



SHSCB 7 Minute Briefing 'Private Fostering'

Background

Private Fostering (PF) is a term used when a parent or primary carer places a child under the age of 16yrs (18yrs if disabled), in the care of someone else who is not a close relative, or an officially approved foster carer, for a period intended to be 28 days or more. Somebody might be in a PF arrangement without realising it. The Children Act 2004 defines a relative, in relation to a child, as a grandparent, brother, sister, uncle or aunt. They could be full or half relations and could be related by marriage. The term also includes a step-parent. A cohabitee of the mother or father of the child would not qualify as a relative, neither would extended family such as a great aunt/uncle or the parent's cousins.

Why it matters?

Since the implementation of the Children Act 2004, it has been a legal responsibility for Local authorities (LA) to recognise, monitor and support any child in their area who is being privately fostered. PF is known to be an area that is under-reported. Whilst the legislation advises that parents should contact the LA prior to the placement of a child in a PF arrangement, this seldom happens. This is a huge concern as privately fostered children, without any oversight provided by the LA, are a particularly vulnerable group of children and young people.

Information...

A PF arrangement is only legitimate if the parent gives informed consent and the LA knows about , and is in agreement with the arrangement. It is a legal requirement that the Council is notified of all PF arrangements. The LA will check that the child/ren are kept safe and are well cared for. The LA has a duty to safeguard and promote the welfare of all privately fostered children. The parents will still hold parental responsibility and will still need to be consulted when decisions are made about the privately fostered child's care. The period of arrangement could be broken by a visit home but would still be classed as PF so does not need to be 28 consecutive days .

Once a referral is made, the LA will arrange for a social worker to visit the child and carer to assess the situation. Some examples of PF arrangements include children that are sent to this country for education or health care reasons by their parents who live overseas , teenagers who are living with family friends due to a breakdown of relationships within the home or host families providing accommodation for children associated with local sports clubs e.g. Liverpool FC.

What to do?

A PF notification should come from the parent or carer but professionals can help in identifying these arrangements and advise parents/carers of their responsibilities. If you know a child is being privately fostered or you are unsure and need advice, please contact :

St Helens People's Services Front Door Team ,

Atlas House, Corporation Street, St Helens, WA91LD

Tel: 01744 676600

Email: adultsandchildrenteam@sthelens.gov.uk

and encourage the parents/carers to do so.

Questions to consider?

- Are you aware of a child/ren who do not live with their parents or a close relative?
- Can you recognise when a child you work with may be privately fostered?
- Do you need additional support/training to help you to change your current practice within this safeguarding area?





SCB 7 Minute Briefing 'Continuum of Need'

Background

In St Helens, the Continuum of Need has been developed to assist professionals involved with children identify the levels of vulnerability of children and their families. All agencies and organisations in St Helens operate within the Continuum's thresholds for delivery of services. The Continuum identifies 4 levels.

Information...

The Continuum of Need establishes a consistent approach for: four levels of need and corresponding service intervention; and beginning the EHAT process. This approach aims to facilitate swift and easy access to appropriate services and help remove barriers to cross-authority integrated service delivery. It is acknowledged that children may move from one level of need to another and that agencies (including universal services) may offer support at more than one level.

What to do?

When there is an immediate need to protect a child because they are being harmed or at risk of harm, the practitioner must:

- Contact the local authority children's Social Care and/or police directly and make a telephone referral.

Tel: 01744 676600

- Familiarise yourself with the Continuum of Need levels to aid your immediate assessment.

Why it matters?

Working Together to Safeguard Children 2015 sets out a clear expectation, that local agencies work together and collaborate to identify children with additional needs and provide support as soon as a problem emerges. Providing early help is far more effective in promoting the welfare of children – and keeping them safe – than reacting later, when any problems, for example neglect, unmet health needs, and issues relating to education may have become more entrenched.

The Continuum of Need within this annex represents the four main level descriptors. Detailed risk and resilience factors relating to specific policy areas are provided in Annex 2(b). The Continuum identifies a set of risk and resilience triggers and levels of need.



Continuum 2014.doc



Continuum of need
2014 Policy.doc

Questions to consider?

- DO I UNDERSTAND THE LEVELS ON THE CONTINUUM OF NEED?
- HAVE I DONE EVERYTHING THAT I NEED WITHIN MY AGENCY TO SUPPORT THIS CHILD BEFORE MAKING A REFERRAL?
- HAVE I USED THE CONTINUUM OF NEED TO MAKE A REFERRAL TO SOCIAL CARE?



Board



SCB 7 Minute Briefing 'Fabricated Induced Illness'

Background

"Fabricated or induced illness (FII) in a child is a condition whereby a child suffers harm through the deliberate action of his/her carer and which is duplicitously attributed by the adult to another cause".

Royal College of Paediatrics and Child Health 2002:164

FII lies within the category of physical abuse and is the term that replaces Munchausen by proxy syndrome (MBPS)

Why it matters?

Invisibility - Even though FII is rare within St. Helens, most professionals have reported that they would struggle to identify the signs of FII to that of a 'doting' mother/carer.

Diagnosis timescale - A diagnosis of FII is always led by Health and takes on average from 6-15 months and the majority of cases are of children under the age of 5 years, not exclusively which leaves our children vulnerable in their formative years.

Information...

- FII is a mental health disorder for the parent/carer.
- 90% of perpetrators are 'mother', 5-10% include the father, babysitter, nanny or grandmother.
 - Boys and girls are equally affected.
 - All socioeconomic classes are represented.
- 6% of children who are victims die, 7% have long-term injury.

The embedded documents give an understanding of the difference that can be found between an FII abuser and child physical abuser. The characteristics of a child victim are also offered below.



FII versus CPA slide.pptx



FII Characteristics of a child slide.pptx

What to do?

- Make yourself familiar with the FII protocol and follow the flowchart.
- Get advise as to when/if it is safe to share with the child's parents.
- Know when to refer to the Health professionals.



FII Flowchart final January 2016.pdf



CPAG FII guidelines Final January 2016.d

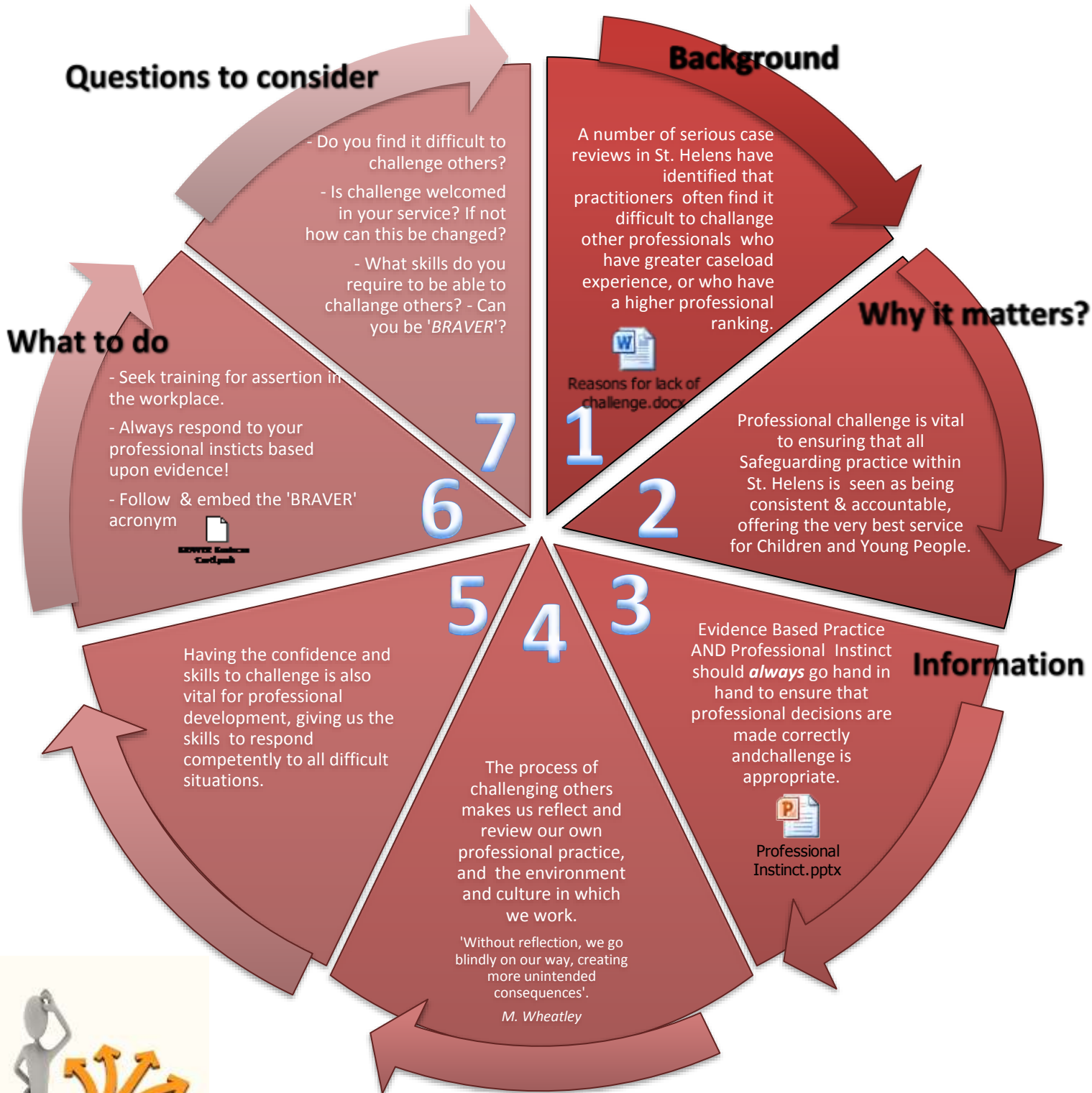
Questions to consider?

1. WHY DO I THINK THAT A CASE MAYBE BE FII?
2. HAVE I RECORDED MY FINDINGS DO FAR WITH REASONING?
3. HAVE I SPOKEN TO MY LINE MANAGER?
4. HAVE I SOUGHT ADVICE AS TO WHEN/IF TO INFORM THE CHILD'S PARENTS?



SCB 7 Minute Briefing

SCR Findings: Professional Assertiveness in Practice.



Escalation & Dispute Resolution Pathway:

If you still feel that your concerns have not been resolved, where appropriate you should follow the escalation & resolution pathway: <http://sthelensscb.org.uk/policies-and-procedures/>



SCB 7 Minute Briefing

'Reflective Learning Reviews: The Process'

Background

The LSCB's training offer includes a quarterly Reflective Learning Review, where practitioners are invited to attend to reflect on a case with identified Key Practice Episodes, in order to assess the multi and single agency working and apply their knowledge of similar cases in a multi-agency environment.

Why it matters?

The opportunity to reflect on practice and to see how it could be improved is proven to be useful in practice, and the creation of a culture of learning is an identified local priority.

There will also be the opportunity to reflect on own practice and how to embed a multi-agency approach through working together, with representatives from a range of agencies away from the immediacy of one case.

Information...

These reviews will take place on a quarterly basis and will usually last for 3 hours. An invitation will be sent to team managers and senior staff of agencies for whom the themes of the review are relevant and these senior staff will be expected to identify and inform practitioners to attend the review. Identified practitioners will then attend to share their expertise and opinions.

Information requirements to be sent ahead of the review date will be minimal: there is little preparation required from practitioners and the investment of time is relatively low. The invitation will include the themes of the case to assist managers in identifying the most appropriate practitioners to attend.

The aim of these reviews is to enable previous practice to teach lessons both of excellence and improvement in a multi-agency environment.

What to do?

1. If you are a manager and receive an invitation to a Reflective Learning Review, please identify the appropriate practitioners in your team to attend and request them to RSVP to the meeting.
2. If you are a practitioner requested to attend by your manager, please inform the LSCB of your attendance and do attend.

Questions to consider?

- Who are the most relevant practitioners to attend this meeting?
- How can I ensure all practitioners have the opportunity to attend training?
- Who would benefit the most from this forum?





SCB 7 Minute Briefing

Case Review Sub Group (Formerly Critical Incident Panel)

Background

The LSCB's Case Review Sub Group is responsible for undertaking and establishing the need for a Serious Case Review (SCR) and / or any other review needed further to analyse cases presented. The multi agency panel consists of key statutory partners.

Why it matters?

The Board has the responsibility to review any case where there has been identified modifiable factors within practice, in order to support frontline professionals and create a culture of continuous learning and improvement across the organisations that work together to safeguard and promote the welfare of children, identifying opportunities to draw on what works and promote good practice;

Information...

What constitutes a Critical Incident referral?

Any professional can refer into the Case Review Sub Group, however key points should be considered before making a referral:

- * Were/are there any modifiable factors present in the case?
- * Can lessons be learnt from reviewing this case?



Process of Critical Incident Monitoring V

Recommendations from the Case Review could be:

- * Serious Case Review
- * Critical Incident Review
- * Practice Learning Review
- * Root Cause Analysis Session
- * Individual Agency Internal Review

What to do?

- * Complete the LSCB Referral Form for Consideration of a Case Review – Part 1
- * Pass to LSCB Business Manager for consideration.



LSCB Referral Form
SCRs CIRs I WTSC20:

Questions to consider?





SCB 7 Minute Briefing 'Tri.x Safeguarding Policies & Procedures'

Background

The LSCB aims to offer a central point of access for all local and national policies and procedures, for professionals working together to safeguard children and young people within St. Helens.

Tri.x have been commissioned to develop clear and accessible procedures with an emphasis on project management ensuring documents are kept up to date.

Why it matters?

Legislation and local policies and procedures are changing all the time. It is important that all professionals have an easy and more efficient way of staying abreast of these changes, where they can fully digest relevant work specific documents in a clear format.

Information...

Tri.x is part of the Signis Group, providing 'web enabled solutions' with up to date information, practice guidance, and consultation.

The Tri.x web page can be accessed via the LSCB website, and offers an online manual with embedded local and national documents offering further guidance.

There are 5 key areas where documents can be found:

1. **Core Procedures** - Essential procedures for all.
2. **Safeguarding Practice Guidance** - Thematic guidance documents.
3. **Learning & Improvement** - Learning from local reviews.
4. **Roles & Responsibilities of the LSCB** - About the Board.
5. **Appendices, contacts and protocols** - Local protocols and contacts.

What to do?

1. Go to : <http://www.sthelenslscb.org.uk>
2. Click on the Policies & Procedures tab at the top of the page.
3. Follow the top link on the page entitled 'All Safeguarding Children Policies & Procedures' to access the Tri.x web page.
4. Use the 'Search this manual' tool to find specific documents quickly.
5. Make sure that you register for all new updates (bottom right hand box on front page)

Questions to consider?

Do I need to update my knowledge on the latest legislation?
Am I aware of new / amended policies and procedures for my role?
Are there any documents missing from the Tri.x web page that would benefit me as a professional?