personal Protective Equipment (PPE) must be followed. It is the worker's and manager's responsibility to familiarise themselves with the most up to date public health advice. Senior Management will continue to cascade this information as it becomes available.

If an adult is shielding, a visit can still be carried out to the child within the household. Medical guidance should be sought if a child is shielding from either the Health Visitor, School Nurse or the Child Protection Advisor.



Telephone contact should be made prior to the visit to discuss whether anyone in the household is symptomatic. During the call, explain the measures that will be in place and arrange with the family a way to enter the house where all parties are kept safe. This will allow parents to feel a sense of control and self-management in the process.

When carrying out any visit remain at least 2 metres from everyone present. Wash hands prior to leaving your work place and when you re-enter the work place. Hand washing is to be with soap for at least 20 seconds. Avoid touching surfaces and avoid touching your face throughout. Only touch your face following hands being washed in the correct manner.

Child Protection Processes

Visits in person or virtual:

The level of input should be identified by the Lead Professional, with a minimum of weekly visits for children on the register. The Lead Professional should provide detailed rationale as to the level of contact and methods used to maintain the contact. This should be detailed within the child's plan.

Plans will be made to visit families who are self-isolating whether in person or virtually and this plan will be identified with your Team Manager. Senior Management will be notified by Team Managers if a child/YP on the CP register has not been seen within a two-week period so further actions can be considered as appropriate. If contact cannot be made with the family prepare to carry out the visit with PPE.

Be aware of disguised compliance from parents when carrying out video calls and how easily technology can be manipulated. Counteract the possibility of disguised compliance by speaking to the child directly, being aware of who may be influencing the child. Ask to view around the house and view essential provisions for the child. Plan to ensure children have essential provisions when necessary.



Paperwork for Child Protection remains the same. However, Conferences and Core Groups will be virtual. The LP will gather the views of the family and the TAC prior to any meeting. The Senior Officer will speak directly with the family prior to the Conference taking place.

The child/ YP will be placed on the CP register when determined by a CPICC. This should be a multi-agency recommendation considering the professional views of the TAC. It continues to be the LP's responsibility to discuss and share the CP1 with the parents, this should continue to be marked 'parents copy'.

Children's Hearing System

The 'Children's Hearing Report 2020' replaces the 'Child Assessment and Plan' on Carefirst CF6 and is to be completed for any SCRA request during the pandemic. All people who have a right to attend a Children's Hearing should now be able to do so electronically. SCRA have primary responsibility for making necessary arrangements for Hearings but Lead Professionals may have a role in supporting with this.

There are temporary changes to the way Children's Hearing Panels may operate in response to the pandemic. For example, panels can be made up of less than three members with no gender balance needing to be present within the panel. CSOs will automatically extend for another 6-month period to allow a review to take place (unless the child turns 18 within that period). ICSOs made or varied after 7 April will automatically have effect for 44 days (or such other period as the Sheriff may specify) rather than 22.

A 2nd day Hearing will no longer take place following a CPO being granted.

The 8th working day hearing remains, and parents have a longer period within which to appeal to a Sheriff against the granting of a CPO.

The Act also extends the length of time a child may be kept in secure accommodation on the authority of the CSWO (in the absence of authorisation from the Children's Hearing) from 72 hours to 96 hours.

AYRSHARE

Significant Life Events must be recorded within the multi-agency chronology on AYRSHARE, as was practice prior to COVID-19.

A Significant Life Event should be added to AYRSHARE if a child or their family member requires testing for COVID-19.

Paperwork checklist for Social Workers

Every child should have a Well-being Assessment and a Child's Plan. The Lead Professional Summary and Analysis should be completed at least every three months to update on the progress of the Child's Plan. 'Child's plan paperwork checklist for Social Workers' details the paperwork to be completed for each meeting to update a Child's Plan.

- Well-being Assessment
- Child's Plan
- LPSA

Child Protection (CP)

- Referral/Screening form
- Outcome Form
- IRD form (if required)
- CP1 (if required)
- LPSA (every CPRCC)
- LPSA for de-reg meeting (every Post De-Reg meeting)

Looked After and Accommodated (LAAC)

- LAC 1 (if voluntary agreement)
- Blue medical book (for carers)
- Contact Plan
- LPSA
- Wellbeing Assessment (if required)
- Children's Hearing Request Form (if required)

Kinship

A section 11 report is to be completed when if a Residence Order is being sought.

- Departmental check
- Police Check
- Kinship Referral
- Sec 11 Residence Report (if required)

Rehabilitation

A Children's Hearing is to be requested during the transition period if a Child is subject to measures of compulsion and is rehabilitated home.

- Well-being Assessment
- Children's Hearing Request Form
- Update Child's Plan CP1 (if required)

Permanency Planning Group (PPG)

The Social Worker should collate the following paperwork to complete the pack presented to the PPG.

- LAAC minute
- Children's Hearing Disposal
- Birth Certificate
- PPG referral form
- Parenting Assessment
- Well-being Assessment
- Child's Plan

Adoption and Permanence (Ad/Perm) Panel

The following paperwork should be collated to present at the Ad/Perm panel. If siblings have been or are going to be separated complete sibling assessment to be completed and authorised by Head of Service. The FPT SW will present the Assessment of the permanent Foster Carers or Adopters if matched.

Paperwork to request Medical Assessment:

- Consent Form – Parents Consent to Medical Information
- BAAF Form – Initial Health Assessment
- Form PH – Report on Health of Birth Parents
- Form M/B – Obstetric report on mother/neonatal report

Paperwork checklist for Social Workers (continued)

For Permanence:

- | | | |
|---|---|---|
| <input type="checkbox"/> Section 80 PO report | <input type="checkbox"/> Ancillary Provisions | <input type="checkbox"/> Child consent (if required) |
| <input type="checkbox"/> Matching Profile (if required) | <input type="checkbox"/> Medical | <input type="checkbox"/> Sibling Assessment (if required) |

For Adoption:

- | | | | |
|---|---|----------------------------------|---|
| <input type="checkbox"/> Section 17 Adoption Report | <input type="checkbox"/> Matching Profile | <input type="checkbox"/> Medical | <input type="checkbox"/> Sibling Assessment (if required) |
|---|---|----------------------------------|---|

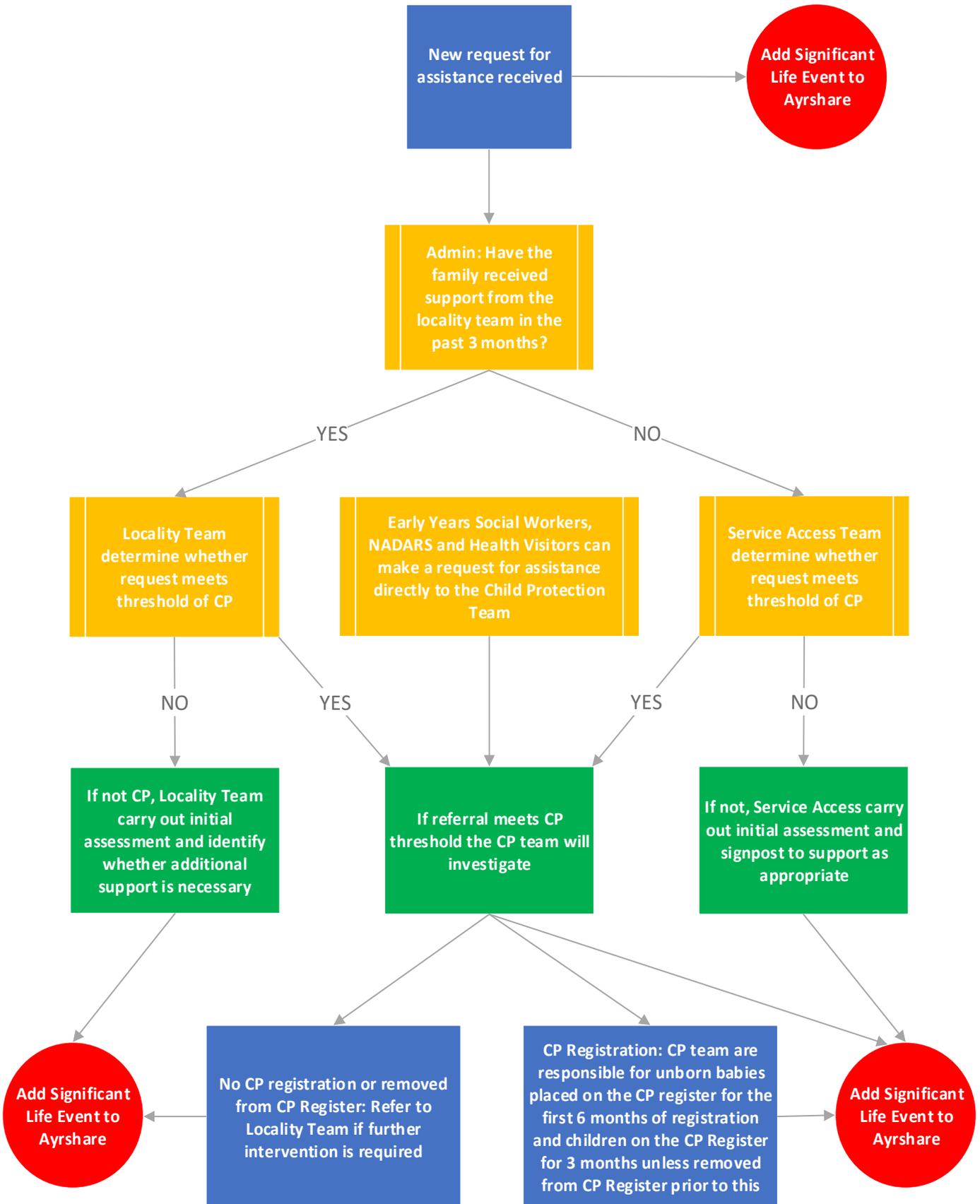
Risk Management (RM)

- | | | |
|--|--|--|
| <input type="checkbox"/> Risk Management Referral Form | <input type="checkbox"/> Sexual Harmful Behaviour Reporting form (if required) | <input type="checkbox"/> Safety Plan (if required) |
| <input type="checkbox"/> LPSA | <input type="checkbox"/> Child's Plan | |

Vulnerable Young Persons (VYP)

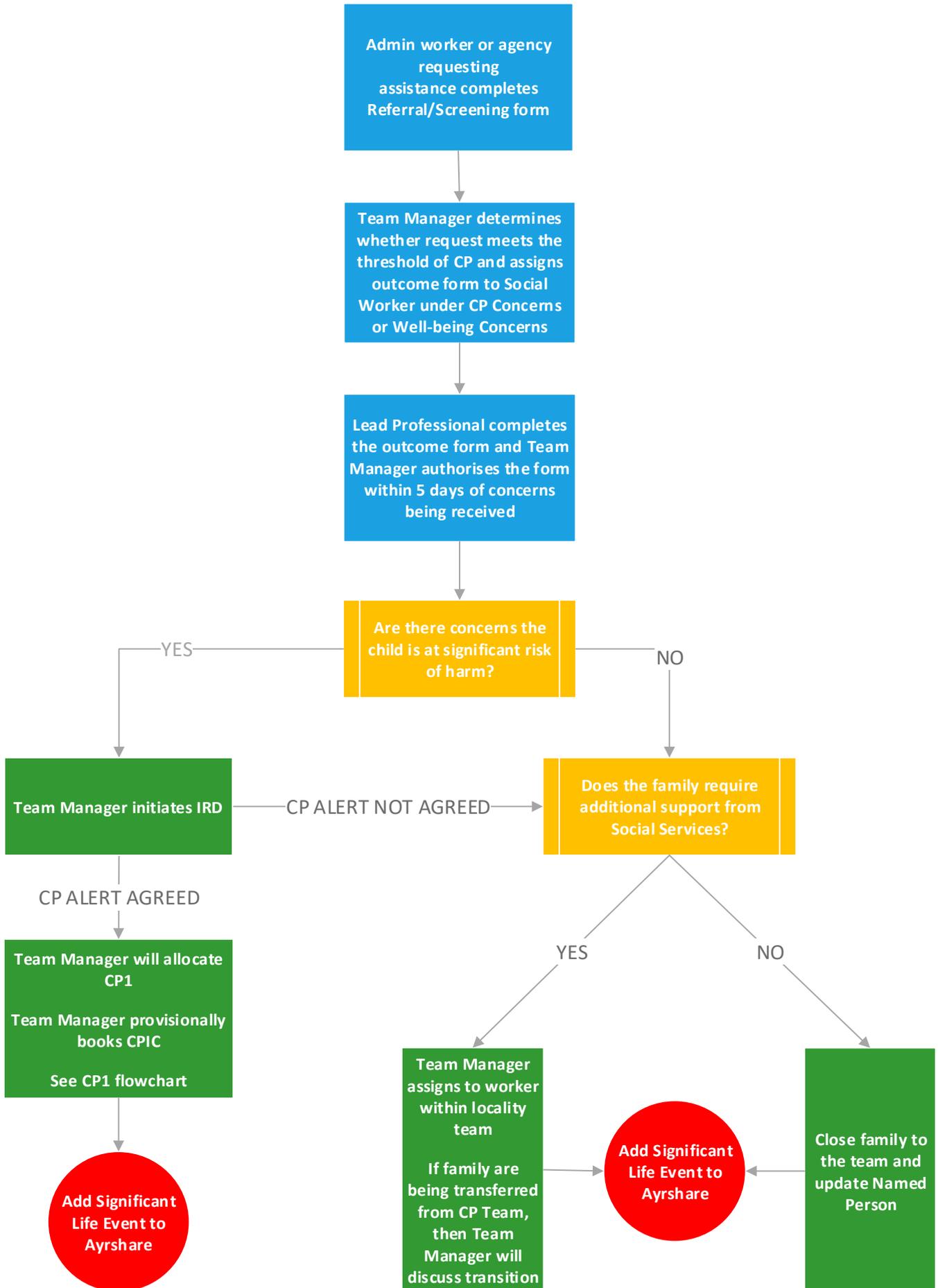
- | | | |
|--|-------------------------------|---------------------------------------|
| <input type="checkbox"/> VYP Referral Form | <input type="checkbox"/> LPSA | <input type="checkbox"/> Child's Plan |
|--|-------------------------------|---------------------------------------|

Request for Assistance Flowchart



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Child Protection (CP) Concerns Flowchart



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Child Protection Investigation (CP1) Flowchart



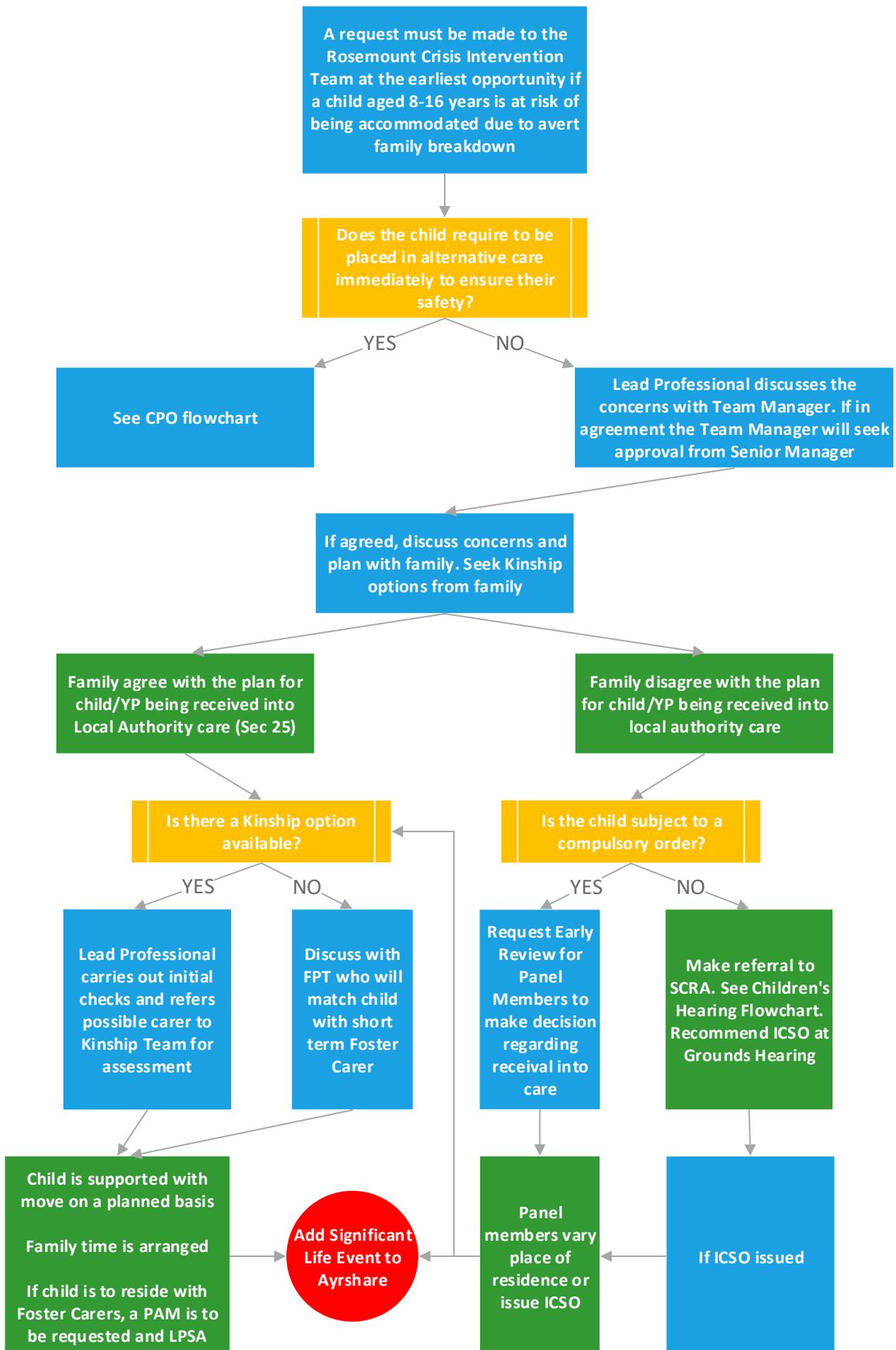
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Children's Hearing Process Flowchart



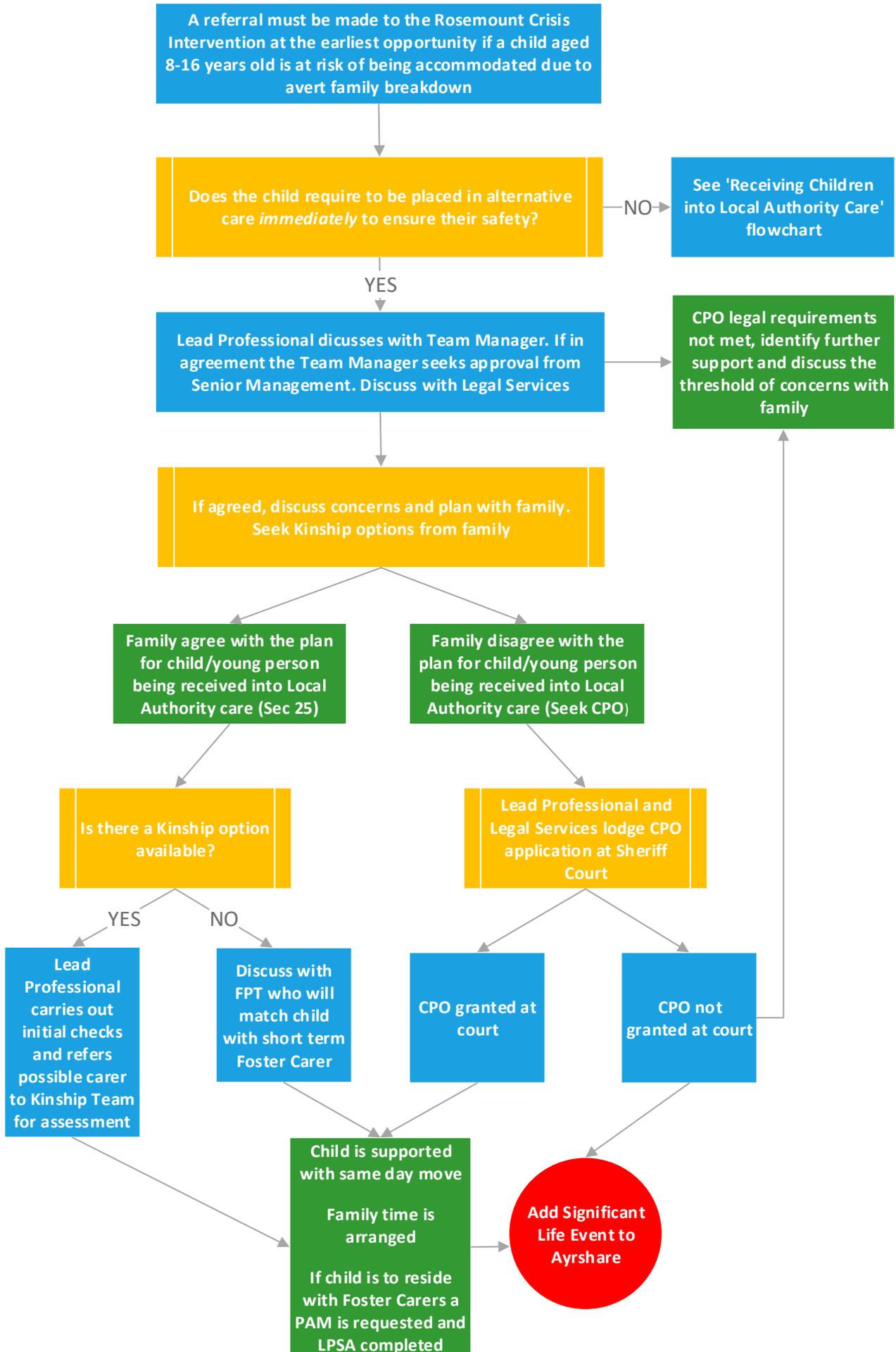
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Receiving Children into Local Authority Care Flowchart



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Child Protection Order Flowchart



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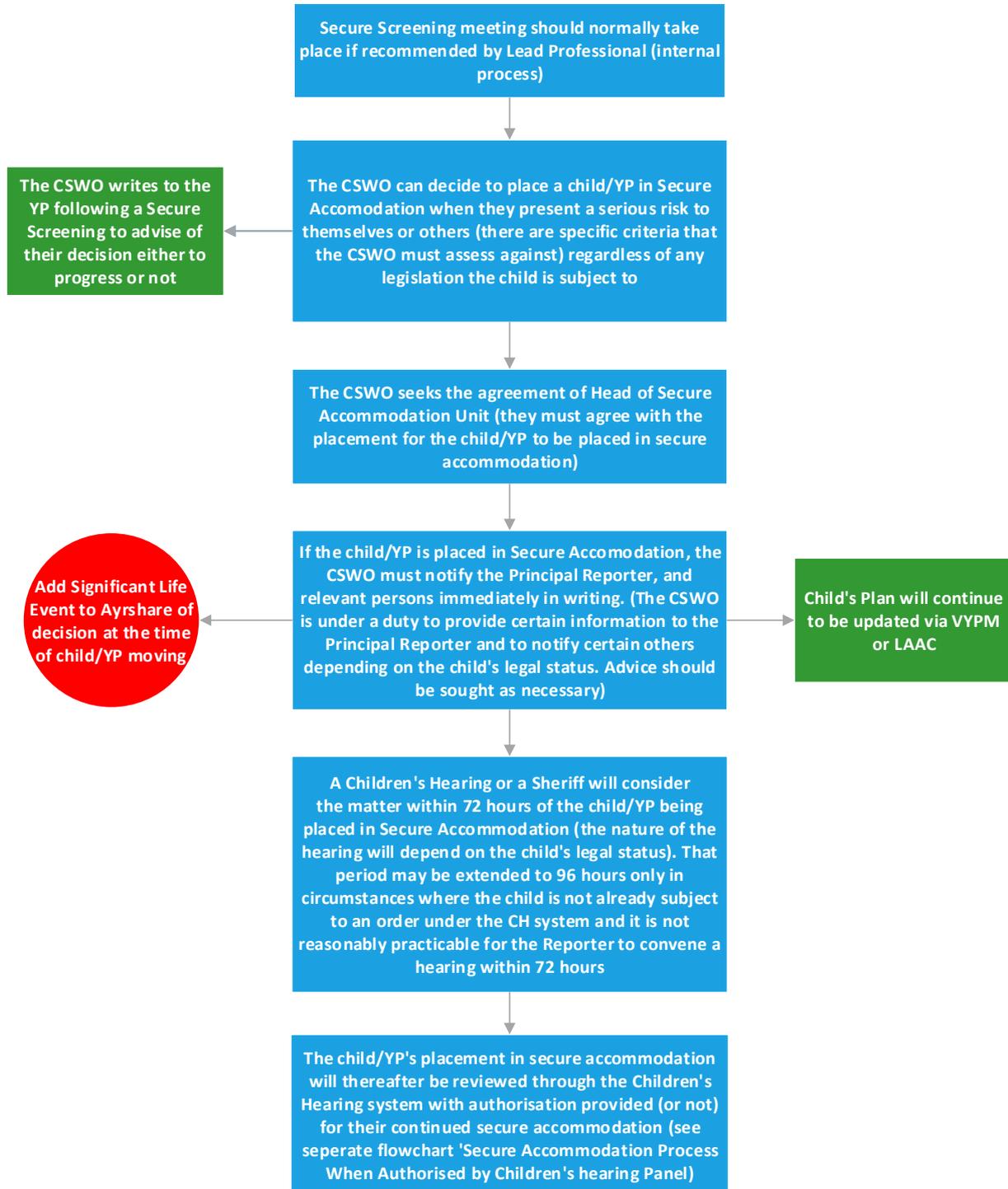
Permanency Planning Group (PPG) Flowchart



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Secure Accommodation (process when moving child to secure accommodation on authority of Chief Social Work Officer without authorisation from Children's Hearing Panel)

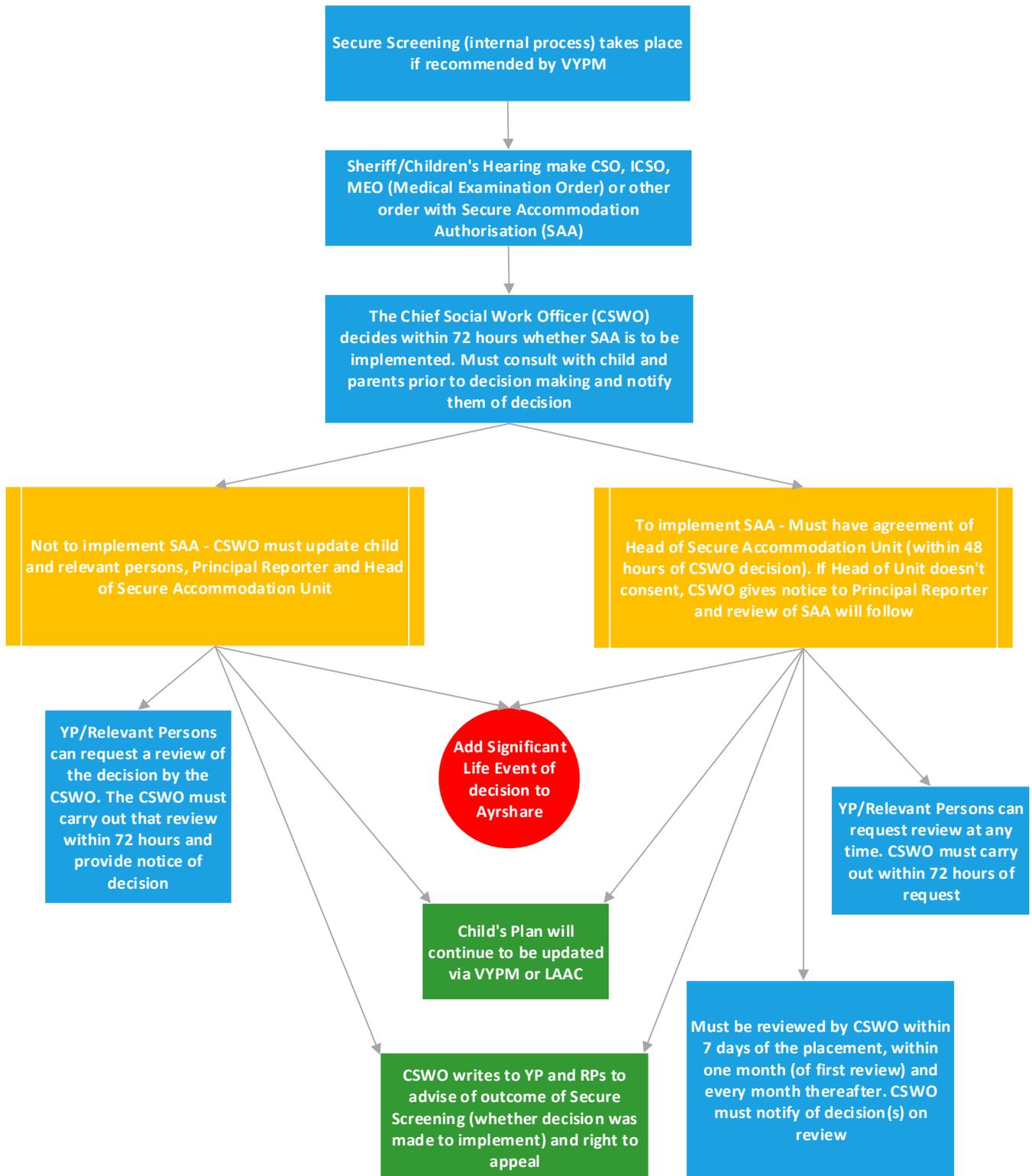
Vulnerable Young Persons Procedures must be followed as a prevention method if a child/young person's behaviour is escalating towards Secure Accommodation being considered. Legal Services provide advice on Secure Regulations when requested by the Lead Professional.



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Secure Accommodation (process when authorised by Children's Hearing Panel)

Vulnerable Young Persons Procedures must be followed as a prevention method if a child/young person's behaviour is escalating towards Secure Accommodation being considered. Legal Services provide advice on Secure Regulations when requested by the Lead Professional.



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Risk Management Flowchart

Risk Management should be considered when a child/YP's behaviour presents a serious risk to others.



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NOTES