**The voice of the Child and young person**

1. **Introduction**

**Children must be seen alone by professional staff working with them,**

**and their wishes and feelings recorded.’**

This report provides an overview of Bedford Borough Safeguarding Children Board’s (BBSCB) Voice of the Child Audits undertaken between September 2014 and December 2014 and a Review Report compiled by Safeguarding & Quality Assurance at Bedford Borough Council.

The focus of this audit is to explore whether the voice of the child is heard by Bedford Borough agencies during their work with children and families.

The audit relied on professional judgement of the auditor who should be guided by their own agency’s policies and standards as well as the Bedford Borough Safeguarding Children Board Procedures. Auditors were asked to summarise their agencies individual case audits drawing out key themes and providing examples of good practice which can be shared across agencies.

The following sections detail the audit process, finding and recommendations.

1. **Audit Process**

Members of the Learning and Improvement Standing Group undertook the audits on behalf of their agency:

* Keith Hill – Children Services Bedford Borough Council
* Liz Mead – Bedfordshire Police
* Dawn Andrews - SEPT
* Dr Khan – Bedfordshire Clinical Commissioning Group
* Wendie Lovatt – Voluntary Organisations
* Jackie Scott - Bedford Hospital

The audit tool was adapted from Nottinghamshire LSCB with their permission (**Appendix I**). This was completed by the above auditors choosing a random selection of cases. The completed audits were presented to the Learning and Improvement Standing Group in October and December 2014.

In total 18 cases, 7 of the cases were of children with a disability and the status of the cases ranged from Early Help, CIN, CP and LAC.

All of the cases were judged as being satisfactory to excellent with none being considered as poor.

At the time of the audits being conducted Caroline Brady Team Manager for Safeguarding & Quality Assurance Bedford Borough Council presented a report undertaken by her service into Young People’s Views in Child Protection Conferences. The Review report provided details in respect of the use of advocates to either support the young person’s attendance or attend on their behalf to present their wishes and views. The review also looked at whether children’s views are routinely being presented to conference by their Social Workers.

The review examined cases that have had an initial or review child protection conference in the three months from 1st June 2104 to 31st August 2014.

The findings in this Review report were gathered from minutes from child protection conferences and the single assessments that social workers produce for conferences, case notes on Azeus (client database system) were also looked at to contribute to the information gathered.

The questions that were considered in reviewing these documents were

* Did the young person attend their child protection conference?
* Did an advocate attend with or on behalf of the young person?
* Is there evidence that a discussion was held with the young person (over 12 years) regarding their attendance at the conference?
* For children between 4 and 12 years -were their wishes and views obtained as set out in the LSCB interagency procedures?

1. **Feedback on the Template and Process**

The LISG reported that the audit tool was quite difficult to complete and was quite generalised for use by all agencies; this caused some issues in terms of maximum benefit for the agency completing the audit. From an NHS perspective - for example what applies to health visiting may not be the same as general practice or CAMHS. Encounters children have with health and the contribution they provide varies dependent on the setting and the agency they access. Some Auditors found it difficult to make judgements on their agencies.

1. **Findings**

* The child’s voice was ascertained through the observation of the child’s behaviour and interaction with the parent/carer
* Descriptions of what was done by the practitioner
* In none of the cases was their evidence of tools being used to ascertain the child or young person’s views.
* All children reviewed were appropriately protected.
* The majority were supported by multi-agency information exchange through safeguarding meetings, CIN, CP & LAC Reviews.
* There was only one direct quote from a children/young person.
* In all the cases where the child was under five years of age the practitioners had recorded the views of the children as presented by the parent/carer.
* Case records need to include analysis of the information obtained via assessment processes which are child focused and reflect the wishes and feelings of the child.
* Health professionals need to have age appropriate communications with the child and include these in their assessments
* Acknowledgement that young children can give accounts of their likes and dislike at a young age, and professionals should engage in direct communications with the child.
* All professionals to be fully aware of Gillick competence when assessing children, rather than assuming parents / carers must be present or involved. SystmOne now has a reminder that appears on the screen to remind the clinician if the child is Gillick Competent or not and this is then added to the consultation notes.
* Sharing of information between all those involved with the child’s care is paramount, so all to review existing practices of access rights etc. SystmOne Safeguarding Children template is helping to move this forward across health agencies
* To be aware that the current default mechanism used by GP’s within electronic recording methods does not allow other health professionals immediate access to vital information to inform safeguarding decisions. This could result in an omission to identify concerns
* Whenever the voice of the child is gathered by professionals, this needs recording clearly to reflect any issues etc.
* The voice of the child, whether being seen alone (as relevant) or with parents/carers, needs to become more routine practice.
* If the practitioner has been unable to ascertain the child or young person voice then they need to record why.
* Practitioners need to ensure that they consider all forms of communication, not just verbal.
* Practitioners must evidence that they have discussed how young people over the age of 12 wish to present their views to a child protection conference
* Children and young people (age appropriate) must be given the option of attending any meeting about them, and/or having an advocate or a meeting with the chairperson of the meeting or to present their views though other means (writing a note, drawing, email or text)

**Recommendations**

1. There needs to be a review of tools available for communication with children and young people
2. Assessments that do not have the child’s views included should not be signed off. The BBSCB to undertake an audit of assessments to assure itself that the voice of the child/young person is ascertained, recorded and acted upon
3. Conference chairs to ensure that monitoring forms from child protection conference raise the issue of children and young people’s views and report back their findings to the BBSCB
4. Conference chairs to ensure that the minutes from the child protection conference explains how children will be involved in the conferencing process, including how their views can be presented. Audit to be undertaken to assure the BBSCB that children and young people’s voice are part of child protection conferences
5. The Review completed by Safeguarding & Quality Assurance Bedford Borough Council to be repeated to assess if there have been improvements in the number of children who contribute to their child protection conference to evidence that that promoting the voice of the child is becoming embedded in practice and raising standards.
6. Commissioning is a specialist training around how to communicate with children and young people and explore the different methods of communication.
7. Agencies to consider implementing Voice of the Child Champions
8. Bedford Borough Council Children Services to consider extending its membership of the Voice of the Child Champions group to include partner agencies,

**Appendix I**

**Voice of the Child Audit Agency thematic report**

**Serious Case Reviews have highlighted the importance of seeing, observing, hearing and recording the voice of the child. The focus of this audit is to explore whether the voice of the child is heard by Bedford Borough agencies during their work with children and families.**

**The audit should focus on the period from ………..The audit will rely on the professional judgement of the auditor who should be guided by their own agency’s policies and standards as well as the BB Safeguarding Children Procedures.**

**This report should summarise your individual case audits drawing out key themes and providing examples of good practice which can be shared across agencies. Please submit this report to BBSCB administrator Sue Fanthorpe………**

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| **Name of person completing the audit:**  **Title/Designation** | : | | | |
| **Date of audit report** |  | | | |
| **Name of Agency completing the audit.** |  | | | |
| **Summary of sample** | | | | |
| **Type of Case – Please indicate whether it is Early Help, Child In Need, Child Protection, Children with Disabilities, Looked After Children or leaving care** |  | | | |
| **Number of cases audited (out of…).**  **Time period for audit** |  | | | |
| **Age of child/young person (age range of audit sample)** |  | | | |
| **Ethnic origins of child/young person** |  | | | |
| **Gender of child/young person audited** | **Male** |  | **Female** |  |
| **Religion of children audited** |  | | | |
| **Number of children with disabilities (other characteristics)** | **Learning** |  | **Physical** |  |
| **Source of audit sample** |  | | | |

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| **Question 1 – Was the child/young person seen frequently (this needs to be clarified) enough by the professional involved with them? Did the professional ask about their views and feelings? If not, reason?**  Generic practice pointers   * Was the c/yp seen in a place which met their needs e.g. in places that are familiar to them? * Was the c/yp able to communicate effectively? If not, what was offered to them so that they could communicate? * Was the c/yp seen away from their carers (if appropriate? If so did this happen? * Was the c/yp asked about a day in their life? * If the child is a baby or very young, was there direct observation of them and were others consulted for their opinion of the child? * Do records detail who presented with the c/yp and their relationship with the c/yp? * Was consideration given to the c/yp’s needs in relation to protection?   Agency specific practice pointers  *(insert additional practice pointers that are relevant to this question)* |
| **Summary of Ratings** *(please circle the number)We need to be clear on what this means?*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | | **9** | **10** | | **Unsatisfactory** | | | **Satisfactory** | | | **Good** | | | **Excellent** | | |   **Narrative-summary of individual case audits**  *(please give examples of good practice so they can be shared across agencies)* |

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| **Question 2 – Did the professional listen to adults who tried to speak on behalf of the child and who had important information to contribute?**  Generic practice pointers   * Was the father or other male( including those living with the family)figures involved in gathering information about the c/yp (as appropriate regarding duty of care) * How were relatives or neighbours consulted with? * How were staff who had contact with the c/yp and family/carers consulted with?   Agency specific practice pointers  *(insert additional practice pointers that are relevant to this question)*   * Who accompanied the child on admission to the Hospital? |
| **Summary of Ratings** *(please circle the number)*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | | **9** | **10** | | **Unsatisfactory** | | | **Satisfactory** | | | **Good** | | | **Excellent** | | |   **Narrative-summary of individual case audits**  *(please give examples of good practice so they can be shared across agencies)* |

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| **Question 3 – Is there any evidence that parents/carers prevented the professional from seeing and listening to the child or young person? How did the professional respond?**  Generic practice Pointers   * A respect for family privacy should not be at the expense of safeguarding c/yp. * Professionals concerned about their own safety should consider the implications of risk to c/yp * What evidence was there that professionals accepted what carers/parents told them too readily? * Was there evidence of challenge or questioning of the parents version of events? * Were missed appointments for the c/yp followed up and reasons given for non- attendance?   Agency specific practice pointers  *(insert additional practice pointers that are relevant to this question)* |
| **Summary of Ratings** *(please circle the number)*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | | **9** | **10** | | **Unsatisfactory** | | | **Satisfactory** | | | **Good** | | | **Excellent** | | |   **Narrative –summary of individual case audits**  *(please give examples of good practice so they can be shared across agencies)* |

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| **Question 4 – Is there evidence that the professional focused on the needs of the child and not solely the needs of parents, particularly those parents who are especially vulnerable?**  Generic practice Pointers   * Recognise the specific needs of c/yp who have a caring responsibility for their parents * Consider the implications of any domestic abuse for unborn children * Be aware that the needs of parents can mask children’s needs   Agency specific practice pointers  *(insert additional practice pointers that are relevant to this question)*  Definition/explanation or examples of what constitutes vulnerability needed |
| **Summary of Ratings** *(please circle the number)*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | | **9** | **10** | | **Unsatisfactory** | | | **Satisfactory** | | | **Good** | | | **Excellent** | | |   **Narrative-summary of individual case audits**  *(Please give examples of good practice so they can be shared across agencies)* |

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| **Question 5 – Did the professional interpret their findings well enough to protect the child?**  Generic practice pointers   * Actions take account of c/yp’s views * Behaviour is recognised as a means of communication * Understands and responds to behavioural indicators of abuse * Sensitively balances c/yp’s views with safeguarding their welfare * Was a referral made and to what agency? * Was a chronology compiled? * Was escalation policy initiated? * Was meaningful challenge evident and if so for what purposes?   Agency specific practice pointers  *(insert additional practice pointers that are relevant to this question)* |
| **Summary of Ratings** *(please circle the number)*   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **1** | **2** | **3** | | **4** | **5** | **6** | **7** | **8** | | **9** | **10** | | **Unsatisfactory** | | | **Satisfactory** | | | **Good** | | | **Excellent** | | |   **Narrative-summary of individual case audits**  *(Please give examples of good practice so that this can be shared across agencies)*  **Recommendations to your Agency?**  **Recommendations to BBSCB** |