

# SCRA Research Report



## Children's Reporter Decision Making



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## Executive Summary

Recent inquiries into child deaths and the Scottish Parliament's Inquiry on decision-making on taking children into care have raised questions on the effectiveness of decision-making in child welfare cases. It is therefore pertinent to examine the decision-making of Children's Reporters as they have a central role in the Children's Hearings System. It is the Reporter who decides whether compulsory measures are needed to protect children or address their behaviour and provides the legal evidence to support this.

This research examined Reporter decisions on the referrals of 200 children made in April 2013, and covered three key stages:

- The referring agency and the information contained in the referral
- The Reporter's initial decision on the level of investigation required
- The Reporter's final assessment and decision made

These were further explored in four focus groups with Reporters, which discussed the enablers and barriers to their decision-making, how they apply thresholds and what factors influence this.

### Key findings

- In almost all cases, Reporters' decisions were found to be proportionate and evidence based.
- Reporters support the work of multi-agency coordination and referral practice and believe this is working well in some areas. Both Reporters' feedback and the data in this study show that this type of multi-agency working is not yet implemented across Scotland.
- The information in referrals is key to how Reporters make decisions. Clear evidence and chronologies facilitate decision-making. When conducting an investigation, Reporters most commonly requested information from social work but reports or contact with other agencies were also considered essential, though sometimes difficult to obtain.
- Relationships with professionals in other agencies affected how information could be obtained and how Reporters were able to interpret it. Where Reporters had good working relationships they had greater confidence in the information provided which had a positive impact on the time it took to make decisions.
- In most cases Reporters were child centred in their approach to decision-making, though this was somewhat more limited in recording issues related to child development in their decisions. This is an area for development to ensure that all decisions are child centred and recorded as such. Reporters were however, focused

on the evidence as to how matters were impacting on the child and how they would bring grounds, should a Children's Hearing be required.

- Reporters play a key part in child protection and welfare in Scotland. They have a unique role to play as they assess the evidence within a child's referral and reports without being involved in the day to day management of the child's case and care. This allows them to be more objective and detached. Reporters also recognised though where their own values and empathy came into effect.
- Reporters expressed that professional support is essential to effective decision-making. Reporters felt that formal supervision is sometimes lacking though most were able to approach their manager if they needed to. Being around their peers facilitated learning and was also a resource for dealing with upsetting cases. Those who worked in very small teams or largely by themselves sometimes felt isolated.
- Reporters would welcome more opportunities and protected time for their professional development in SCRA.

### ***Recommendations***

#### **For SCRA:**

##### **Practice**

- In line with section 66(1)(a) of the Children's Hearings (Scotland) Act 2011 and Practice Direction 5 (SCRA, 2013b), SCRA staff should exercise their judgement over 'information only' reports submitted to the Reporter, questioning the referring agency if required.
- Recording of reasons for decisions is an area for improvement and should always focus on the child referred. This is particularly important where decisions have been reached after telephone conversations and where a decision has been altered, both should be noted in the case notes. It is also important that the Reporter and/or Locality Reporter Manager that has made the decision records their name and the date on the Investigation Form, and that the 'child development domain' in the Case Management System is completed. The need for full recording of decision-making needs to be reinforced through training and in supervision.

##### **Learning and development**

- Reporters should be supported and have protected time for their Continued Professional Development (CPD), and their managers should make resources available and encourage Reporters to take opportunities for their CPD.
- Training on new systems should be on not only on how to use the system but also how it applies to the work of Reporter and supports their decision-making.

## **Management and support**

- Protected time should be allocated for Reporters' supervision with their managers, which should be done on a regular basis. This should not just be used to discuss performance but also to discuss casework and developmental needs. It is also an opportunity for managers to keep Reporters informed of SCRA plans and policies and to hear Reporters views on these.
- Reporters require a form of formal peer support through a local network where they can discuss practice issues, their decision-making and casework.

### **For all agencies:**

- Multi-agency working needs to be more widespread and integrated into the practice of all agencies involved in child protection and youth offending.
- Where the GIRFEC model of multi-agency working is established referrals contained more comprehensive assessments and detailed information on the child. This facilitated Reporter decision-making. There is also sometimes a need not to delay referral and a single agency referral is appropriate. There needs to be a greater common understanding between referring agencies on thresholds of referral.
- Referring agencies need to have a better understanding evidential basis of Reporter decision-making, and importance of provision of clear, factual information focused on the child referred.
- Agreements need to be reached between SCRA and the NHS on the sharing of information where the child has been referred. Reporters were concerned at not being able to get information from some health sources or the delay in getting this information.

## Section 1: Background and context

The Children's Hearings System has been in place for over 40 years, and in recent years has undergone changes to reflect changes in society, policy and law. The introduction of policies such as Getting it Right for Every Child (GIRFEC) (Scottish Government, 2008) have shifted focus to early intervention and reduced the numbers of children being referred to the Children's Reporter. New legislation such as the Children's Hearings (Scotland) Act 2011 and the Children and Young People (Scotland) Act 2014 have introduced changes to process and practice and the role of the Reporter.

Little research has been carried out examining Reporter decision-making; that which exists is over 15 years old (Hallet *et al*, 1998). There is therefore a need to examine Reporter practice and decision-making in its current context. This research seeks to explore this by addressing the following questions:

- How much are agencies' criteria for referral included in the information provided to Reporters?
- What information do Reporters need to make decisions on children referred?
- To what extent are Reporters getting the information they need to make effective decisions.
- How can the quality of Reporter decision-making be assessed?

### Children referred to the Children's Reporter

Children and young people are referred to the Reporter when there are concerns about their safety and welfare or behaviour including offending, and a Compulsory Supervision Order may be necessary<sup>1</sup>. Children are referred by a number of agencies, with the police accounting for the majority of both care and protection and offence referrals.

In 2012-13, 22,561 children were referred to the Reporter. The most common reasons (grounds) that children were referred were 'lack of parental care' (9,664 children), child is a 'victim of a Schedule 1 offence' (7,112 children) and child has 'committed an offence' (3,608 children) (SCRA, 2013a)

### The role of the Reporter in decision-making

Children's Reporters are employed by the Scottish Children's Reporter Administration (SCRA), and are based throughout Scotland. Reporters investigate each referral and determine whether compulsory measures of supervision are required to protect the child or address their behaviour or offending. If compulsory measures of supervision are required, a Children's Hearing will be held (SCRA, 2013b). In 2012-13, 4,472 children were referred by the Reporter to Hearings (SCRA, 2013a).

Reporters prepare the statement of ground for referral for the Hearing. This 'Statement of Facts' is the principal legal basis for decision-making by a Hearing and must be sufficient to

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<sup>1</sup> Section 66(1) of the Children's Hearings (Scotland) Act 2011

support the ground for referral and be capable of standing up to legal scrutiny. Therefore, the 'Statement of Facts' should only exist where the necessary admissible evidence is available to prove them (SCRA, 2013c).

Reporters therefore have a pivotal role in the statutory protection of children in Scotland as they decide whether compulsory measures of supervision are needed and provide the legal evidence to support this.

Research in England and Wales has found that inconsistencies in thresholds resulted in some children remaining with their parents for too long before court proceedings were started (Platt and Turney, 2013). Similar concerns have been raised in Scotland. In 2012 and 2013, the Scottish Parliament's Education and Culture Committee carried out an Inquiry on the decision-making processes for removing children from their parents and into care (Scottish Parliament, 2013a, b). In January 2013, SCRA stated, to the Inquiry: "*We need to be clear and keep the focus on the child as the centre of decision making*" (Scottish Parliament, 2013a).

This research aims to assess the effectiveness of Reporter decision-making and the extent to which it is focused on the child referred.



## Section 2: Methodology

The research was carried out in four phases from April 2013 to March 2014:

- Scoping exercise (involving a literature review and development and pilot of a toolkit)
- Decision-making data collection
- Focus groups with Children's Reporters
- Analysis

### Phase 1: Scoping exercise

The initial phase of this study involved a literature review on decision-making and thresholds in child welfare proceedings (Section 4). This focused on guidance on decision-making, differing thresholds for intervention and what factors help and hinder good decision-making. Any guidance produced for lay panels similar to Children's Hearings (e.g. the Mental Health Tribunal) was also examined where we were able.

In addition, senior Reporters in SCRA were consulted to find out what they think impacts upon decision-making. They included the Head of Practice & Policy, Locality Reporter Managers and Practice Reporters who were able to draw from their own experiences of decision-making in an operational setting.

The literature review and above consultation helped the research team to identify the key issues to include in the development of a toolkit to assess Reporter decision-making (Appendix 1). The toolkit was piloted on 10 referrals to ensure that it would gather the information required for this research.

The toolkit covered the following five areas of decision-making:

- Referral
- Reporter's investigation
- Reporter's assessment
- Reporter's decision
- Hearing's decision (where applicable)

### Phase 2: Decision-making data collection

Following the development of the toolkit, a case sampling exercise was carried out to assess Reporter decision-making.

The cases selected for inclusion were from all 'new'<sup>2</sup> referrals made in the last week of April 2013. This date was chosen as SCRA's Case Management System (CMS) had been rolled out

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<sup>2</sup> Definition of 'new' referrals for the purposes of this study is given in Section 3.

nationally by this date. Of all the 249 'new' referrals in this week, 200 were randomly selected for inclusion in the study, with siblings being excluded.

The case information held on CMS was examined and relevant information extracted across a range of pre-determined variables. Each member of the research team's case sampling was randomly selected by others in the team to audit. This ensured that any discrepancies between the researchers' approaches were identified.

### Phase 3: Focus groups

Four focus groups were held with Reporters and Senior Practitioners to explore the enablers and barriers to their decision-making, how they apply thresholds and what factors influence this (the topics discussed in the focus groups are at Appendix 2). To facilitate discussion, three case studies were selected from the 200 cases in the case sampling exercise and presented to the focus groups<sup>3</sup>. These included information on:

- Referral (i.e. referring agency and information included in referral)
- Reporter's initial decision and investigation (i.e. initial decision made on referral information and level of investigation taken)
- Reporter's final assessment and decision (i.e. final decision made and assessment of information provided during investigation)

Focus group participation was open to all operational Reporter staff in SCRA and was communicated *via* SCRA's intranet as well as directly by e-mail *via* Locality Reporter Managers. No limitations were put on participation to enable the research to ascertain views from staff who have been in the role for varying levels of time, different Reporter roles and in any geographical area.

The focus groups were led by independent facilitators from the Centre for Excellence for Looked After Children in Scotland (CELCIS) and notes were taken by the SCRA research team. Each focus group lasted approximately 1.5 hours and were held in SCRA's local offices.

### Phase 4: Analysis

Data collected in the decision-making case sample was analysed using MS Excel. Most of the data collected was specifically recorded to allow for quantitative analysis.

Some variables such as the concerns reported by agencies and the recording of reasons for decision by a Reporter were more discursive. As such qualitative analytical techniques were also used where necessary. The analysis used a descriptive approach in reporting quantitative findings. Rather than always using percentages, words such as *majority* or *almost all* were provided for specific proportions. This approach allows for more straightforward reading of different categories of information, where specific percentages are not needed.

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<sup>3</sup> The three case studies are not presented in this report as they are real referrals and contain personal information which could be identifiable.

The notes taken from each focus group were analysed thematically, whereby themes were identified and comments across each group were categorised accordingly.

### **Confidentiality and data privacy**

All data gathered during the case sampling exercise were stored on an Excel spreadsheet which were kept on a secure network in a folder only accessible by members of the research team, all of whom have Enhanced Disclosure Scotland clearance.

Where examples of cases are given in this report, these are anonymised and pseudonyms used. Some details in these case studies have been changed to ensure anonymity.

Focus group participants opted in to participation and were able to opt out at any point. Comments made during focus groups were not attributed to any individual to preserve their anonymity.

## Section 3: Research Findings

This report uses the following words to describe proportions in analysing the referral sample:

Almost all	90% or more
Most	75% – 89%
Majority	50% – 74%
Less than half	35% - 49%
Some	15% - 34%
Few	14% or less

All words used in this way are in italics. On occasions the actual number of referrals is discussed, as opposed to proportions, in order to make explicit any points of particular interest.

Discussions from the focus groups are presented together with the results of the analysis of the 200 referrals to provide context and provide further explanation to the data.

### *Part 1: Referral Information*

#### **Profile of referrals**

The referrals analysed, using data extracted from the CMS, were all ‘new’ referrals. The sample was specifically selected to focus on children who were not at that time under compulsory measures of supervision. In these cases, the Reporter would have limited or no prior contact with the child or agencies and as such allowed an analysis of decision-making around ‘new’ children. Of the 200 children, 40.5% are female and 59.5% male. All ages of children were found but the younger and older age groups were most common. The 0-3 age group counted for just under a quarter of the referrals (23.5%) and the 12-15 age group was nearly half (48%). These figures are broadly in line with the national picture in 2012-13.

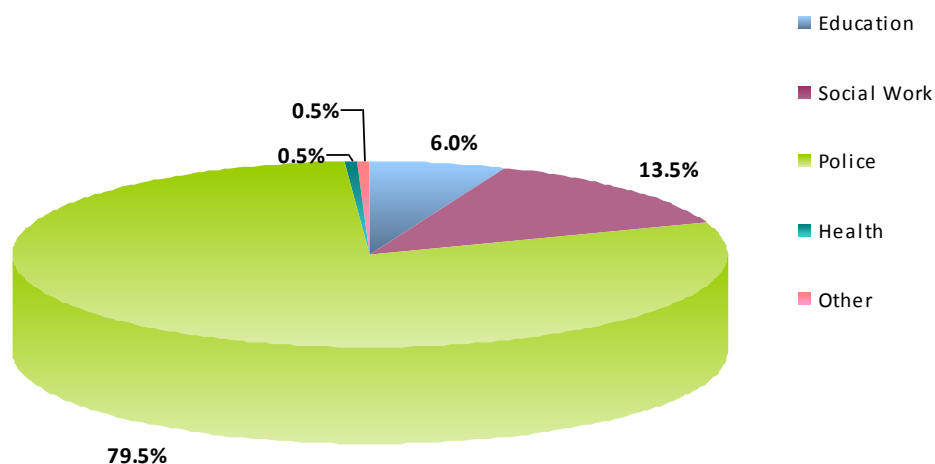
All local authority areas were found in our sample with the exception of East Dunbartonshire and Midlothian. The most common local authority area was Glasgow with 13.5% of the referrals, followed by South Lanarkshire (8.5%).

#### **Referring agencies**

Out of the 200 referrals in this study, 27 were multiagency referrals with the remaining referrals coming from one single referring agency only.

Similar to the national picture, most referrals in our sample were received from the police (Figure 1). Of these, 28% were made *via* a Police Child Concern Form, 24.5% *via* a Standard Prosecution Report and the remaining 47% were made *via* standard police templates (e.g. Domestic Abuse report, Family Protection Unit report).

Figure 1: Referrals received by referring agency



Where multiagency referrals were received, 13 of these came *via* social work, seven *via* the police, six *via* education and one from health. Of the multiagency referrals received, eight came as a result of some form of child protection investigation such as a Child Protection Case Conference. The remaining multiagency referrals came *via* a variety of methods which varied depending on local practices (e.g. Early and Effective Intervention (EEI) screening groups, GIRFEC groups, domestic abuse screening groups, pre-birth case conference, multi-agency screening groups, etc.).

In focus groups, GIRFEC was cited as the policy that has impacted most on referral practice, and where it is done well Reporters observed a positive impact. It may also have unintended consequences on local referral practices. In some areas local GIRFEC agreements appear to have caused social workers to become the ‘gatekeepers’ to referral, as they are usually the lead professional. Some Reporters felt strongly that referral should be a matter for the referrer’s judgement, with local GIRFEC forums only helpful insofar as they did not undermine the authority for anyone to make a referral. In contrast, other Reporters had experience of getting very low tariff referrals from the police, this was particularly in areas where pre-referral screening processes were not in place.

It should be pointed out though that whilst the majority of referrals did not have a multi-agency decision to refer, often other agencies were informed of the referral information at the same time they were referred to the Reporter. It was very common, for example, for police to inform social work of concerns at the same time as referring the child to the Reporter. Some referrals from the police included information that social work had been contacted to see if the child was known to them or was on the Child Protection Register (CPR) prior to referring to the Reporter.

There were also circumstances where the agency that first responded to an incident relayed their concerns to another agency. The second agency then made a referral to the Reporter. For example, a mother attended hospital after a domestic violence incident and the NHS contacted police. The police later made a referral to the Reporter. Similarly, an addictions worker called social work with concerns over a child after a visit to the family home and

social work later referred the child to the Reporter. Altogether there were ten referrals where this kind of multi-agency contact was clearly identifiable.

### Routes to referral

The routes to referral<sup>4</sup> amongst the 200 examined were varied and complex, rendering it impossible to quantify. This was largely down to the nature of the concerns about the child and the varied local practices across Scotland.

In areas where pre-referral screening or GIRFEC is established, referrals received tended to be more serious in nature and contained more detailed information in the initial referral to the Reporter. In other areas, where there is little/no screening prior to referral, the bulk of referrals came from the police for relatively minor incidents where compulsory measures were not required, that would not be received in areas where pre-referral screening/GIRFEC is established.

In the focus groups, some participants felt that there was another side to pre-referral screening which could result in the Reporter 'missing' some children. These are children who have a number of low level issues that accumulate, and who could be 'screened out'. They felt that, if and when these children are referred to the Reporter, these issues can be seen in isolation and are not referred as an ongoing issue. In such cases, without an accurate, detailed chronology, the Reporter is not aware of all the small concerns that, when put together, could be significant. Pre-referral screening could therefore mean that referral to the Reporter is at crisis points, rather than earlier when intervention may have been more effective. Some Reporters explained that, whilst many police referrals for low level incidents may be inappropriate for the Reporter, some social work and education referrals could be made at an earlier point when compulsory measures could make more of a difference to a child's life.

See case studies 1 and 2 for illustrative examples of referrals.

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<sup>4</sup> Route to referral was identified by the person or agency who first raised concerns about a child, through to any other agency referred to prior to referral to the Reporter.

### Case Study 1: Example of typical referral in area where pre-referral screening/GIRFEC is established

*Police search property and find drugs paraphernalia and large quantities of cannabis and heroin. Young child is present in house at the time. Home conditions reported by police to be extremely unhygienic and chaotic. Parents arrested and placed in custody pending court appearance on drugs charged. Police contact social work who place child in temporary foster care. Simultaneously, police refer child to local multi-agency screening group and joint assessment conducted by social work and Aberlour. Assessment comprises information from previous home visits, health visiting service, nursery as well as adult services involved with mum. Assessment is presented to multi-agency screening group which takes the decision to proceed to Child Protection Case Conference following the current incident and a number of serious historical incidents. Mum released from custody after two weeks. Case Conference is held and placing child's name on Child Protection Register is considered but not taken. Instead decision is made to refer child to Reporter as compulsory measures required to secure current placement, support contact plan and due to mum's previous disengagement with services.*

### Case Study 2: Example of typical referral in area where pre-referral screening/GIRFEC is not established

*Following an altercation between mum and her new partner outside a nightclub, mum's new partner is arrested for breach of the peace and assault and held in custody. Both are under the influence of alcohol and are not known to police. Children are not present and are staying with their maternal grandparents for the weekend. Domestic abuse report submitted by police to Reporter for information and consideration.*

The information contained in the referral is important in helping Reporters make a timely decision - the more comprehensive the information, the easier it is to make a decision on whether further investigation is required. Who the referring agency is also impacts on Reporter decision-making. Reporters told us that social work tend to have higher thresholds for referral. For Reporters, referrals from social workers can be of more concern as they will have already tried to provide support through voluntary measures. Focus groups agreed that when referrals come from social work, the Reporter is more likely to consider that the concerns warrant intervention, and that it would be rare to take a 'No Further Action' decision on referrals from this source. Such referrals 'set alarm bells ringing' as social work do not refer to the Reporter often, tend to work closely with the family and are familiar with the issues they face.

#### **Nature of concerns at referral**

The nature of concerns about the children in the initial referral to the Reporter was varied, often with multiple concerns being presented. As with the route to referral, the complexity of the concerns for the children referred made it beyond the scope of this research to quantify.

Referrals from the police tended to be weighted towards the behaviour of young people in the community or concerns about children being exposed to incidents of domestic abuse (verbal and physical) within the home - although these could be compounded by other issues such as poor state of the home, lack of parental care, emotional neglect and so forth.

Other common concerns were parental mental ill-health, parental drug and/or alcohol misuse and issues relating to child's behaviour and/or attendance at school. In some cases, there were concerns stemming back to historical incidents and where families had histories of being known to police and/or other services prior to the specific incident that prompted the child's referral.

Focus group participants said that where referrals came from social work, the information in the referral was often enough to make a final decision. This was because these referrals tend to be more comprehensive in their assessment of the issues facing the child, often contained a chronology and gave clear recommendations for further action. In contrast, some SCRA teams receive police referrals for 'information and attention' of the Reporter and, whilst these police reports tend to be very comprehensive in detailing the specific incident, they rarely provide a clear indication whether the child is at risk and/or whether they require compulsory measures. For Reporters, it is these referrals that can result in unnecessary investigation.

As to be expected, the nature of the initial concerns identified by the Reporters in cases in the sample were broadly the same as those contained within the referral information, though the level of concern between the referring agency and the Reporter could vary. This was most evident with referrals received from the police. For example:

### Case Study 3: Examples of different levels of concern between referrer and Reporter

*Referral: Child is caught stealing two items from a supermarket with friends. The police were contacted who took the child home and charged her with shoplifting. The child denied stealing anything.*

*Reporter decision: First referral of this type for this child, stole items from supermarket, no need for any action.*

*Referral: This is the first time the child has gone missing. His mother reports he is becoming rebellious and he doesn't seem want to talk about his problems. He has issues with family. Due to his problems there are concerns he will go missing again.*

*Reporter decision: First referral of this nature, does not form pattern of behaviour. No evidence of any concerning behaviour while missing.*

Of the 200 referrals examined, *most* Reporters did outline their concerns on CMS when they made their initial decision as to whether to investigate further or not. The detail of this varied, with some very detailed and others relatively brief, often depending upon the severity of concerns and risk to the child.

### Referral recommendations

Of all 200 referrals, *few* contained a recommendation for the Reporter and/or other agencies involved in the child's life (e.g. social work). Of the 23 that did contain a recommendation, 19 were received from social work, two were from education and two from the police.

Of the 23 referrals that contained some form of recommendation to the Reporter (or other agency), *most* advised that the child was in need of compulsory measures of supervision



and/or a Hearing was required. Other recommendations were around the issues relating to contact (of parent(s) and/or siblings) and involvement of other services (including social work, housing and health).

## ***Part 2: Reporter's investigation and requesting further information***

When the Reporter receives a referral they can either make a final decision and thereby close the referral by either taking no further action or by arranging a Hearing, or, if they feel they need further information, they can make an initial decision that further investigation is required before they can make a final decision on whether the child needs to go to a Hearing. The assigned Reporter should record the nature of their concerns and why they consider it necessary to investigate. At this point in the decision-making process, often the Reporter has only the information contained in the referral as a basis on which to make their initial decision of whether or not further investigation is required or whether a final decision can be taken<sup>5</sup>.

### **History**

Family history plays an important part in how Reporters take forward referrals. On receipt of a referral, Reporters said that they would first examine a child's file to see if there had been any previous referrals. However, regardless of family history, Reporters had to be satisfied that there was a risk to the child referred. Even in cases where there had been a lot of upset in the family and the child's siblings had been referred and/or were on compulsory measures, Reporters were clear that their focus was on the child referred and they needed to be sure that this child was at risk and required compulsory measures.

Reporters concerns were heightened when a child was on the CPR. Child Protection registrations do not necessitate compulsory engagement by the family; sometimes compulsory measures are also required. Although being on the CPR does indicate that there is some form of on-going intervention, Reporters stressed that they cannot assume this is the case and it does not mean the child is safe.

Whilst parental cooperation is a key issue for Reporters, ultimately it comes down to the ability to establish grounds. Reporters said that without good, factual chronologies and assessments which detail the extent to which parents are cooperating, this can be a difficult issue to prove. In addition, sometimes the level of concern for a child is so great that whether the family are cooperating with services or not is irrelevant. It was clear from the focus groups that the welfare and needs of the child is of paramount importance to Reporters.

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<sup>5</sup> Some children may have been referred and/or been on Supervision previously so there may be some additional information held on the child's file.

## Trust and relationships

Reporters explained how trust and their relationships with other agencies and/or professionals impacted upon their decision-making. It made an important difference if they had good working relationships locally and, even more so, with individual professionals.

At the start of the decision-making process, the ability to trust the information they receive informs how Reporters take forward a referral. This was particularly the case for information from social work. Some felt that the relationship between the Reporter and social work in their areas is not as good as it could be and they had to check if the information provided was correct. This impacts upon the speed of their decision-making. Not all areas experienced this, and most had good relationships with social work (and other agencies). Reporters also said that they know which social workers write good, comprehensive reports and this assists in informing how a referral is dealt with.

The information provided by education can be essential. Reporters said that teachers can know a child better than any other professional and see the impact of parenting and other issues every day. Whilst social work do have a relationship with the child, Reporters stressed the importance of the rounded view and everyday contact between the school and child.

Focus groups discussed the difficulties of getting information from some agencies. Information from education could be difficult to obtain at times, particularly during school holidays. Nurseries and/or primary schools are usually forthcoming and Reporters could often speak directly to the child's teacher and/or (deputy) head teacher. It could be more difficult to obtain information from secondary schools as they are larger and children have a number of teachers.

Getting information from health professionals, particularly GPs and A&E staff, was a real challenge. Health Visitors were the exception with Reporters often finding them helpful. Reporters said they often have to rely on the information provided by social work rather than the input of the health professionals involved. An example was given of a referral from a health source of a non-accidental injury of a child, yet when the Reporter requested further information from health it was refused, citing confidentiality. There were also examples given of health specialists refusing to provide information or to be a witness in court.

Reporters' ability to trust other professionals, particularly social work, appeared to impact on their thresholds for intervention. Being familiar with other agencies in an area means that Reporters have a good understanding on whether voluntary measures will work. Reporters saw their role as one part of the child care and protection process and worked with the assumption that all others involved will 'do their bit and the right decisions will be taken'. Reporters had to trust other professionals to be acting appropriately and in the best interests of the child.

Some Reporters gave the example of a social work department using the Hearings System as a way to get children an allocated social worker. Others had examples where local social work policies and procedures did not fit well with the role of the Reporter.

### *Pre-referral screening*

In areas with established pre-referral screening, Reporters said they were more likely to trust the information provided at referral as pre-referral screening would have assessed the risk which necessitated a referral to the Reporter, with compulsion a real possibility.

### **Requesting further information**

For the *majority* of the 200 referrals further information was requested by the Reporter. For *less than half*, no further information was requested by the Reporter and in a *few* cases it was not recorded whether further information was requested or not<sup>6</sup>. There were also a *few* cases where other proceedings were ongoing at the time of the sample referral being decided upon (e.g. Child Protection Orders, Hearings arranged for other referrals, etc.) which resulted in the referral not being investigated further by the Reporter.

Where information was requested, *almost all* of these referrals showed requests for further information from social work. The next most common agency to be asked for information was education (*less than half* of referrals requiring further investigation) followed by health (*few* referrals requiring further investigation). Other agencies such as the police, residential units and other support projects were also asked for information by the Reporter, although this was the case for very few referrals.

In terms of the information requested from social work, this varied depending upon the concerns, the local area and the format that social work reports could take. For some Reporters, the information requested was a Social Background Report, others an Integrated Assessment Report or a Child's Plan and for others it was a verbal or email update from social work. Looking at the information recorded on CMS, the detail of telephone discussions with social work were not always recorded although there was often a note that they had taken place.

Reports requested from education were generally school/nursery reports detailing behaviour, attendance, attainment and often levels of parental cooperation as well as any concerns they may have about the child. The information requested from health tended to be for babies and younger children and took the form of reports from the Health Visiting Service<sup>7</sup>.

Whether Reporters want written and/or verbal information from other agencies depends upon the severity and level of concerns for the child. Reporters stressed the importance of proportionate investigation to their decision-making practice, other agencies and the child and their family. For example, a low level incident reported by the police where the family have current social work involvement might result in the Reporter making a quick phone call

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<sup>6</sup> In some of these cases, further information from other agencies is received, which we have taken to assume that the Reporter did request further information but that it was not recorded on CMS. When counting the agencies that further information was received from, the actual percentage of 51.5% referrals increases to 54.5%. This inconsistency could be due to telephone discussions taking place between the Reporter and other agencies and therefore not recorded as specific requests on CMS.

<sup>7</sup> The Health Visiting Service in Scotland is the universal health service for children aged 0-5 years.

to the social worker for a verbal update, rather than a formal report request. Serious concerns would warrant a single agency assessment/social work report request as standard.

How Reporters obtain further information appeared to vary according to local processes, Reporters' backgrounds and local working relationships. In areas where there are strong links between the social work department and SCRA, Reporters felt more able to phone the social worker.

Some felt their professional background influences whether verbal information is sufficient, with those from a social work background perhaps more likely to phone other agencies than Reporters with legal backgrounds. Some Reporters also said that being satisfied with verbal information may be a result of one's own professional self-confidence.

The referral data showed similar and interesting findings when requesting information and assessing the need for compulsory measures. Where referrals had been made following a multi-agency meeting, there was a higher rate of request for further information. This follows Reporters perceptions that such referrals are a 'higher tariff'. Of the 27 multi-agency referrals, 21 showed that further information was requested. Of the remaining six, four were decided without investigation that compulsory measures were not necessary, with one referral assessed as low level and three assessed as having sufficient support or action already. Of the remaining two, in one case a Child Protection Order was initiated after the referral and for the other case as referrals had already been taken to a Hearing and the child was already under compulsory measures.

A very similar pattern was shown when referrals from social work were analysed – of which there were also 27. There was a degree of overlap with the multi-agency referrals as 13 of the 27 were both from social work and had a multi-agency decision. Here, 18 of the 27 referrals had information requests, but of the nine that did not, four went straight to a Hearing decision, with a further two of the nine having Hearing's already arranged due to a previous referral. Despite the referrals coming from social work, requests for more information from social work were still requested in 16 cases, with most being for Social Background Reports. This showed both the level of concern and the anticipation of a Hearing being necessary. It also showed that the evidential information contained in the referral was often not enough on its own to bring the case to a Hearing.

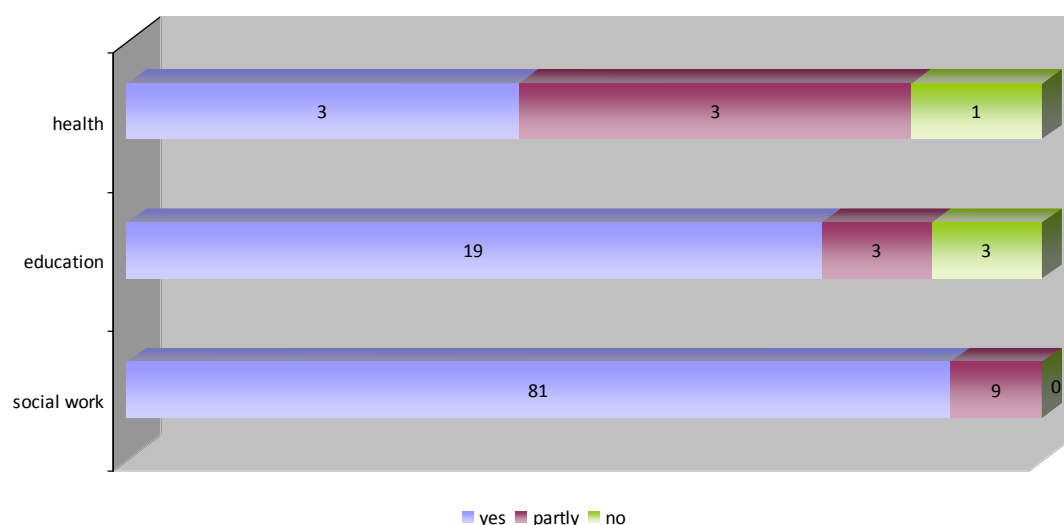
Interestingly though, whilst multi-agency referrals often had requests for information, when they were sent to the Reporter from an agency other than social work, the level of investigation was lower, with Initial Assessment Requests and telephone calls being more common than requests for Social Background Reports.

In following through these referrals – those that came either from social work or a multi-agency assessment – the data shows that these were children and families that required agency support. Out of a total of 41 referrals, 38 had ongoing support from agencies, whether this was on a compulsory or voluntary basis.

## Nature of concerns at investigation

Within the total sample, reports requested from other agencies were cross-referenced with the noted concerns of the Reporter to see any similarities and/or differences. In a few cases the requested reports were not evident on the CMS<sup>8</sup>, although this was not a significant problem in this study. Alternatively, in some cases it was verbal or e-mail updates from social work rather than the requested reports that were provided. Figure 2 illustrates where the Reporters concerns were reflected in the content provided by the three most common agencies requested to provide a report.

Figure 2: Reports received cross-referenced against Reporters' noted concerns



Analysing the content of the information received, it was clear that agencies were assessing and providing information about children that was relevant to the Reporter's concerns. Agencies were clearly concerned about children's well-being and as such largely provided information that facilitated Reporter decision-making.

All of the submissions provided by social work reflected the Reporter's concerns, at least in part. Matters were highlighted, even if it was to show that concerns were already being dealt with by support services on a voluntary basis. Most of the reports provided by education also reflected concerns highlighted by Reporters. The number of reports requested from health services was low but also show that concerns were recognised at least in part. There were only four referrals where the information received from agencies did not contain any of the same concerns as those highlighted by the Reporter. Three of these cases related to reports from education. One report had not been fully completed, another had different and very low level concerns about the child and another report highlighted a range of positive factors about the child, their attendance and ability to get on with others and had no concerns at all, although they were aware of issues at home. For one referral the information obtained was from health, in this case the health visitor was

<sup>8</sup> It was not always possible to determine the reason for this. Reports might not have been received or they may have been held on paper file only.

relatively new to the family but did not have any concerns as the child appeared well and the family was maintaining appointments.

### **Reporter decisions after initial investigation**

Following the request of additional information there were a few cases (six) where the information received was not sufficient or was clearly not received. In five of these cases further action was taken by Reporters. This included further telephone calls or emails made, further reports requested and even multi agency meetings held. In one case where a school report had not been received, the Reporter made their final decision based on the information obtained from other agencies.

### **Was the Reporter's investigation proportionate?**

Of the 200 referrals in the sample, *almost all* of the Reporters' level of investigation was considered to be proportionate to the level and nature of the reported concerns. There were three referrals where the decision was noted by the researchers to be potentially over investigated (one case) or potentially under investigated (two cases).

### **Part 3: Reporter's assessment of the referral**

The CMS and Decision Making Framework used by Reporters contain three specified domains that are to be considered with regard to the extent of concern about a child. These are: 1. concerns have been assessed against the age and stage of the child in terms of their development; 2. parenting capacity and 3. family and environmental factors.

Among the 200 referrals, the most common domains that were clearly recorded on, and recorded either strengths or weaknesses, were assessments on parenting capacity and family and environmental factors. This was found for the *majority* of referrals. The domain that had the least information recorded on was the child's development, with *less than half* of the referrals recording assessment on this. The lack of recording in relation to a child's development was in part in relation to the referral incidents, for example, a domestic incident where the child was not present and unaware, or the Reporter simply stated they had no concerns about the child. However, there were other cases where Reporters noted concerns but did not record how this would potentially relate to the child's development, for example, "mother's substance use and lifestyle choice".

### **Recording of decision**

Out of the total 200 cases studied, *few* did not have any details recorded in relation to at least one of the three domains. However, of these *few*, the *majority* still did record as to what the concerns were. Overall, seven of the 200 referrals did not have any details recorded about the Reporter's evidential assessment or concerns.

A key aspect of decision-making for Reporters is the assessment as to whether compulsory measures are needed or not. For a *few* of the referrals this decision was not applicable as

other referrals for the child were already being taken to a grounds Hearing (or a CPO for the child had been received) and the decision was not to carry forward the referral in the sample<sup>9</sup>. For a further few of the referrals the reasoning of the decision in relation to compulsion was not clearly described. The decisions made in relation to these referrals were mainly for no further action to be taken - 15 of the 17 referrals (with two referrals with a decision to arrange a Hearing). In some cases there was no record of further information having been requested or received and it is unclear how the Reporter reached the decision they did on the information they had at their disposal. See Case Study 4 for an example.

#### Case Study 4: Example where questions over Reporter decision based on information recorded on CMS

*Police are called following vandalism in a disused building. Child is caught on CCTV causing vandalism along with two others. Police submit Standard Prosecution Report to Reporter and child already known to police and social work. No record on CMS of Reporter's concerns or request for further information from any agency. No record of any further information received from any other agency involved with child/family Reporter makes decision 'No Action – Diversion' advising that the child is co-operating fully with services as his family are involved in an intervention from YAT which is directed at changing both his and his family's attitude towards offending behaviour.*

This does not mean that the decision the Reporter arrived at was not the right decision, but the information which is recorded on CMS does not fully explain why that decision was made.

Overall though, this meant that for most of the referrals the assessment for compulsion was clearly evident from the Reporter's decision, for example.

#### Case Study 5: Example of clear decision of assessment and compulsion

*Multiagency meeting held during pregnancy due to concerns around mum's anger issues and parenting capacity. Child is born and more concerns arise around parenting. Mum's new partner who is named as father on birth certificate has more parenting capacity than mum, but he struggles with mum's anger issues. Home conditions very unhygienic and mum only sporadically engages with services. Lack of attachment between mum and child, with mum's partner doing most of the parenting and showing good attachment. Social work submit report to SCRA advising consideration be given to removing child from parents care, and possibly a CPO if situation deteriorates. Upon receipt of the referral, Reporter makes the decision 'Arrange Hearing' as the parents have failed to engage with services and see no need to change condition of the home. Reporter requests update reports from social work and health visitor for upcoming Hearing. Hearing places child on compulsory measures and Sheriff upholds Hearing's decision upon appeal.*

Any decision made by a Reporter when considering the need for compulsory measures requires an assessment of evidence. The grounds put before a Hearing need to be evidenced in the Reporter's Statement of Facts. The Reporter will not only consider the evidence as to what has happened in the child's life, along with the impact on the child, but

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<sup>9</sup> In one other case, the child had moved out of Scotland and was outwith Scottish jurisdiction.



will also consider what action or support has been provided and to what extent the child and family are engaging with service support.

As the literature review explains (Section 4), in the term 'threshold' is used to indicate the level at which concerns about a child would be sufficient to trigger a service response. What we heard clearly from Reporters was their need for evidence and it would appear that their threshold for intervention is largely down to how adequate the evidence is and how likely it is that they can bring (and prove) grounds for referral at the Hearing and/or Sheriff Court. Most Reporters (if not all) agreed on the final decision in each of the case studies discussed in the focus groups, although how they arrived at these decisions varied depending upon local practices.

Reporters agreed that the most difficult cases that they have to deal with are where they have a 'gut feeling' that something is wrong but there is not enough evidence to bring grounds to a Hearing. Focus groups participants said that these were the hardest cases that crossed their desks, particularly when social work were also really concerned, but there was very little evidence on which to draw up grounds.

This research found that there were a *few* referrals where evidence could be considered limited for making a decision (including any relevant investigation), but there were differing reasons or factors involved. Firstly, there were some referrals where an allegation had been made about a person but when the police investigated the allegation, no evidence was found. As there were no other concerns about the related child, Reporters (rightly) made the decision not to investigate. There were also some referrals where discussions between SCRA and social work had taken place on the telephone and the recording of this discussion was very brief. The evidence that the family was sufficiently engaging with support was generally missing from the recorded notes. Similarly there were times where reports could not be found on the CMS and therefore evidence was limited though Reporters themselves made notes about information content, suggesting that information was held elsewhere or discussions had taken place but were not referenced on CMS. Finally, there were three referrals where the evidence provided by agencies about families was available but was limited in content. In these cases it was clearly down to the Reporter's judgement as to whether further information was needed or not to make a decision.

Reporters explained that the preparation of grounds and assessing of evidence is what sets the Reporter apart from the other agencies involved in the child's life, which can conflict with the role of social work. Reporters gave examples when social workers submit reports that are overwhelmingly positive and emphasise the strengths within the family, often at the detriment to describing the areas of risk to the child. Reporters felt that sometimes the social work reports could be too 'nice' as they know that the parents will become aware of the content and social workers do not want to damage their working relationship with the family. On the other hand, some felt that social work can embellish in their reports and be unforgiving to parents. Reporters advised that often they get reports which detail all the issues in relation to the parents or other children but do not make it clear how this presents a risk to the particular child referred. The problem is that, for the Reporter to bring grounds to a Hearing, they need clear factual evidence of risk to the referred child.



Reporters stressed the need for open, honest reports from social work (and indeed other agencies), with detailed chronologies and facts – ‘the hard truth’. This, they agreed, enabled them to assess the evidence and feel confident that they could prove the grounds for referral. It is most often the information that social work provide that is key to bringing grounds but that this is not always well understood amongst some. Reporters also explained that the type and format of information that they (and Hearings) need is often different to that produced for other purposes (e.g. Child Protection Case Conference, Looked After Reviews) and sometimes social work will send in the information that they have readily available from other processes (either through sending the whole report and/or cutting and pasting into another report). In areas where this was an issue, Reporters found that this practice created gaps in the history and it can be difficult to bring grounds as a result. Other Reporters said the opposite in that they receive single interagency assessment which were of great benefit. In some areas SCRA had been involved in developing the format which meant that the information provided fulfilled the Reporter’s and the child’s needs. Either way, Reporters agreed that the information provided by other agencies needs to be fit for purpose and written for the purpose it’s intended for, not amended to fit.

Reporters in areas with integrated multi-agency assessments advised that this reduces the time they wait on reports as they do not have to request separate reports from all the agencies involved. In areas with GIRFEC well embedded, Reporters agreed that the report formats and Child’s Plan were very helpful for their purposes as, not only is all the information presented in one report, they can also trust that all other professionals are aware of and fulfilling their responsibilities as detailed in it.

Focus group participants felt that some social workers may not fully understand the role of the Reporter and may lack judicial knowledge on what is required to get grounds established. They acknowledged that it is for them, not the social worker, to assess evidentially and bring grounds. However, they did feel that there should be better awareness amongst other agencies and professionals of the evidential needs of Reporters in considering if compulsory measures are required for a child.

Reporters said that the focus on the evidence helps them to remain objective. Some felt that their rarely seeing the child and/or having little personal contact is a strength of the role of the Reporter, allowing them to remain detached than perhaps professionals more involved in the child’s life. This detachment also helps them in coping with more difficult and traumatic cases.

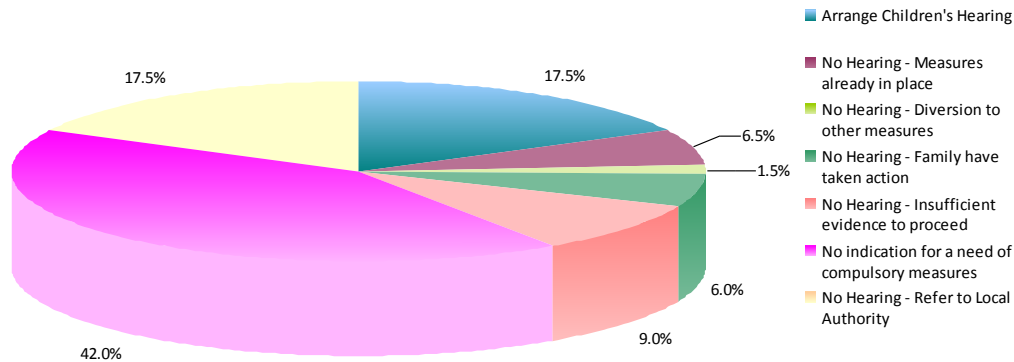
#### ***Part 4: Reporter’s final decision***

When the Reporter decides that the child/young person requires compulsory measures of supervision, and there is sufficient evidence to support one or more grounds for referral, the child/young person will be referred to a Hearing.

Reporters have other options available to them to find the right help for children and young people such as asking the local authority to provide voluntary assistance to the child, or to

take no formal action because another intervention is more appropriate. Figure 3 presents the final decisions made by Reporters for all 200 referrals examined in this study.

Figure 3: Final Reporter decisions on all referrals



Within the study sample, 17.5% of the referrals had a decision to arrange a Hearing, with an equal amount for the child to receive support from the local authority on a voluntary basis. The most common reason made was 'no indication for a need of compulsory measures' (42%) and the least common was 'no Hearing – diversion to other measures' (1.5%). The higher number of decisions recorded as 'no indication for a need of compulsory measures' reflects the variation found in the thresholds of referring agencies in different parts of Scotland. Those areas that did not have a multi-agency process prior to referral to the Reporter did still make referrals that other areas would not, such as incidents where domestic abuse had taken place but the referred child did not live in the household.

It was also noted by the researchers that there was some variation in recording amongst Reporters when it came to decision-making. Where it had been decided that a Hearing would not be arranged (and the child was not subject to a Supervision Requirement/ Compulsory Supervision Order), very similar circumstances could bring different decisions. For example, where it was recorded that a family had responded or reacted to a situation appropriately, and social work were providing support and advice, one Reporter recorded this as 'current measures are already in place', whereas another recorded it as 'refer to local authority'.

### Child centred

A key aim of this research was to assess if the Reporter's final decision was child centred. The researchers could only base this on what had been recorded by Reporters as for the reasons for their overall decision. It was found that for *most* of the referrals the Reporters decision had been child centred. An example of good practice was:

*“The report from SW confirms that the circumstances for the child have improved dramatically... the behaviour displayed in these referrals are no longer applicable and voluntary measures is appropriate”*

Decisions that were assessed as being not child centred, tended to contain very little information about the referral and decision, or recorded information was focused on the child’s parents or the sibling group only and did not display understanding about the individual child referred. An example of this was:

*“Mother working well with agencies on a voluntary basis”*

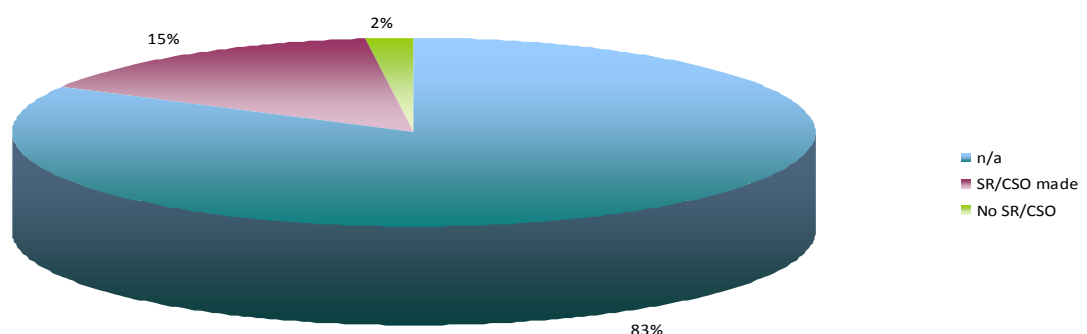
Although most referrals were assessed as child centred, the limited use of the child development domain in recording decisions should also be borne in mind as an area of weakness in this aspect.

## **Part 5: Hearings and appeals**

### **Substantive Hearing decisions**

Of the 34 referrals where the Reporters made the decision to arrange a Hearing the majority (30) were converted into a Supervision Requirement/Compulsory Supervision Order<sup>10</sup> by the Hearing, equating to 15% of all 200 referrals. The conversion of referrals into compulsory measures is presented in Figure 4. This is largely in line with the national picture of 12.6% of referrals converting into a Supervision Requirement for the period 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013<sup>11</sup>.

**Figure 4: Referrals converted into substantive decisions at Hearings**



<sup>10</sup> Compulsory Supervision Orders replaced Supervision Requirements at the introduction of the Children’s Hearings (Scotland) Act 2011, which came into force on 24<sup>th</sup> June 2013.

<sup>11</sup> SCRA unpublished data. This figure only includes data migrated from SCRA’s Referrals Administration Database (RAD) to the new CMS, so the numbers may be slightly lower.

Of the four that were referred to a Hearing that did not result in compulsory measures:

- one Hearing did not provide any reasons for the discharge of the referral
- two reported significantly improved cooperation with voluntary supports, and
- one noted that some grounds of referral were no longer relevant due to a change in the child's circumstances and advised that the local authority would re-refer to the Reporter on new grounds relating to the current situation.

### **Proof applications**

Of the 34 referrals that the Reporter referred to a Hearing, half (17) were sent to the Sheriff for proof (to find the grounds for referral proven). In 16 of these cases, the grounds for referral were established by the Sheriff. In the other case, the Reporter amended the grounds for referral which were then found by the Sheriff as established.

Of the 17 referrals that were sent to the Sheriff for proof and were referred back to a Hearing. Of these 16 then resulted in a Supervision Requirement/Compulsory Supervision Order being made. In the case of the referral that did not result in compulsory measures, no reasons were recorded by the Hearing as to why this decision was made.

## **Part 6: Other issues**

### **Decision-making is not a linear process**

From conducting this research on the different stages of Reporter decision-making, it is evident that the overall decision-making process is not always a linear one. Within this study, referrals from different agencies or even the same agency were received by individual Reporters around the same time and depending on the information within them, one or more was taken forward whilst others were not. This also affected the way Reporters requested and received reports. A report requested for one referral may have been used for a subsequent referral - if the time gap was sufficiently small. It was evident though that individual referrals were being considered in their own right by Reporters.

### **Time**

All focus group participants mentioned that the time they had to spend on a child's case influenced their decision-making. A variety of factors affected the time that Reporters had available to investigate referrals, including technology, workload, and processes.

### **Technology: SCRA's Case Management System**

At the time of data collection, the roll out of the CMS had only recently completed and all SCRA teams were adjusting to its use. This research has shown that for the majority of referrals, Reporters were using the assessment domains, though there was more limited use with regard to child development, and most were putting forward their reasons as to why

compulsion was or was not needed. However, in a minority of cases the level of recording was insufficient.

It was clear from the focus groups that Reporters felt that the time taken for CMS to do certain tasks impacted on their workloads. The researchers therefore considered that it was important to understand how the functionality of the decision-making process in CMS affects Reporters' ability to do their job.

Reporters felt less confident in the information recorded on CMS, particularly the reasoning for decisions. This was because they felt that *The Framework for Decision-Making by Reporters* is not fully included in CMS resulting in poorer recording of decisions, despite Reporter decision-making still being sound. Some functionality issues which impact on this in particular are CMS relying on free text boxes and word limits on free text. Some were concerned about cases where it was not the 'Active Reporter' that took the decision (although recorded as such) but a colleague and their recording was not as substantial. In such instances, Reporters were concerned that they could be held accountable for a decision that they were not responsible for.

Reporters stressed the difficulty in tracking decision-making on CMS, an issue also encountered by the research team during the case sampling exercise. Reporters explained that CMS does not easily allow them to look at previous referrals and decisions at the same time as making an assessment on a new referral, which could bring unnecessary risk into their decision-making. They said that being able to track previous decisions more simply and quickly would be helpful, as would being able to see which Reporter made what decision and on what date.

Reporters said that, as time progresses, it may become more difficult for them to understand and assess a child's referral history as less information will be stored in paper files and more on CMS, which they can find difficult to navigate. The key piece of information which they felt was not available on CMS was the child's chronology as this is important to understanding their history and helping to bring grounds to a Hearing.

## Workload

At the time when the focus groups were conducted, there were a number of issues which impacted upon workload that prompted discussion amongst Reporters.

The implementation and transition to the 2011 Act has required adjustments to changes to Reporter working practices. Where once they were familiar and confident with legislation and processes, the 2011 Act has brought some uncertainty which has slowed down their decision-making. This appeared to weigh heavily on focus group participants as other agencies look to Reporters to know and understand the legislation.

Organisational change within SCRA has also brought challenges for Reporters. One focus group, in particular, advised that the reduction in the number of Reporters has increased their workloads, giving them less time to spend on individual cases.

## Processes

Participants felt that decision-making has become more process driven, with the 2011 Act turning the attention of Reporters to legal detail, rather than the needs of the child. Reporters cited the legal framework as being unaligned with what Reporters are trying to achieve, with the 2011 Act making this even more of an issue. They felt 'drilled into a system' leaving little time to 'think outside the box'. For example, some Reporters said that if they had more time they would like to speak directly to older children to get their views and understand first hand the impact of events on their lives.

## Personal beliefs

For some Reporters, parental alcohol and drug abuse were key issues and for others poverty, or bullying or risky behaviour resonated with them. This, they acknowledged, is largely down to their personal beliefs, morals, upbringing and experiences.

Despite the impact of their personal beliefs, Reporters agreed that when assessing a referral it is a case of weighing up the risk factors in the child's life against the protective factors. This helps them to be objective and remain detached. However, they acknowledged that what they assess as being a particularly risky part of a child's life could be affected by their personal beliefs. For example, some said that a parent's week night drinking would be something they found quite serious, but others would not be so concerned. How tolerant they are of the parent's attitude and cooperation with services again depends on their own beliefs and experiences, personally and professionally.

All Reporters in the focus groups exhibited high levels of empathy, self awareness and understanding of how their beliefs and experiences impact on their decision-making.

## *Part 7: Supports to assist decision-making*

### Peer support

Reporters said that not only does informal peer support help professionally in terms of assisting in decision-making (e.g. by discussing cases, drawing on experience, etc.) but also personally in dealing with upsetting cases. Reporters felt that being able to share the burden of their casework helps them to leave these cases 'at work' and remain emotionally uninvolved. This is particularly because of the confidential nature of their work and the only way to 'offload' these feelings can be through colleagues and managers.

Opportunities to network with other Reporters/Senior Practitioners helps with decision-making. One focus group suggested that it would be useful if they were able to do placements in other SCRA teams. This group felt that the ability to work in another environment with different colleagues, workloads, processes and procedures could be beneficial as a way to sharing knowledge and good practice whilst also helping teams become less insular.

Participants felt that just sitting near another Reporter/Senior Practitioner provides them with support. This was particularly raised by those who work in small teams who have no direct peer support within the office, and who need to pick up the phone to access such support. However, they can be reluctant to do this as they do not want to burden others. Participants felt that there is a real thirst in SCRA for protected time to sit down with peers to discuss casework on a regular basis. They acknowledged that the Senior Practitioner role has helped in the provision of practice support, but they believe formal peer support would also be beneficial.

## **Supervision**

Reporters discussed lack of managerial supervision as being a problem in supporting good decision-making. Whilst they acknowledged that SCRA has a policy of formal supervision, in their experience they rarely have supervision sessions with their manager. However, Reporters did say that they were able to approach their Locality Reporter Manager and/or Senior Practitioner for advice when needed.

## **Training and Continued Professional Development**

### *Training*

Reporters considered that they have limited training opportunities. They did appreciate the training on the 2011 Act, and said training should now focus on casework and decision-making. They cited the Advanced Diploma in Reporter Practice as being great for new Reporters, particularly as it is contractual, but raised that it does not help existing Reporters as they do not have access to it.

In regards to CMS training, participants felt that whilst it provided them with the knowledge to use CMS in terms of its functionality, it did not cover how to apply it to their practice and decision-making. For example, whilst it taught them how to process a referral and record a decision, it did not provide guidance on how they were to complete the Investigation Form and how to track the decisions of a previous referral through to its conclusion to better understand the child's history.

The focus groups acknowledged that Practice Instruction is helpful. However, they said that it is not always covered in training and it falls to them to familiarise themselves with it. With the current pressures on Reporters, they found it difficult to find time away from their caseloads to read, and so may not always be aware of relevant guidance. For example, participants were largely unaware of the 2013 *'Addendum to the Framework for Decision Making by Reporters – recording reasons in CMS'*.

### *Continued Professional Development*

Reporters would welcome more support and protected time for their Continued Professional Development (CPD) in SCRA. They acknowledged that SCRA's policy is to promote learning and development and that opportunities are available, however, they are not always encouraged by their managers to take them due to constraints due to resources and workload at local level. Reporters felt that professional development was largely seen

as their personal responsibility. Some noted that the organisation was ‘pushing’ certain training courses and further education opportunities for certain groups of staff that were not always available or relevant to those in operational or non-management roles.

## ***Part 8: Key Findings***

In summary, the key findings that have emerged from both the data analysis and the focus groups with Reporters, with regards to decision-making are:

- In almost all cases, Reporters decisions were found to be proportionate and evidence based.
- Reporters support the work of multi-agency coordination and referral practice and believe this is working well in some areas. There were, however, some reservations that some children may be subjected to repeated incidents or harm which the Reporter is not aware of and situations may reach crisis point before they are referred. Both Reporters’ feedback and the data in the study show that this type of multi-agency working is not yet implemented across the whole of Scotland.
- Reporters stated that the information contained within a referral is key to how they make decisions. Clear evidence and chronologies facilitate decision-making. If referrals contained assessments and chronologies then decisions could more likely be made without further investigation. Referrals from social work and multi-agency teams were also perceived to be of a ‘higher tariff’. The data supported this perception with these referrals having higher rates of investigation. When conducting an investigation, information was requested from social work most commonly but reports or contact with other agencies was still considered essential, though it was sometimes difficult to obtain.
- The relationships that Reporters have with professionals in other agencies affected how information could be obtained and how Reporters were able to interpret it. Where Reporters had good working relationships with other professionals, there was more confidence in obtaining information over the phone. Also, where reports had been received, Reporters were able to have greater confidence in the information provided which had a positive impact on the time it took to make decisions. Furthermore, knowing the local social work department well also assisted them in deciding as to whether voluntary measures could be sufficient.
- In most cases Reporters were child centred in their approach to decision-making, though this was somewhat limited in recording issues related to child development in their decisions. It is an area for development to ensure that all decisions are child centred and recorded as such. Reporters were however, focused on the evidence as to how matters were impacting on the child and how these would bring grounds, should a Hearing be required.



- Reporters play a key part in child protection and welfare in Scotland. They have a unique role to play as they assess the evidence within a child's referral and reports without being involved in the day to day management of the child's case and care. This allows them to be more objective and detached. Reporters also recognised though where their own values and empathy came into effect.
- Reporters express that professional support is essential to effective decision-making. Reporters felt that formal supervision for practice issues has been lacking in recent times though most were able to approach their manager if they needed to. However, the availability of peers and senior practitioners was also important. Being around others facilitated learning and was also a resource for dealing with upsetting cases. Those who worked in very small teams or largely by themselves felt isolated and did not want to impinge on people in other offices.
- Reporters would welcome more opportunities and protected time for their professional development in SCRA.

## Section 4: Literature review

### Assessment and decision-making thresholds

The term 'thresholds' is used in the UK to indicate the level at which concerns about a child would be sufficient to trigger a service response (Platt and Turney, 2013).

The University of Bristol reviewed research on social work assessment of children in need to understand the relationship between decision-making and outcomes (Turney *et al*, 2011). They found five areas that were problematic in decision-making in social work assessments:

- Differing thresholds
- Failure to engage the child(ren)
- Inadequate information gathering
- Shortcomings in critical analysis
- Shortcomings in interagency working.

These issues are also of relevance to Children's Reporter decision-making. In social work assessments in Scotland, like England and Wales, there does not have to be a specific 'event' to satisfy any grounds for referral, just clear evidence that the child is or is likely to suffer harm (Dickens, 2007).

Front-line services are under pressure to 'gate-keep' by assessing levels of severity and the likelihood any harm is likely to continue. However, where the child's problems were accountable to the parent(s), it was found that any child protection referral was more likely to result in further action (Platt and Turney, 2013).

### *Threshold criteria for proceedings in Scotland, and England and Wales*

The 'threshold criteria' for commencing care proceedings in England and Wales are defined in Section 31 of The Children Act 1989, and the court must be satisfied that:

- The child concerned is suffering, or is likely to suffer, significant harm; and
- That the harm, or likelihood of harm, is attributable to:  
The care given to the child, or likely to be given to him if the order were not made, not being what it would be reasonable to expect a parent to give him; or the child being beyond parental control.

In Scotland, only those children who *may* require compulsion/statutory intervention should be referred to the Reporter (Norrie, 2013). Section 66(2) of the 2011 Act states that the Reporter is obliged to arrange a Hearing only where they are satisfied (through their assessment of the information provided to them):

- Whether they consider that a section 67 ground (i.e. grounds for referral) applies in relation to the child, and
- If so, whether they consider it is necessary for a compulsory supervision order to be made in respect of the child.

These are the 'threshold criteria' for Reporters in deciding to refer the child to a Children's Hearing.

Despite the differing systems in the UK, there needs to be a common understanding of child development and appreciation of the individuality of children. The impact of an event (e.g. an abusive incident) or series of events (e.g. chronic neglect) has different effects on different children as each child has their own levels of tolerance and resilience (Dickens, 2007). As such, assessing whether the child is in need of intervention (whether through the courts in England and Wales or through the Hearings System in Scotland) has the same challenges.

### **Factors influencing decision-making**

Very few studies have looked at social work assessments and there has been little research examining Reporter decision-making. Thresholds for assessment by practitioners is complex and depends upon a range of factors, including:

- Nature and quality of information available
- Reasoning strategies employed to analyse the information and manage referral workload
- Systemic and organisational factors (e.g. resource constraints, case management procedures, etc.) (Turney *et al*, 2011).

### *Quality of decision-making*

Turney and colleagues (2011) found that poor quality assessments tended to include:

- Gaps and factual inaccuracies in the information in the child's file
- Description as opposed to analysis of the information by the decision-making practitioner
- Little or no inclusion of the child's views.

Good quality decisions typically featured:

- The child as central to the decision
- Full, concise, clear, relevant and accurate information
- Chronology and/or family history
- Use of information from other sources (e.g. research, theory, etc.)
- An analysis that made a clear link between the information in the file and plans for future intervention or the decision not to take any further action in the case.

Table 1. Barriers and enablers to quality assessment in child protection decision-making (adapted from Turney *et al*, 2011)

Barriers to quality assessment	Enablers to quality assessment
Personal (e.g. levels of competency and knowledge, lack of confidence and autonomy)	Personal (e.g. knowledgeable, trained, skilled, confident and Continuing Professional Development)
Inter-personal/relational (e.g. limited or poor communication with others)	Inter-personal/relational (e.g. good working relationships, framework of effective supervision, case-based consultation, support for and between practitioners)
Systems (e.g. unreliable IT systems, time constraints)	Systems (e.g. systems that work 'with' practice, reliable and not time-consuming)
Organisational constraints (e.g. organisational culture, limited resources)	Organisational (e.g. a culture that supports reflection and learning rather than blame)
	Resources (e.g. adequate time and staffing)
	Assessment (e.g. auditing of assessments made)

Threshold decisions are impacted by a range of factors: information about the child and family; collaborative working; structural factors (political, economic and organisational); individual professional factors; and sense-making/analysis (Rzepnicki and Johnson, 2005; DePanfilis and Girvin, 2005; Turney, 2009; Platt and Turney, 2013). Therefore, **decision-making thresholds are not static, instead they shift to fit the conditions at any given time** (Broadhurst *et al*, 2010).

### *Personal interpretations*

A child's case is subject to different interpretations and the assessor's own values, as is the concept of 'welfare' itself. Norrie (2013) explains that 'welfare' in and of itself has no meaning but is the sum of factors that are relevant to the welfare judgement and the weight which is placed on these factors:

*"These choices depend upon the decision-makers, and society's moral and ethical preconceptions and values, and upon the changing fashions in developmental psychology, education and even our understanding of the nature of childhood itself"*

Dickens (2007) argued this is why many decisions for applications to the courts in England and Wales for care orders tend to be made based on specific high threshold events such an incident of physical or sexual abuse rather than a series of less serious - but culminating - issues over time (e.g. as with chronic neglect).

Although better information gathering and recording of processes may help reduce variable interpretations of events, Dickens (2007) explains that **the same information can be interpreted very differently by different people which leads to different proposals for the child, with differing interpretations and proposals. This is not an issue of technical skills and expertise, but of personal morals and values.** It is these apparent inconsistencies that can cause confusion amongst services on referral and eligibility criteria (Platt and Turney, 2013).

### Peer review

Practitioner decision-making and ability to see clearly what is happening can be desensitised to children's social situations (e.g. abuse and neglect) or affected by preconceived 'fixed' ideas about the child's case (Brandon *et al*, 2008; Turney *et al*, 2011). There are two main concepts when social workers assess children and families' need for intervention:

1. congruence - consistency of their understanding of a family's circumstances; and
2. co-operation - extent to which they understand the family are co-operating with services (Platt, 2007).

This is supported by Brandon *et al* (2008) who found that families' engagement with services impacts upon how thresholds are considered in their cases.

Judgements should be under constant critical review as bias is inevitable, especially where there is a tendency to persist in initial judgements by dismissing new evidence (Burton, 2009). **Alongside adequate supervision and the reviewing of one's own assessments when new information becomes available (particularly where it is contradictory to that available previously), peer review enables practitioners to check the accuracy of their original decision** (Turney *et al*, 2011).

### Supervision

Appropriate 'reflective' managerial supervision is critical in supporting and promoting effective decision-making:

*"Supervision should provide a safe but challenging space to oversee and review cases with the help of a fresh, experienced, pair of eyes and to systematically guard against either rigid adherence to a particular view or the opposite tendency to jump from one theory to another without resolution...Managers at all levels must ensure a 'learning culture' (Laming, 2003) with an ethos in which reflective practice and self-questioning are accepted and actively promoted – a non-judgemental acceptance that errors are inevitable makes it easier to recognise, acknowledge and learn from them"* (Burton, 2009)

**Adequate supervision is key to challenging practitioners' ways of thinking (which are subject to their own intuition and subjective bias)**, as challenging one's own patterns of thought is difficult (Helm, 2011; Brandon *et al*, 2008). The importance of high-quality supervision as critical to good practice was reiterated by Lord Laming (2009) in his progress report after the death of Victoria Climbié.

### Multiagency working

Collaborative multidisciplinary working is key to achieving good quality service responses (Platt and Turney, 2013). **The best forms of multiagency working are borne out of strong networks of informal relationships between practitioners and highlights a need for strong local networking structures to promote trust, the sharing of anxieties, conflict resolution and the identification of local need** (Leighton (ND)). These all assist effective and efficient assessment and decision-making.

### Assessment skills

Good effective assessment of children's needs is complex, involving:

- Systemic and purposeful information gathering (more than simply collecting 'the facts', which are often disputed)
- An understanding of why the information is needed in the first place
- Being able to process a mass of multiagency information (also often contradictory) to come to a conclusion about what it means
- A decision on how to proceed.

All of these require significant knowledge and skill, an ability to think analytically, critically and reflectively whilst also being able to use intuition and demonstrate empathy (Holland, 2010; Turney *et al*, 2011). However, **information must be considered and processed rigorously and methodically to ensure decisions taken are reliable and, whilst intuition is important, decisions should not be prone to individual bias as this can lead to premature judgements and decisions.** Intuition is a good place to start when considering a child's case but should be *"...tempered by both critical and analytical reasoning and reflection"* (Turney *et al*, 2011).

### Organisational pressures

Investigations encounter many barriers, including: limited and uncertain case information; time constraints; the need to accommodate other systems (e.g. courts); policies and procedures that do not provide sufficient guidance; and organisational cultural issues that may impact upon decision-making processes (e.g. practice shortcuts, such as time limits on decision-making) (Rzepnicki and Johnson, 2005). Timescales for the completion of tasks *"can create perverse incentives to dispose early on the basis of incomplete information"* (Broadhurst *et al*, 2010).

These factors, applicable to all practitioners making decisions in children's cases (including Reporters), come into sharper focus when there are limited resources and increasing workloads. This often leads to a rise in thresholds for decision-making as a method of 'rationing responses' when referral levels are high (Brandon *et al*, 2008; Sheppard, 2009). A range of 'general deflection strategies' are employed to limit workload, mainly 'strategic deferment' where referrals are sent back for further information and 'signposting' where referrals are sent to more 'appropriate' agencies (Broadhurst, 2010).

### Changing thresholds

Since the death of Peter Connolly, there has been a rise in the number of applications for care proceedings without a commensurate increase in resources available to those involved (NSPCC, 2012). It is similar in Scotland, where high profile child deaths (such as those of Caleb Ness and Brandon Muir) have prompted higher numbers of referrals to child protection agencies alongside a decrease in budgets (Jütte *et al*, 2014). This increase in referrals can result in capacity issues which impact upon service delivery (Platt and Turney, 2013) and the raising of thresholds (Brandon *et al*, 2008). It also impacts upon workforce psychology that subsequently can create a barrier for those who need to access support (Biehal, 2005).

Government policy supports early intervention. However, Turney and colleagues (2011) argue that the effectiveness of this depends upon the ability for practitioners to accurately identify additional needs of children and the *likelihood* of them suffering from harm – not a straightforward task. Furthermore, there are concerns that high thresholds result in children not receiving services that could benefit them (Platt and Turney, 2013).

### *Decision-making frameworks*

There has been a shift in understanding on how to facilitate effective decision-making, from a regulated approach exemplified by:

*“Establishing detailed procedures for the operational level and frequent training are two ways management attempts to reduce accidents. In child protection, for example, we have seen a proliferation of detailed procedural guidelines, forms, assessment tools and related training, all of which are intended to limit worker autonomy, enhance accountability, reliability, and better decision making”* (Rzepnicki and Johnson, 2005).

To more recent research that cautions **frameworks available for decision-making should not be relied upon nor should they become actuarial methods for making decisions – they should aid professional judgement, not substitute it** (Turney *et al*, 2011). An oversimplified framework cannot measure children’s welfare and the risks to it as each child’s experience differs resulting in different outcomes (Platt and Turney, 2013):

*“To reduce children’s needs to a point on a measuring stick demonstrates a failure to understand the meaning and impact of the experience for that particular child...the approach is too narrow and fails to address the complexity of the decision-making process, assuming a rationality that, we suggest, does not exist in practice”.*

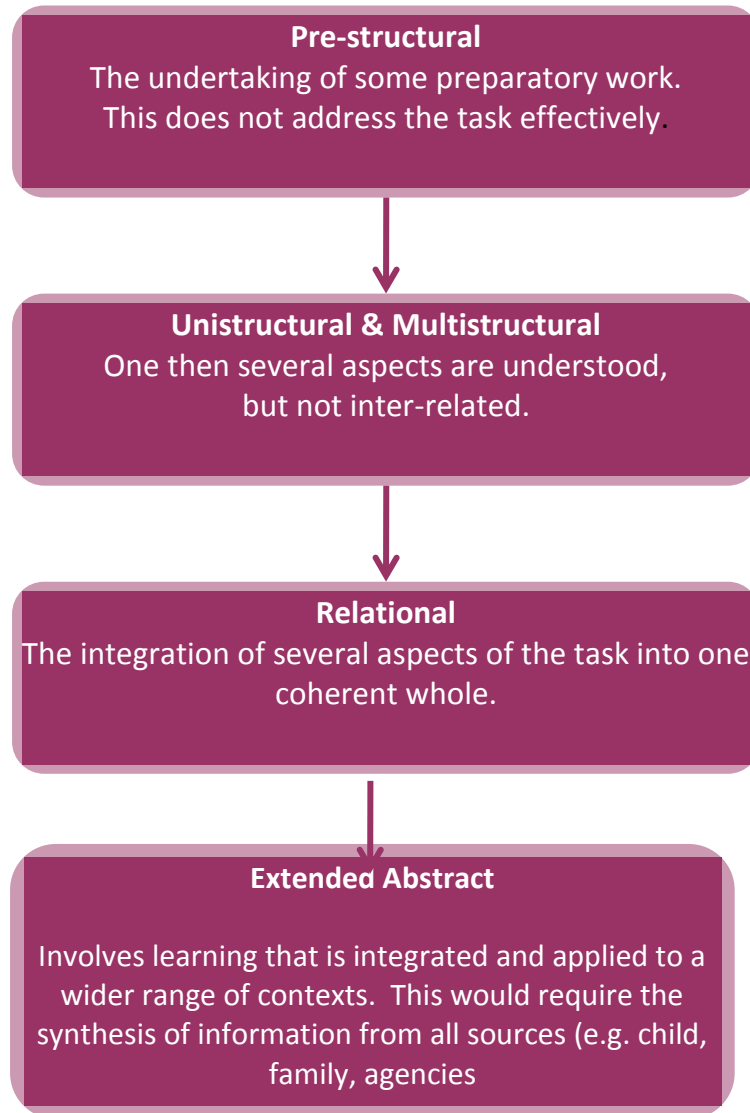
Systemic goals, rules, procedures, values and outcomes encourage organisations to adopt rules and procedures which limit worker discretion (Rzepnicki and Johnson, 2005). The shift in focus in the UK has led to a focus on examination of errors in decision-making, an encouragement to evidence-based practice and exploration of systemic problems within organisations. This all gives more weight toward the more linear framework in decision-making rather than the individuality and nuances of each case (Platt and Turney, 2013).

**The regulation of decision-making by rules and procedures and the enforcement of strict compliance with practice policies can compromise performance, not recognising that families’ have unique characteristics and needs** (Rzepnicki and Johnson, 2005). *“Keeping the child or young person ‘in view’ is fundamental to good assessment, and failure to do so can have severe consequences, as analyses of serious case reviews have consistently demonstrated”* (Turney *et al*, 2011). This is supported by Helm (2011) who advises that there is a repeated failure amongst practitioners to pay enough attention to what the child is saying about their experiences.

## Assessment methods in decision-making

The Structure of Observed Learning Outcome taxonomy has been suggested as a way of assessing and making sense of information in decision-making (Platt, 2011) (Figure 5).

Figure 5. Structure of Observed Learning Outcome taxonomy (adapted from Platt, 2011)



Assessment of the implementation of the *Framework for the Assessment of Children in Need and Their Families* in England (Department of Health, 2000) found that many social workers did not feel well equipped for the task of analysis. These concerns are given added impetus by reports into the deaths of Victoria Climbié and Peter Connolly (Platt, 2011).

Some authors have advocated the use of hypothesis-setting in decision-making (Sheldon, 1987; Sheppard, 1995). This involves hypothesising, seeking evidence to disconfirm and then reformulation of hypothesis based on the information gathered. Platt (2011) argues that this would encourage the questioning of initial assumptions and counteract the tendency to only value evidence confirming their own beliefs and biases (Burton, 2009). The National Children's Bureau has developed *Putting Analysis into Assessment: Undertaking Assessment*



*of Needs – a Toolkit for Practitioners* to encourage and support the learning of such an approach (Dalzell and Sawyer, 2011).

### Children’s Reporters: assessment and decision-making thresholds

Reporters receive referrals about children who may be in need of compulsory measures of Supervision. Reporters have an investigative function, based upon the evidence provided to them, on whether the child should be referred to a Hearing. Much of their decision-making is based on information received from other agencies (e.g. social work, police, education).

Previous research found that the main factors taken into account by Reporters when they make decisions included: family co-operation; school issues; ongoing social work involvement; the presence of evidence for any allegation(s); the seriousness of offence as well as any prior offending behaviour (if applicable), the age of the child as well as the risk to the child and the functioning of the family unit (Hallett *et al*, 1998).

Norrie (2013) explains that, in the case of the Reporter’s investigative function, a welfare judgement is not required as it is an issue of thresholds: *“Welfare as a paramount consideration is NOT the determining feature of threshold judgements, though it is of outcome judgements”*. For Reporters, the existence of section 67 (grounds for referral) of the Children’s Hearings (Scotland) Act 2011 is a mixed matter of fact and law and whether the statutory test for intervention has been met – this is what determines the Reporter’s threshold for intervention. It is only after this assessment that the Reporter can then make a decision on whether to arrange a Children’s Hearing, which is when welfare becomes the paramount consideration as the Hearing is the outcome judgement.

SCRA’s *Framework for Decision Making by Reporters* was developed to provide a framework to assist Reporters in their decision making process. It was developed as a direct response to the Audit Scotland report of 2002 which found that *“the ‘test of compulsion’...appears very much an individual decision and these vary considerably across the country. The proportion of offence-related referrals that are sent to a Hearing by Reporter practice varies between 10% and 47%”* (2002:24). When this was investigated, it was found that a number of factors influenced these decisions, including the availability of quality, timely information on which to make a decision, the Reporter’s personal perceptions as well as resource issues (e.g. pressure on the Hearings diary). Audit Scotland made the following recommendation:

*“SCRA should review variation in decision making by Reporters and the reason for this variation. SCRA should review their guidance to Reporters to ensure decision making is in accordance with good practice”* (2002:26)

SCRA’s *Framework for Decision Making by Reporters* was implemented nationally in 2005<sup>12</sup>, with the aims to:

- Assist Reporters in making initial decisions regarding the level of investigation, and the final decision regarding any need for compulsory measures of supervision.

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<sup>12</sup> Updated in 2012

- Provide principles and guidance to Reporters on the issues that should be considered when coming to their decision.
- Provide transparency of decision-making by encouraging consistent and structured recording of reasons for a decision (Audit Scotland, 2007).

Most referrals to the Reporter do not result in Children’s Hearings. SCRA data show that 20% of children with cases decided in the year 2012-13 had a Reporter decision to arrange a Hearing on at least one referral (SCRA, 2013). Reporters are therefore applying thresholds to all cases they investigate, and making decisions based on the information available to them.

### Literature review conclusions

Making decisions on children takes place in an environment which is stressful, complex and full of uncertainties, and mistakes in judgement and decision-making are inevitable in such challenging circumstances (Rzepnicki and Johnson, 2005; Burton, 2009). The Scottish Parliament’s inquiry into decision making on whether to take children into care (2013a,b) found that *“current decision-making processes are not always delivering the best outcome for children and their families”*.

The information in children’s referrals is complex, often consisting of a lot of information collated over time and thus in an inaccessible format (Iwaniec *et al*, 2004). Furthermore, *“...the notion of ‘threshold’ is perceived as a linear and rational concept”* (Platt and Turney, 2013), which is rarely the case. Case histories can be complex, confusing and overwhelming for those working with families and it can be difficult to work in a clear, systematic fashion (Brandon *et al*, 2011).

There is a need for further research into threshold decisions, particularly how the emotional response of practitioners impacts on them: *“the idea of a threshold as a single objectively defined point on a linear scale is unlikely to be feasible in the majority of cases”* (Platt and Turney, 2013). Assessments are not infallible and the contexts are in constant change (Burton, 2009). This should be borne in mind when examining any decision-making process and emphasises the need for further understanding of how decisions are taken and whether these result in good outcomes for children.

## Section 5: Discussion and recommendations

### Barriers and enablers to effective decision-making

The barriers and enablers to quality assessment in child protection decision-making identified in the literature review (section 4) also apply to Reporter decision-making.

#### *Personal*

Like findings from research on decision-making in other jurisdictions, Reporters believe that their own knowledge, backgrounds and experience impact on their competency and confidence in decision-making. They also agree that their own morals and cultural norms can affect how they make decisions. For example, some Reporters may find certain occurrences in a child's life to be acceptable (e.g. parents consuming alcohol mid-week), whereas others do not, and this is largely down to their own personal beliefs and upbringings. However, this research has found that ultimately for Reporters their decision falls upon the competency of the evidence at their disposal rather than their opinions.

#### *Inter-personal/relational*

Policy in Scotland stresses that the welfare and protection of children is 'everyone's business' and this is reinforced by implementation of GIRFEC. Where agencies work together, Reporters are more able to make effective, timely decisions. Reporters agreed that where GIRFEC is implemented and done well it has had a positive impact on referrals and their decision-making, enabling them to take quicker decisions without the need to seek further information, ultimately leading to earlier intervention if it is needed.

In the areas where GIRFEC and/or pre-referral screening processes are well embedded in practice, referrals received from these sources were more serious in nature and contained more comprehensive information. In this context it should be noted that 27 of the 200 referrals in this research came *via* a multi-agency group, suggesting that GIRFEC has not yet been implemented as intended.

Reporters felt that sometimes they do not see the 'whole' picture of a child's life, particularly when there are a number of issues/incidents that accumulate over time. The approach of the police in some areas to refer low level issues (e.g. domestic abuse incidents when the child is not present) does require investigation by Reporters that is not always needed to provide appropriate support to the child and family. Conversely, some Reporters felt that the pre-referral screening process does not always give them a sense of how cumulative small issues can present a problem for a child (e.g. how many instances of domestic violence have occurred in the family home). There needs to be a balance between these extremes so that Reporters get the information they need to evidence the pattern of cumulating concerns. One solution is provision to the Reporter of a full and detailed chronology through a multi-agency referral, as is intended by GIRFEC.

### *Systems and support*

Reporters stressed the need for effective supervision and peer support, calling for a formal peer review/discussion process to discuss their decision-making.

It is clear from previous research and our findings, that reliable IT systems are required to facilitate good and effective decision-making. Reporters do not consider that CMS facilitates effective decision-making. This may be to do with the fact that this research took place just as the new system was bedding in.

Nevertheless, it was found that almost all of Reporter decisions were appropriate and proportionate against the information in the child's case file. This would indicate that Reporters are able to carry out their role within the constraints they experience. It should be noted that this research did not consider how long it took for decisions to be made or other issues which impact on decision-making (e.g. staff shortages, individual/team workloads, etc).

Whilst this research found that most Reporters are child-centred in their decision-making, there is a lack of a focus on the child when they record their decisions. This does not mean that the decisions made are not child-centred, but that the recording is lacking.

### **Thresholds**

Unlike most other practitioners, the role of the Reporter is enshrined in legislation. The threshold for intervention is strictly defined in Section 66(2) of the Children's Hearings (Scotland) Act 2011, which prescribes what must be present in any referral to satisfy the need for a Hearing.

SCRA's Practice Direction 5 (SCRA, 2013b) advises that: *"Standard referrals by a local authority, police or other person require the referrer to consider that the child is in need of protection, guidance, treatment or control **and** that a compulsory supervision order might be necessary. If the reporter has any doubt about whether these statutory tests have been applied the reporter is to check. If the statutory tests have not been applied, receipt of the information is not a referral under section 66(1)(a)."*

Therefore, it is for the Reporter to decide whether this test has been met and, thus, whether the threshold for intervention has been crossed.

### *Information – facts and evidence*

When it comes to making a threshold decision, a Reporter must determine whether the statutory test has been met (as defined by the 2011 Act) and whether the evidence is competent (Norrie, 2013). So long as these two factors are present, the threshold for intervention has been met.

At this point in the process, the welfare of the child does not govern this judgement and the crossing of the threshold does not mean that compulsory measures will definitely follow (Norrie, 2013). This research supports Norrie's belief - Reporters were found to focus on the evidence and whether it was sufficient to bring grounds that would stand up to legal

scrutiny. This is not to say that Reporter's are not child centred in their decision-making, but that their focus is on the evidential basis for bringing grounds and how the facts impact upon the child.

The concept of the 'threshold' for intervention can be considered a linear concept, which is often not the case (Platt and Turney, 2013). Families' lives are complex and often chaotic which can be confusing for professionals involved, including Reporters. Brandon and colleagues (2011) explained that this makes it difficult to work in a systematic, linear way. The findings of this research would support Brandon and colleagues, with Reporters stressing the need for clear, concise, detailed and factual chronologies. Not only does this assist them in making decisions, it provides them with the information they need to bring grounds that stand up to legal scrutiny.

## ***Recommendations***

### **For SCRA:**

#### **Practice**

- In line with section 66(1)(a) of the Children's Hearings (Scotland) Act 2011 and Practice Direction 5 (SCRA, 2013b), SCRA staff should exercise their judgement over 'information only' reports submitted to the Reporter, questioning the referring agency if required.
- Recording of reasons for decisions is an area for improvement and should always focus on the child referred. This is particularly important where decisions have been reached after telephone conversations and where a decision has been altered, both should be noted in the case notes. It is also important that the Reporter and/or LRM that has made the decision records their name and the date on the Investigation Form, and that the 'child development domain' in CMS is completed. The need for full recording of decision-making needs to be reinforced through training and in supervision.

#### **Learning and development**

- Reporters should be supported and have protected time for their CPD, and their managers should make resources available and encourage Reporters to take opportunities for their CPD.
- Training on new systems should be on not only on how to use the system but also how it applies to the work of Reporter and supports their decision-making.

#### **Management and support**

- Protected time should be allocated for Reporters' supervision with their managers, which should be done on a regular basis. This should not just be used to discuss performance but also to discuss casework and developmental needs. It is also an opportunity for managers to keep Reporters informed of SCRA plans and policies and to hear Reporters views on these.

- Reporters require a form of formal peer support through a local network where they can discuss practice issues, their decision-making and casework.

**For all agencies:**

- Multi-agency working needs to be more widespread and integrated into the practice of all agencies involved in child protection and youth offending.
- Where the GIRFEC model of multi-agency working is established referrals contained more comprehensive assessments and detailed information on the child. This facilitated Reporter decision-making. There is also sometimes a need not to delay referral and a single agency referral is appropriate. There needs to be a greater common understanding between referring agencies on thresholds of referral.
- Referring agencies need to have a better understanding evidential basis of Reporter decision-making, and importance of provision of clear, factual information focused on the child referred.
- Agreements need to be reached between SCRA and the NHS on the sharing of information where the child has been referred. Reporters were concerned at not being able to get information from some health sources or the delay in getting this information.

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## **Appendix 1      Reporter decision-making toolkit**

### **Stage 1      Referral**

Stage 1 of the toolkit reflects the first stage in the decision-making process – the information that is provided to the Reporter upon a child’s referral. This section focuses on this initial information provided by the referring agency.

- Referring agency
- Date of referral
- Age of child at referral
- Type of report/letter from referring agency
- Previous discussion/route to referral agency (e.g. discussion at multiagency CP conference)
- Nature of concern as identified by referral agency (main concern & others)
- Recommendation to Reporter
- Is the referral child centred?

### **Stage 2      Investigation**

Stage 2 reflects the investigative stage in the Reporters decision-making – the assessing of the referral information and the requesting of further information to better enable them to make a decision.

- Date initial decision made (date request made for further info, if applicable)
- Nature of concern as identified by Reporter (main & others)
- Further information requested – what agencies?
- Did further information requested reflect the nature of the concern?
- Is the further information received sufficient to make a decision?
- If not, does Reporter request further information to fill gaps?
- If so, from what agencies and does the further information reflect the nature of the concerns?
- Is Reporters investigation proportionate to level and nature of concerns?
- Recommendations to Reporter from other agencies
- Is the investigation child centred?

### **Stage 3      Assessment**

Stage 3 of the toolkit reflects the Reporters decision-making process – how they come to make the decision they do. It will assess their analysis of all the information, their critical thinking and evidence that the Reporter has synthesised all of the information provided to come to their final decision.

- Dates of assessment, if available
- Concerns assessed against age & stage of child in terms of development?
- Assessment of parenting capacity impact on child evident?
- Assessment of environmental factors impact on child evident?

- Does the final decision reflect critical/analytic thinking and synthesising of the information provided by other agencies? Is this evaluation clear?
- Is there sufficiency of evidence for the decision?
- Is there evidence that the Reporter has considered compulsion?
- Is there evidence that the Reporter has considered the recommendations put by other agencies?
- Is there reference of family history/siblings, if relevant?
- Nature of the concern (main & others) as identified by the Reporter
- Is the assessment child centred?

#### **Stage 4      Decision**

Stage 4 examines the decision that the Reporter has made and whether this reflects the information provided and whether their analysis is reflected in the decision.

- Final decision made
- Date final decision made, if available
- Grounds
- Is there evidence to support the grounds?
- Does the grounds reflect the nature of the concerns identified by the Reporter? Identified by referring agency? Identified by other agencies?
- Does the decision reflect the analysis and justification recorded during the Reporter's assessment?
- Does the decision reflect the referring agencies recommendations? Reflect other agencies recommendations?
- Criminal cases?

#### **Stage 5      Hearing**

Stage 5 in the toolkit examines the Hearing decision to assess whether the Reporter made the right decision in referring the child to a Hearing. It also examines whether the grounds are sent to the Sheriff for proof and/or if there are any appeals to the Hearing decision, as well as the outcomes to these. This will help measure whether the Reporters decision was the right one.

- Hearing decision
- Date of Hearing decision
- Does the decision made reflect the grounds?
- Does it get sent to proof?
- If so, what is the Sheriff's decision?
- Is there an appeal?
- If so, what is the reason for the appeal?
- If so, what is the outcome of the appeal?

## Appendix 2      Focus group topics

**Thresholds** *Use case studies to explore differences in referrers' and Reporters' thresholds.*

- Quality of information provided and Reporters' trust of other agencies – impact of pre-referral screening and integrated assessments/Child Plan.
- Reporter's investigation – who do Reporters request information from and why? Are Reporters getting full picture, especially for young children?
- Decisions not to refer to Hearing – options available for disposal and which to choose.

**Personal values and morals** *What impact does this have? Use case study to explore impact of differing values/views.*

**Supports for Reporters** *Peer review, supervision, professional development, time to read new research, etc.*

- Systems and national guidance and frameworks – how useful are these and how does this actually impact on the *process* of how a Reporter makes a decision?



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