

Biennial Report
Protecting
Children and Young People
in
Highland CPC area
April 2013 – March 2015



Preface from Chair and Chief Officers:

We present the 2013/15 Biennial Report of the Highland Child Protection Committee. This is the ninth report submitted to the Scottish Government in line with the Guidance for Child Protection Committees published in January 2005 and updated in 2014.

Due to changes in the requirements for the annual submission of data sets to the Scottish Government, from the financial to the academic year, a biennial report has been produced for the period April 2013 – March 2015, including data for the period to July 31st 2014.

2013/15 saw further progress for the Committee. Inspection in 2013-14 gave services for children in Highland 7 ‘Very Good’ and 2 ‘Good’ ratings against the 9 national quality indicators. The CPC’s Improvement Plan aims towards excellence.

Achievements during 2013/15 include a review of practice guidance and training in light of reorganisation, changes to the Highland Practice Model, new laws and revised national guidance; a reduction in the use of emergency Child Protection Orders; further steps to improve information sharing between services for children and those working with adults who may pose a risk to children; and the commencement of specific programme of activity to improve recognition and response in relation to risks to children who have additional vulnerability due to disability or because of parental life-style or instability. In addition a working group has been established to consider whether Highland has any indicators of organised sexual exploitation and an action plan has been produced to raise awareness and protect potential victims.

We wish to acknowledge the hard work of staff across all partner agencies working in this complex area and echo the findings of the Care Inspectorate that Highland has “..a highly committed group of staff, guided by the values and principles of the Highland practice model.”, and “..underpinned by a culture of creativity and innovation.”, which “..has resulted in effective and improving early intervention for vulnerable children and young people. “

This report is testimony to this sustained progress and improvement.

Signed:



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The Highland Council



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Biennial Report on Protecting Children and Young People in Highland CPC area April 2013 – March 2015

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1.0 Introduction

It should be noted that the administrative year for the majority of partner agencies to the Child Protection Committee runs from April 1st to March 31st. However, the data reporting year for Scottish Government purposes has been changed in recent years to the academic year, August 1st to July 31st, with the data submission being due in November and comparator data being made available in the following year. This has delayed the production of annual reports to such a degree that the information was becoming obsolete by the time of publication. Therefore, the following report covers activity during the period April 2013 to March 2015 but contains data for the period August 2012 to July 2014.

1.1 Context

1.1.1 Formal Child Protection Committees have existed in each Local Authority in Scotland since at least 1991 and were reviewed and standardised in 2005. The Highland Child Protection Committee (referred to in this report as “the Committee” or the CPC) meets on a quarterly basis. During the period covered by this report a typical agenda would include:

- Minutes and matters arising from the previous meeting.
- Exception reporting against the actions in the Improvement Plan together with any requested progress reports.
- Standing Items – Reports from the Safer Highland Leadership Group, updates from National Groups, e.g. Scottish CPC Chairs Forum (SCPCCF), an update from the NHS Highland Child Protection Coordinating Group and minutes of the CPC Delivery and Training Groups. Additionally, in this period, there were regular updates on progress in relation to the key priority of improving out-of-hours access for acute Child Sexual Abuse Medicals, as well as updates on the progress of organisational restructuring, e.g. integration of Highland Council and NHS Highland Children’s Health and Social Care Services, the creation of a single Police service; and inspection of Children’s Services.
- Items for consideration/discussion, e.g. National initiatives around Children’s Hearings, child trafficking, video recording of interviews, private fostering, etc.; updates of policy and guidance; reports on cross-cutting issues e.g. children affected by parental substance misuse or domestic violence; and high profile case reviews.
- Items for information/noting.

1.1.2 Additionally, during the period April 2013 to March 2014, there was a number of supporting structures, including a Delivery Group, which met quarterly, and an inter-agency Training group, which met more frequently, as the work required. The latter group continues to meet. (See section 4.7)

1.1.3 In Highland, Child Protection sits as part of the wider 'Safer Highland' public protection partnership arrangements (See section 4.8). During the period of this report, the Chair of the CPC was a full member of the Safer Highland Leadership Group and provided regular reports on Child Protection activity. Minutes of the Committee are also routinely submitted to the Highland Council's Education, Children and Adult Services Committee.

1.2 Committee Membership

1.2.1 Membership of the Committee, together with support arrangements, was reviewed in February 2014 in light of significant structural changes in all partner agencies. Current membership is detailed in Appendix 1c. Within the Safer Highland arrangements, the Chief Executive of the Highland Council is the executive sponsor for Child Protection, and with the Chief Executive of NHS Highland and the Police Scotland Divisional Commander (Highland & Islands), has an open invitation to attend the quarterly meetings of the Committee. Until this review, a Delivery Group operated for the purposes of ensuring the effective operational delivery of the Committee's agreed Improvement Plan (See section 1.6). As a result of the review a new structure, merging and streamlining the Committee and its Delivery Group, was implemented in April 2014.

1.3 Political Champion

1.3.1 Highland Council has an established policy of appointing Political Champions for public protection issues. With the change of administration in May 2012 a new elected member, Cllr. Linda Munro, was appointed to the role of Child Protection Political Champion.

1.3.2. The role of the Political Champion is defined as:

- providing a democratic perspective to the activities of the strategy groups;
- providing a public profile and support the articulation of relevant issues to the wider community, as agreed with the chair of the strategic group;
- ensuring that issues with regard to each strategic area, including in relation to implementation of the Single Outcome Agreement and *Strengthening the Highlands* are highlighted in other political forums, including at all Strategic Committees and at the Highland Council; and
- supporting the development and operation of these governance arrangements to promote a 'Safer Highland'.

1.3.3 In undertaking this role, the Political Champion is an ex-officio member of the Committee and is in attendance at Committee meetings.

1.4 Strategic Overview

- 1.4.1** The strategic overview has been provided through the Safer Highland Leadership Group, established in January 2009, where Child Protection, Adult Protection and the Multi-Agency Public Protection Arrangements (MAPPA) were each represented. This resulted in the establishment, by the Chief Executives of the Highland Council, NHS Highland and the Chief Constable (Northern Constabulary), of a Safer Highland Leadership Group, to undertake co-coordinating responsibilities for strategic planning and reporting purposes across public protection responsibilities: adult support and protection, child protection, community safety, drugs and alcohol misuse, sex offending and violence against women.
- 1.4.2** Each Chief Officer sponsored two partnerships and the Chairs of the relevant strategic committees, including the Chair of the Highland Child Protection Committee, sat on the Safer Highland Leadership Group. The Leadership Group received regular reports from each of the strategic groups and worked to ensure a consistent approach to performance management of public protection issues, improve coordination and scrutiny, identify cross cutting issues and facilitate administration and communication.
- 1.4.3** Following the creation of Police Scotland, in April 2013, Julian Innes, the Divisional Commander (Highland and Islands), became the Police representative on the Leadership Group and was nominated as Chair. The structure, membership, roles, remits and governance of the 'Safer Highland' public protection partnership were reviewed in the latter part of 2013 and streamlined to achieve a better fit with Community and District Planning Partnerships. As part of this exercise, the CPC structure was also reviewed and a development event was held in February 2014 to review progress and agree priorities for 2014 -17. These new structures came into being from April 2014. (See organisational charts at Appendices 1a & b)

1.5 Outcomes-based Planning

- 1.5.1** The Safer Highland Leadership Group took a common approach to the management of the public protection streams. This was fully adopted by the Committee and used a logic modelling approach to identify the main strategic aims, the long-term, medium-term and short-term outcomes and the main actions. This was reviewed by the Committee and updated, on an annual basis, following its development event. The service delivery outcomes underpinned the work of the Committee and its supporting structures.

1.5.2 With the development of *'For Highland's Children 4'* Integrated Children's Services Plan, a service improvement model was adopted, to determine outcomes, identify priorities and quality assure the plan, based around a set of 14 specific outcomes for children and their families in Highland. The 2014 - 2017 CPC Improvement Plan contributes to outcomes:

- 1 Children are protected from abuse, neglect or harm at home, at school and in the Community.**
- 2 Children are well-equipped with the knowledge and skills they need to keep themselves safe.**
and
- 13 Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.**

1.5.3 As a matter of course, the Safer Highland Leadership Group receives only exceptions reports from each of the committees. Once a year, the Chief Officers have a specific focus on Child Protection, receiving the end of year progress report and endorsing the rolling Improvement Plan for the coming year.

1.6 Delivery of the Improvement Plan

1.6.1 Monitoring the delivery of the actions arising out of each of the agreed outcomes was, until April 2014, the responsibility of the CPC Delivery Group and is now the responsibility of the CPC. There is an established sub-group for Training and, at any time, there is the facility to establish short-life working groups focussing on specific developments. The Improvement Plan is scrutinised at each meeting of the Committee where the focus is on the progress being made towards meeting the stated objectives. The current version is available on: <http://www.forhighlandschildren.org/1-childrensplan/strategy.htm>

Quality assurance is undertaken, primarily, by the Integrated Children's Services Quality Assurance Group and operational teams; however some thematic review has been undertaken by individual staff.

1.7 Supporting Structures

1.7.1 The respective partners have been keen to ensure that there are robust arrangements in place to support the Child Protection agenda. The Child Protection Committee continues to commission a Development Officer (shared with the Adult Support & Protection Committee) and a full-time Training Officer. Part-time clerical support and additional support for data analysis is provided through the Highland Council Business Support Services.

1.8 Integration in Highland

- 1.8.1** NHS Highland universal children's services staff and functions transferred to the Highland Council on April 1st, 2012 under the Lead Agency model. This means that responsibility for delivery of universal children's health and social care services now sits with the Highland Council. There is shared accountability which is articulated in a legal Partnership Agreement that sets out the strategic direction for children's services along with agreed outcomes, performance management framework and professional leadership structures required to assure both partners of continued improvements.
- 1.8.2** Following integration of Health and Social Care, the focus was on establishing the integrated approach at local level, working with communities and developing vital relationships with the Third and Independent sectors to take forward change and Innovation. In each District, a District Partnership was developed to enable the wider sharing of developments, issues and ideas with the public, Councillors, staff and residents. This built on the Community Planning approach and encourages innovation and community development. This has helped to build understanding and relationships and enable wider communications about Child Protection and the wider Community Safety agenda.
- 1.8.3** In April 2014 the Highland Council restructured, bringing Health and Social Care and Education into a single Care & Learning Directorate. By October 2014 the services on the ground had been integrated into 'Family Teams', each based around a school cluster, containing practice leads for Early Years, School Years and Care & Protection. This integrated approach has enabled the response to concerns to be more inclusive as the majority of staff work within the one organisation. There has been genuine sharing of ideas and information in order to address risks and procedures were reviewed to reflect the Lead Agency approach.
- 1.8.4** In addition to these significant changes in Highland there has been national restructuring of the Police, the Children's Hearing System, Scottish Children's Reporter Administration, Crown Office Procurator Fiscal Service and Forces Welfare Services. Despite the degree and pace of change across CPC partner organisations partnerships have remained strong.

2.0 Safeguarding Highlands Vulnerable Children

Being a pathfinder area for both Getting it Right for Every Child (GIRFEC) and for integration of Health and Social Care Services Highland has anticipated many of the recommendations contained in the recently published *'Safeguarding Scotland's vulnerable children from child abuse – A review of the Scottish system.'*

In addition to improvement activity around its core functions, including training and capability awareness (4.7), consultation and engagement with children and young people (4.10) and with communities (4.1 & 4.2), this section describes the work being undertaken with partners across Integrated Children's Services and Public Protection to improve the protection of "...those children and families who are "vulnerable", "known" to services and "on the radar" but are falling just below the local thresholds for formal measures."

2.1 Summary of Progress against Priorities

Highland Child Protection Committee acts in the role of an Integrated Children's Services Improvement Group in relation to the child protection aspects of the 'Safe' wellbeing indicator. In this role it liaises with a range of other improvement groups to take forward actions that may assist in the prevention of harm or early intervention to prevent escalation to formal child protection thresholds. In the period covered by this report, in light of significant work being undertaken at national level, the CPC identified improvement of practice and/or services for children with a range of additional vulnerabilities.

2.2 Outcome 1: Children are protected from abuse, neglect or harm at home, at school and in the community.

Improvement priority: Risks to the Child are recognised & responded to effectively

Research has identified particular risks to children who have additional vulnerability due to disability or because of parental life-style or mental ill-health. Additionally, high profile cases across the UK have highlighted risks involving the organised targeting of children for the purpose of sexual exploitation. The Improvement Plan sought to address these risks:

2.2.1 Children with Disabilities

Summary:

- Together with the Disabilities Team a review of the national research paper and training materials was completed. This confirmed the need for changes to guidance and practice. **Clear actions have been identified and will be implemented in 2015/16.**
- A Child Protection and Children with Disabilities Awareness course was developed and delivered by third sector colleagues. Further

training was developed following the launch of national resources in 2014. **Agreement has been reached with the Disabilities Team that key practitioners will be enabled to access their specialist awareness sessions from March 2015.**

- The team also considered the issues of raising awareness of child protection issues with children whose disabilities include communication difficulties. A Paediatric Speech & Language Therapist (S<) is currently working with the NHS Accessibility Officer on creating appropriate literature on CP Medicals. However, small numbers and diversity of communication needs makes it more appropriate to weave general child protection awareness into everyday work with children with disability rather than attempting to produce awareness materials. S< and BSL signers are brought in when required. Some training has been delivered around use of specialist communication tools, e.g. talking mats, and around specific issues, e.g. autism and sexually inappropriate behaviour. **Further recommended action includes ensuring that visual recording of interviews (VRi) training meets the needs of disabled children and increasing efforts and creativity in communicating with children with additional needs to ensure that their views are adequately represented within the Child's Plan/Child's Protection Plan.**
- Evidence from audit suggests that child protection issues are being identified but may not be being routed through formal procedures. Despite this, practical steps were taken to improve the children's safety. **Further research is required to fully understand child protection in the context of disability.**
- Audits were undertaken in respect of the use of the Child and Adult Protection protocol at times of transition to ensure that the ongoing protection needs of young people with disability are adequately provided for. These audits demonstrate that the protocol is being used appropriately and protection issues are being factored in to transition planning. **The protocol will be reviewed when guidance on the Children & Young People (Scotland) Act 2014 becomes available.**

2.2.2 Children Affected by Parental Substance Misuse (CAPSM)

Summary:

- A CAPSM working group was established jointly by the CPC and the Alcohol and Drugs Partnership to review the revised national guidance. The local training program has been rewritten and piloted. Practice guidance has been updated with the involvement of both Children's and Adult Services and endorsed by the ADP and CPC. **A joint roll-out programme will be implemented in 2015/16.**

2.2.3 Children at risk of Sexual Abuse and Exploitation

In the context of emerging high profile cases relating to the sexual abuse and organised sexual exploitation of children in other areas across the UK, the Committee set the following priorities:

- **2013/14 - Access to sexual abuse medical assessment is timely.**
- **2014/15 - Review the impact of child sexual abuse and exploitation on children in Highland, and the requirement for any enhancement to guidance and practice**

Summary:

- In 2013/14 the CPC took action to improve access to sexual abuse medical assessment to ensure that children who had been sexually abused received appropriate and timely medical support and that the likelihood of successful prosecution of perpetrators was increased by timely collection of forensic evidence. To progress this, the Police commissioned NHS Highland to supply the Forensic service and, by March 2014, a specialist Child Protection daytime rota was in place, Monday to Friday, to ensure timeous access to any medical examination, including acute CSA, with two additional CSA clinics per month for non-acute cases. Additionally, an out-of-hours, on-call, consultant Paediatrician was available to advise on the need for medical examination or management of immediate health concerns. A plan was in place to train all Paediatricians to undertake CSA examinations alongside FMEs and there were ongoing discussions with The Arch medical centre, Glasgow, to take cases in the event that no local paediatrician available. **Arrangements continue to be reviewed in the context of national shortage of appropriately trained paediatricians.**
- In 2014/15 the CPC considered the lessons emerging from high-profile Child Sexual Exploitation (CSE) cases across the UK and established a working group to progress the recently launched Scottish Government Action Plan at local level. Based on the low incidence of identified CSE issues it was not felt that specialist CSE services needed to be developed and the combination of low incidence and geography of Highland would mean that specialist services may not be sustainable. Rather, services for young people need to be prepared and skilled-up to support any young person identified to be at risk. Wherever possible, the group agreed that national resources should be adopted. **A Highland action plan has been produced for implementation in 2015/16.**
- On 6th October 2014 Police Scotland announced a new taskforce, the National Child Abuse Investigation Unit, to tackle CSE in Scotland. New guidance was issued to police officers and staff to ensure a

consistent response to children who may be vulnerable to child sexual exploitation and **action is being taken to brief all Police Officers about CSE, including reference to the range of legal measures available, both to protect young people and disrupt perpetrators.**

- Police Scotland are also developing a national Protocol specifically in relation to missing Looked After Children. However, national reports on CSE have identified that this group is not the only one vulnerable to exploitation and a broader Protocol will be necessary on a local basis. **The existing Highland Missing Families Alert Protocol will be reviewed in 2015/16.**

2.2.4 Children living with Domestic Abuse

Summary:

- Together with the Violence Against Women Partnership (VAWP) the CPC has reviewed training in respect of Child Protection and Domestic Abuse, which is included within programmes for the direct contact workforce and specific contact workforce. A specific workshop on Violence Against Children, in a Gendered Context, was presented for Early Years and childcare staff at the CALA AGM on November 13th. Additionally, the CPC has collaborated with the VAW Partnership to produce guidance for NHS staff around the needs of C&YP living with domestic abuse. **However, consideration needs to be given to a specific joint course, with VAWP, looking at domestic abuse and child protection.**
- Further issues for development identified at the most recent review event included:
 - **the need to refer to/describe the behaviour of the perpetrator (and the impact on the child/ren in the household/family group) within Child's Plans;**
 - **the need to consider info around the perpetrator/ Engagement with Prison service;**
 - **Consideration of the 'Safe and Together' Model.**

2.2.5 Children affected by Parental Mental Health issues

Summary:

- The topic of Parental Mental Health and unstable environments has been included in the Getting Our Priorities Right training programme and an Introduction to Child Protection. **A conference is planned for 2015 to consider parental mental health/substance misuse/domestic abuse and child protection issues. This should also assist in identifying further training needs in this area.**

- An in-house training strategy has been developed for Health staff and the newly appointed Training Officer for Health has a CAMHS background. Specific training has been delivered to Adult Mental Health Service psychologists and psychiatrists and staff at Osprey House to ensure they have robust systems in place for identifying children at risk and communicating any concerns appropriately to the named person. **A follow-up audit is planned for later in 2015.**

2.3 Outcome 2 - Children are well equipped with the knowledge and skills they need to keep themselves safe.

The intention of the activities was to help children and young people to understand what is meant by 'harm', in a child protection context and to enable them to refer themselves or others.

2.3.1 Understanding Harm Summary

- During 2013 – 15 the 'Safe Strong and Free' programme has been reviewed and the NSPCC schools programme has been piloted and rolled out to develop a coherent program of inputs from pre-school to primary 7. Close working between the two agencies has resulted in the dove-tailing of the two programmes to reinforce safety messages. **Both agencies are engaged in measuring retention of the message and this may be measured further by inclusion of an appropriate question in the Highland schools Lifestyle Survey.**
- The CPC has run successful radio campaigns to raise general awareness and supported these with targeted poster campaigns in schools and nurseries, together with information in careers guides and school diaries. Additionally, the CPC supports Police Scotland's annual Safe Highlander initiative, which educates Year 7 pupils to identify a range of harmful behaviours and take appropriate action.

2.3.2 E-Safety. Summary

- There was consideration of whether an additional e-safety sub-group was required to take forward issues that went beyond education but it was felt that these were the province of other improvement groups or being dealt with at national level. It was decided that the Education led e-safety group was best placed to lead on awareness of on-line safety. This group developed a program of e-safety inputs across the school years, supported with age appropriate acceptable use policies and additional on-line blogs and materials. The e-safety group organised numerous activities, including a scenario at the annual Safe Highlander event, Facebook sessions with colleagues in Police Scotland, in support of the annual, national Internet Safety week and an information

letter on mobile technology, for parents. Highland's e-safety lead also presented at the National e-safety summit. **An E-Safety Action Plan has been developed for 2015 to 2018 to raise awareness and teach principles of keeping safe on-line. This will include encouraging schools in Highland to work towards '360° Safe' accreditation.**

2.3.3 Risk Taking.

In the course of reviewing the activity at 2.1 and 2.2 above, the CPC has identified placing oneself at risk and normalisation of dangerous behaviours as something that requires cross-organisational work that might include:

- **Police targeting perpetrators – both nationally and globally**
- **Sexual Health and Relationships Group working on relationship issues.**
- **Universal prevention education/ citizenship agenda/ work around self-advocacy and emotional literacy**
- **Targeted prevention work, e.g. around a school or group where there has already been an incident, e.g. a trend for sexting; or which has characteristics likely to attract targeted grooming, e.g. a residential care home.**
- **Talking to Children and Young People. The use of peer-educators should also be considered.**
- **Inclusion of measures to address self-worth and normalised behaviours, particularly in vulnerable groups, in the CSE Action Plan.**
- **Obtaining feedback from Young People on what difference education makes in terms of their on-line behaviours.**
- **Issues such as radicalisation could sit within the overall context of grooming (including for CSE, domestic control, e-safety, etc.). Possibly addressed via briefings (including Police Scotland) – awareness for workers/parents/schools/religious groups and young people themselves.**

2.4 Outcome 13 - Children and Young People and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

Inequalities impact disproportionately on children and young people who grow up in challenging family circumstances. (*'Safeguarding Scotland's vulnerable children from child abuse – A review of the Scottish system.'*) In addition to specific groups targeted under Outcome 1, the CPC recognised that cultural differences and child protection issues arising in new contexts need to be responded to appropriately, to enable full participation by families.

2.4.1 Improvement Priority: Cultural differences and child protection issues arising in new contexts are responded to appropriately, enabling full participation by families.

Summary

- Female Genital Mutilation (FGM) and cultural issues affecting women are considered within 'Responding to the needs of survivors of child sexual abuse'. Cultural issues, e.g. FGM and forced marriage, are woven through the generic child protection training programmes and the CPC has continued to contribute to joint training, with the Violence Against Women Partnership (VAWP) and Adult Support and Protection Committee (ASPC), in relation to honour-based violence. **This will be reviewed in 2015/16.**
- The CPC has adopted the national guidance for responding to child trafficking and contributed to the development of a joint protocol on FGM, in response to national guidance. **The development of further guidance and protocols in response to the new legislation on forced marriage will be considered in 2015.**
- Whilst child protection material in a range of community languages has been available for the last 3 - 4 years, and signposted from the 'forhighlandschildren' website, only 2 requests have been received. In light of this, and with advice from equalities specialists, a conscious decision was made by CPC partner agencies not to go down the route of developing additional written material but to use interpreters as and when required to explain child protection procedures. **Where interpreters are used regularly in Child Protection and Children's Hearing processes they should be encouraged to access training to enhance their understanding of the issues and local processes.**
- It has become apparent that other issues relating to the signposting of resources and a central point of contact are broader than child protection and need to be pursued through partner agencies' equality initiatives.

3.0 Inspection and Evaluation (Outcomes)

3.1 Inspection:

- 3.1.1** Integrated children's services were the subject of a joint inspection over the winter of 2013/14, [the report](#) being published in April 2014.
- 3.1.2** The report acknowledged the challenges faced by the Highland Community Planning Partnership in providing public services for a population of 232,000 mainly spread across small urban, rural and island communities covering a third of the land area of Scotland. The Inspectors found the Highland Community Planning Partnership to be mature, focused on achieving results, and with well-developed working relationships.
- 3.1.3** They noted the significant progress that had already been made in integrating health and social care and the clear priorities for children and young people set out in *'For Highland's Children 4'*
- 3.1.4** It was noted that: "The Child Protection Committee continues to make an important contribution to keeping children safe in Highland, accounting for services to protect children. The Child Protection Committee has played an important role in ensuring that guidance for staff has kept pace with changes in management and structures. The work of the Child Protection Committee and its improvement objectives are associated closely with integrated children's services planning." However, it was suggested that "There is a need for annual reports to provide more of the detail required to report on progress over time."
- 3.1.5** The report noted particular strengths that were making a difference to children, young people and families, including:
- Successful implementation of 'Getting it right for every child' in Highland has resulted in effective and improving early intervention for vulnerable children and young people. It has also been instrumental in bringing together a highly committed group of staff, guided by the values and principles of the Highland practice model.
 - The commitment to joint self-evaluation and performance management across the children's services partnership is making a strong contribution to service improvement and achieving better outcomes for children. This is reinforced by the highly effective involvement of children and young people in policy and service planning.
- 3.1.6** Inspectors noted that: "The assessment of risks and needs is good and the planning for individual children is very good. Staff respond very effectively to concerns that a child or young person may be at risk of abuse and in need of protection. Where necessary, they use legal measures well to ensure that children are kept safe."

3.1.7 In terms of child protection, the inspectors concluded that: “Services work very well together to keep children and young people safe. Staff respond very effectively to concerns that children may be at risk of abuse or neglect and take the actions needed to protect them and keep them safe. However, there are occasions when staff miss the signs that children and young people are affected by parental substance misuse.” Additionally, there was: “room to further improve consistency in the quality of assessments.”

3.1.8 The inspectors provided an evaluation against 9 quality indicators:

How well are the lives of children and young people improving?	
Providing help and support at an early stage	Very good
Impact on children and young people	Very good
Impact on families	Good
How well are services working together to improve the lives of children, young people and families?	
Planning and improving services	Very good
Participation of children, young people, families and other stakeholders	Very good
Assessing and responding to risks and needs	Good
Planning for individual children	Very good
How good is the leadership and direction of services for children and young people?	
Leadership of improvement and change	Very good
Improving the wellbeing of children and young people	Very good

Ratings:	
Excellent	outstanding, sector leading
Very Good	major strengths
Good	important strengths with some areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses

3.2 Self-Evaluation

3.2.1 Inspectors reported a strong commitment to self-evaluation and continuous improvement, and cited the joint approach to self-evaluation as an example of good practice. Self-evaluation is carried out by a number of multi-agency improvement groups with a leadership group providing a strong overview. These groups work to the same framework to review how well services are doing. As a result, self-evaluation is well understood, and is very helpful in assessing progress in improving outcomes for children and young people.

3.2.2 As stated at 1.6.1 (above), the Integrated Children's Services Quality Assurance Group (ICS QAG) and operational teams have primary responsibility for quality assurance and evaluation of service delivery and impact. The ICS QAG uses a sampling model based on that developed by the Care Inspectorate, which ensures that Child Protection and complex cases are audited alongside cases with lower levels of concern. This enables the Group to maintain an overview of thresholds of concern and to monitor whether interventions were timely and appropriate.

3.2.3 The ICS QAG is convened by the Resource Manager for Looked After Children & Child Protection. It draws its membership from across partner agencies, including representation from Police Scotland, the Scottish Children's Reporter Administration (SCRA), the Children's Hearing Panel and 3rd Sector agencies involved in cases under review. There is a well-established protocol for file-reading and joint audit of cases.

3.2.4 Whilst some joint case file audits consider the full range of quality indicators most of those undertaken since the last self-evaluation exercise have had specific themes or have considered particular quality indicators in greater depth. Some thematic audit has also been undertaken by individual staff.

3.2.5 Child Sexual Abuse Medicals

In October 2013 a review was carried out on the CSA medicals undertaken in Highland between January 2012 and September 2013. This was to assess the range of medicals undertaken and to identify any significant delays.

Data was initially obtained using the CP Data sheet to identify number of medicals arranged - and review of CP query forms and Soul and Conscience reports to gather relevant information about the types of medicals undertaken.

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	2012	2013*	*9 months of 2013
Data :			
Total No of CSA medicals arranged	23	22	
Total no of CSA medicals carried out	20*	17*	*some cancelled as no consent
Forms of medical:			
Acute OOH with FME	5	6	
Acute in hours with FME	6	2	
Cold Clinic – 2 paediatricians	8	9	
Cold – 1 doctor*	1		*some genital symptoms but no disclosure
No of cases with delay:		1 *	*This was agreed as most appropriate option given time and history. Early evidence taken.

Explanatory note: Forensic medicals are as soon as possible and within 2 weeks of incident anything disclosed more than 2 weeks after the incident becomes a historical CSA investigation and is seen at a 'cold' clinic which is run once or twice a month as a pre-planned clinic.

Age and Sex distribution:

	0-4	4-12	12-16		Total
2012					
Boys	1	4	1		6
Girls	3	5	6		14
2013					
Boys	0	4	1		5
Girls	1	5	6		12

The Review concluded that, at that time, the out-of-hours (OOH) arrangements for Acute CSA examinations are not as robust as those for other Child Protection medical examinations. However, it was viewed as reassuring that, despite this, there appeared to have been timely and appropriate medical examinations undertaken in such cases. This had only been possible due to the flexibility of CSA trained Paediatricians – with the same one Paediatrician undertaking most of the weekend OOH cases.

It was further concluded that this was not a sustainable service and had the potential for delays which could impact on the wellbeing of the child or young person and on forensic opportunities.

In response to these findings, NHS Highland decided to explore a stepwise approach to developing a robust OOH Acute CSA service. It recommended that Forensic Physicians, who had experience in sexual assault cases should lead the examinations and be supported by General Paediatricians who had undertaken CSA skills training. (Progress is reported at 2.2.3 above)

3.2.6 Use of emergency Child Protection Orders

Between 2011 and 2013 it was noted that Highland had requested an unusually high number of emergency removals. Additionally, in February 2013, Lord Brailsford issued an Opinion on two conjoined cases (Jackson and Hackett), elsewhere in Scotland, that related to the use of child protection orders (CPOs) in situations where there was no immediate risk to the child or evidence that delay would endanger the child and there was an alternative to a CPO. With this in mind it was decided to undertake an audit of cases relating to 28 families where CPOs had been applied for. The results were presented to the Development Event that took place in February 2014, resulting in 5 recommendations for action:

1. Scrutiny and analysis of the CPO figures on an annual basis, to identify trends.
2. Thematic review of children and young people at key stages within the Highland Practice Model and their journey between stages.
3. Meaningful conversations with children, young people, families and practitioners to understand their experiences of being involved in emergency protection processes, and what we could do to be more supportive in crisis situations.
4. Quarterly meetings between managers, Quality Assurance & Reviewing Officers (QA&ROs), legal services and children's reporters to discuss operational and legal practice issues.
5. Reporters to take this report into social work teams to discuss the content and consider how practice might be further enhanced at a local level.

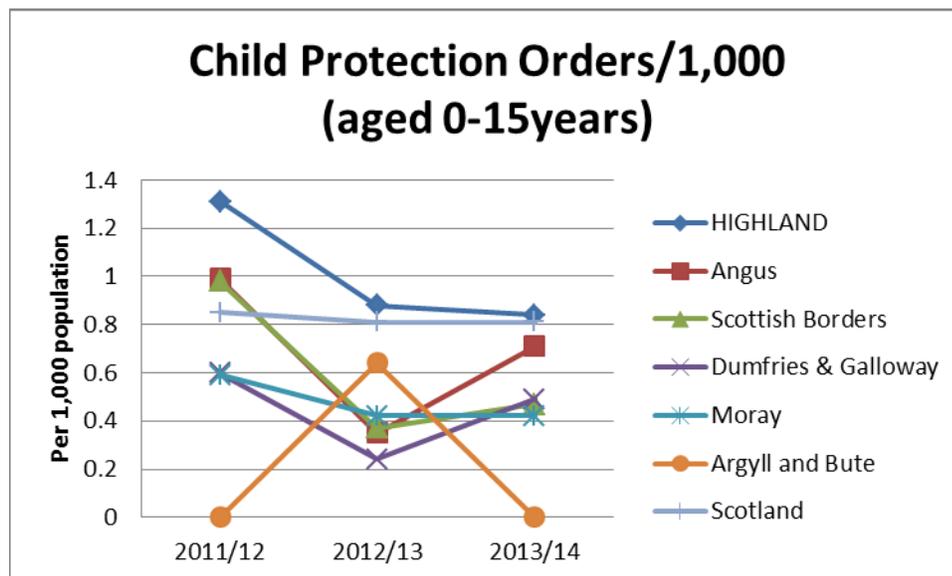
It was agreed that the Management Team would take forward recommendations 4 and 5, and the Quality Assurance Group would take forward recommendations 1, 2 and 3, although it was noted that recommendation 2 goes wider than child protection alone.

Building on findings from the 2013 audit the ICS QAG reviewed the quality of evidence, assessment and recommendation within Section 7 of the Child's Plan and referrals to the Reporter (timing and basis for referral), including a sample of cases in which Child Protection Orders were applied for, to establish whether referral to the Reporter and legal measures were used timeously and effectively to improve outcomes.

Audit of 14 cases where CPO's had been requested found that in a very small number of cases it is possible that earlier intervention might have reduced the need for a CPO. 10 had been appropriate, 1 might possibly have been taken at an earlier point in the case and 3 cases had unusual features that merited further exploration. As this work is ongoing it would be inappropriate to report further on the provisional findings. Both strengths and pressures were identified and **these will be explored further in 2015/16**. The rolling programme of training workshops, focussing on the effective use of referral to the Reporter and legal measures is ongoing.

One outcome of this work is a steady reduction in the use of CPOs bringing Highland more nearly into line with the national average, which is still a higher level than other Local Authority areas with similar demographics.

Children with Child Protection Orders granted during the 12 month accounting period - rate per 1,000, 2011-2013, by local authority:



Whilst, at first sight, there appear to be significant variations between areas it should be noted that numbers are so small that we are, in fact, only speaking of variations between 0 and 1.5 per 1,000 population. The difference between Highland and the Scottish average, in 2011/12 equates to 1 additional child per 3,000 or approximately 13 additional CPOs.

NB: The zero points shown for Argyll and Bute reflect a position of numbers such small numbers as to make cases potentially identifiable.

3.2.7 Children affected by parental substance misuse

In December 2013, a self-evaluation was undertaken by the CAPSM working group against the revised guidance on Getting our Priorities Right.

This identified 16 areas of good practice:

- Young carers services – where in place
- Child Concern Form system
- Specialist treatment service – Osprey House in Inverness
- Early assessments in maternity services using local protocols and ante-natal plan
- Named person role
- Pro-active training provision
- Alcohol Brief Intervention Tool – Ante-natal Services, Probation Services, Youth Action Service, and Action For Children
- Family Group Conferencing – Evolving
- Family Nurse Partnerships
- Adult Concern Form
- Parenting Programme/Support – YAS & AFC
- Information sharing between lead agencies
- Highland Practice Model
- Personnel expertise and resource
- Joint work and links with voluntary sector
- Multi-Agency Risk Assessment Conference (MARAC) – Now rolled out Highland wide

However, it was acknowledged that further improvements could be made in relation to:

- Protocol for information sharing re GOPR/CAPSM
- Better understanding of named person and lead professional – Highland Practice Model in adult services
- Better understanding of roles and responsibilities in all services (children's, adults and CJS)
- Better knowledge and understanding of Highland Information Sharing Protocol
- Better understanding of acronyms
- Identification of joint training needs
- Share information re Designated Persons – Nominated Officers/PPU/DI – better use of expertise and resource

- Strengthen Childcare Partnership across Highland
- 3rd sector partners need to work better together
- Identification of need and statistical information
- Better commissioning Approach – where does this sit – ADP,CPC
- Attitudes and values, and stigmatisation issues within services and more confidence in practice
- Clarity about support to professionals – specifically Named Person & Lead Professional
- Involving the whole family
- Better working with fathers
- Guidance for Named Persons and education within schools re harm from drugs and alcohol
- Recruiting and retaining staff in remote areas

3 key improvement priorities were identified:

- Develop an information sharing protocol in line with Getting Our Priorities Right document in relation to CAPSM with underpinning guidance.
- Develop joint training delivery model between adult and children's services which contribute to staff development in both services.
- Strengthen professional and personal support to managers and staff working within adult and children's services in relation to CAPSM.

The CAPSM Group is working closely with the CPC and ADP to address these issues, as reported at 2.2.2 above.

3.2.8 Transitions Protocol for 16 and 17 year-olds at risk of harm

In order to reassure both the CPC and the ASPC that the new Lead Agency model was not impacting adversely on protection of 16 and 17 year-olds, the use of the joint Transitions Protocol was audited in three consecutive years, prior to, during and following integration of the services. It was found that the Protocol was being used effectively to assign cases to Child or Adult Protection Services and that, in a number of cases, there was joint management of the case with a view to transition at an appropriate point in the future. **It is recognised that the Protocol will need to be reviewed as elements introduced in the Children & Young People (Scotland) Act 2014 are implemented in 2015/16.**

3.2.9 Improving the involvement and participation of children, young people, their families and stakeholders

In 2013/14 Integrated Children's Services undertook a self-evaluation against 6 Key Outcomes identified in '*For Highlands Children 4*':

- Children, young people and families are listened to carefully and improvement is determined by understanding their views, wishes, and expectations.

- Children, young people and families are treated in a fair and inclusive manner respecting diversity and difference.
- Children, young people and families are included meaningfully in processes and decisions about their lives and the help they need.
- Children, young people and families are enabled to tell us what they think about services
- Engagement with children, young people, families and other stakeholders clearly shapes our policies and informs our plans.
- Consultation with children, young people and families regarding our policies, plans and services are effective

The findings, which were shared with the Care Inspectorate, demonstrated “..very good involvement of children, young people, families and other stakeholders in policy, planning and service development.”

The Self-evaluation led to all ICS Improvement groups identifying areas where further improvement could be made. The Child Protection Improvement Group identified the following specific areas:

- **The Child Protection improvement group will ensure that children and young people are supported to deliver quality witness testimony.**
- **The Child Protection improvement group will ensure that children and young people are empowered to participate in their own planning and decision making by extending the Hearings Protocol to include guidance on preparing children and families for Children’s Hearings. The group will also review the availability of advocacy support, especially for Looked after Children and children with disability. Integral to this work, the group will review the ‘Have Your Say’ process and the use of advocacy.**

Progress is reported in 4.10, below.

3.2.10 Challenges for the CPC

In attempting to establish a baseline from which to evaluate the impact of awareness raising on the behaviour of young people, in respect of referring themselves or other young people, a number of issues have been raised:

- There is a lack of clarity about what constitutes a 'referral'. In terms of the receiving agency a 'concern' does not become a child protection 'referral' until the screening process decides that it meets the criteria. Therefore we may fail to identify lesser concerns that young people submit believing them to be child protection issues.
- It is unclear whether 'disclosure' to a trusted adult should be counted as a self-referral. Logic would suggest that it is. However, should the 'disclosure' be insufficiently concerning to the trusted adult, or be

disbelieved, it may not be passed on. Where it is passed on, and is deemed to be a child protection 'referral', the current recording system will record the trusted adult as the referrer. Depending on the level of detail contained in the referral, and whether the relevant information is faithfully transcribed to the electronic record, it may be possible for a manual search to identify that the child volunteered the information rather than the adult observing signs of concern and receiving information from the child in response to questioning. Evidence from audit shows that children of pre-school age have disclosed to trusted adults.

- If, however, self-referral or referral of another is defined as actively contacting a helping service, at what age would this behaviour be expected and which services would be included? Audit shows that direct referral to Social Work came from children aged 10 and above and included a mix of disclosure to known social workers and initial contacts by phone or e-mail. The CPC has yet to explore the level/age of self-referral to Police Scotland, NHS 24 and other emergency services or whether this information can be obtained. There is evidence of children as young as 6 making contact with Childline but it is unclear whether the system for recording the source of calls is sufficiently accurate to pinpoint all Highland localities. **The relevance of the actions to the stated outcomes in the CPC Improvement Plan needs to be reviewed and consideration given to how best to promote and measure 'knowledge' and 'enablement'.**

3.3 Trends in relation to Comparator Local Authority Areas

As noted by the Care Inspectorate, the last Highland CPC annual report lacked national comparison tables. There is a valid reason for this. Being the path-finder area for the implementation of the GIRFEC model of working, Highland practice, until recently, has differed markedly from that of other local authority areas.

Whilst some other areas have begun to implement this model of working, others awaited the publication of the Children and Young People (Scotland) Act 2014, aspects of which were subject to judicial review and will therefore not be enacted until 2016.

It may therefore be some years yet before it can be asserted, with any authority, that differences in trends are related to models of practice or some other factor, e.g. differences in thresholds between areas.

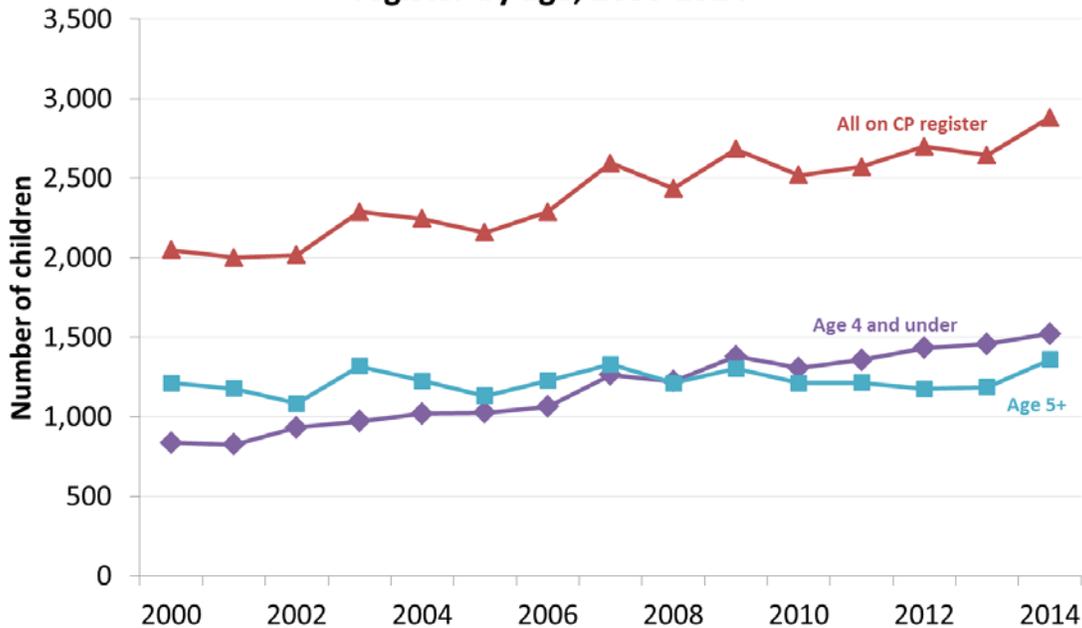
- 3.3.1** As noted in the introduction to this report, the data reporting year for Scottish Government purposes is August 1st to July 31st with the data submission being due in November and comparator data being made available in the following year. At the time of writing the only comparator

data so far released for 2013/14 is that relating to Child Protection registration. All other comparator data presented in this report relates to the period up to July 31st 2013.

3.3.2 Before considering trends across the comparator areas it may be useful to consider the trend for Scotland as a whole. The following extract is taken from the most recently released 'Scottish Social Work Statistics 2013/14' and presents commentary on the number of children on the child protection register.

“As Chart 7 shows, the number of children on the child protection register has fluctuated but overall increased by 41 per cent between 2000 and 2014 (from 2,050 to 2,882). Following updated information from local authorities the 2013 data has been revised down slightly from the initial published figure from 2,681 to 2,645. The number of children registered in 2014 is the highest in the time series and a 9 per cent rise from 2013 – the largest year-on-year increase since 2009. It should be noted that large year-on-year changes are experienced at local authority level.

Chart 7: Number of children on the child protection register by age, 2000-2014



In 2014, 53 per cent of children on the child protection register were aged under five. Since 2008 there have been more children aged under 5 than over five on the child protection register. However, in 2014, there was a much larger increase in the number of those aged 5 and over than has been seen in recent years – a 15 per cent increase from 2013.”

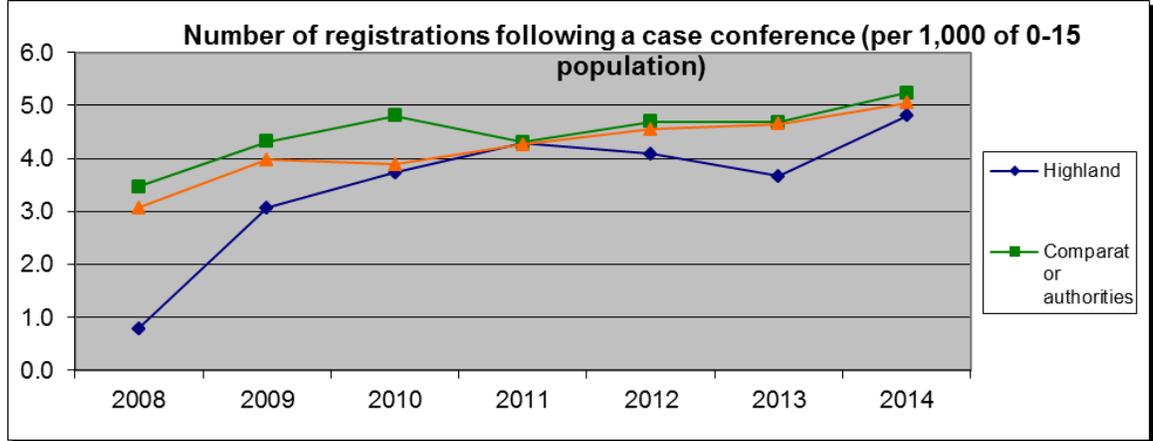
It should also be noted that, despite these rises in the number of registrations, Scotland consistently has the lowest levels in the UK.

3.3.3 Trends 2011 – 2013 across comparator areas:

Scottish Government groups CPCs into comparator areas based on similarity of demographic characteristics, as follows:

<u>Comparator Areas</u>	<u>Rating</u>	
Angus	*****	Extremely Close
Scottish Borders, The	*****	
Dumfries and Galloway	****	Very Close
Moray	****	
Argyll and Bute	****	

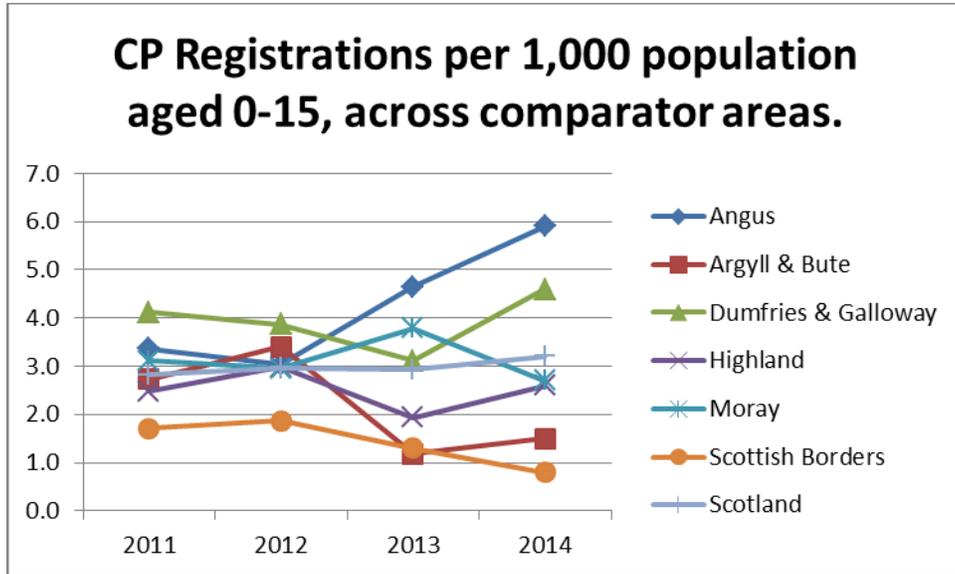
The following graphs are taken from the Social Work Scotland website and are based on comparison of Highland data (diamonds) with an average across comparator areas (squares) and the average across Scotland (triangles).



As there is no national definition of a Child Protection ‘Referral’ this information is not included in the comparator data. However, once a Child Protection Investigation has established that there is a genuine Child Protection ‘Concern’ it becomes possible to compare like with like. Rate per 1,000 is the best way to compare trends as population changes, which influence actual numbers, should not impact on rates per 1,000.

The number of referrals resulting in a Child Protection Child’s Plan Meetings (the equivalent of Case Conferences) in Highland in 2014 was 244 (an increase of 27.1% from 192 in 2013). The comparator authorities

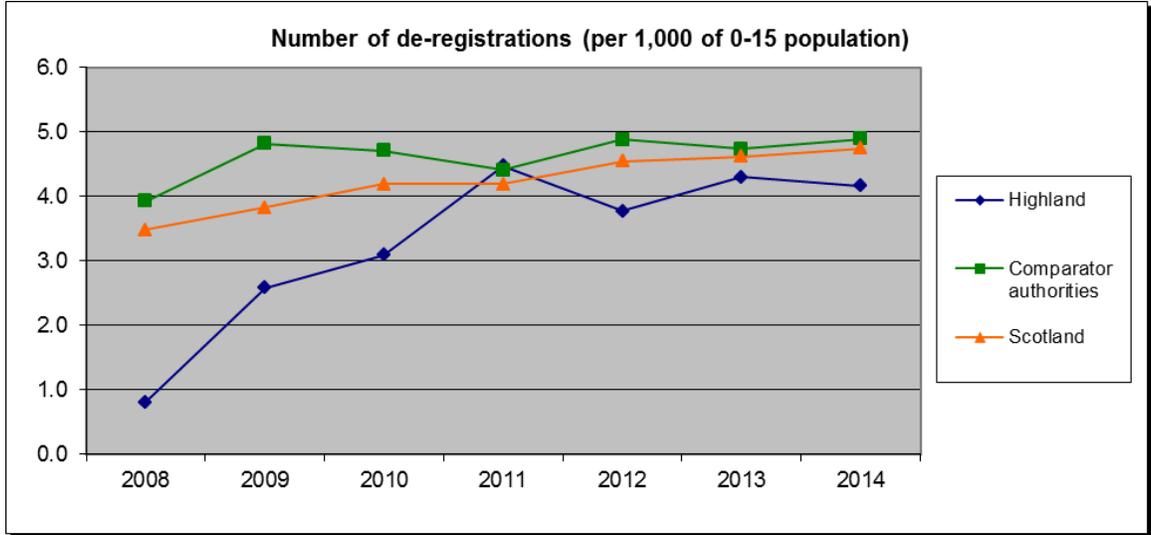
show an increase of 12.2%, and the Scotland figures show an increase of 4.7%. Despite this steep rise, Highland rates per 1,000 (6) remain below both the comparator average rate of 6.7, and the Scotland average rate of 6.4



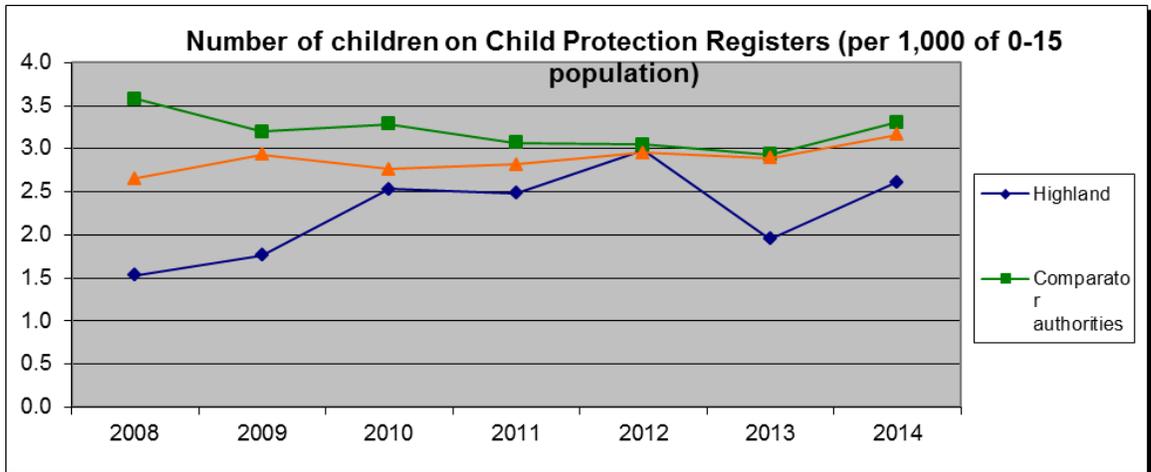
Registration rates in Highland have been consistently below the Scottish average suggesting that the Highland Practice model may be contributing to the reduction in child protection proceedings where a lower tariff Child's Plan may suffice to address the identified concerns. Despite this, the number of registrations per 1,000 children has risen by 30% since 2013 compared with an average increase of 10.6% across comparator areas and a Scottish average increase of 8.3%. Considering the similarity in demographics, it is curious to note that this small comparator group contains both the Local Authority area with the highest rate of registrations per 1,000 children in Scotland (5.9) and that with the lowest (0.8). No explanation for this divergence has yet been offered.

It should be noted that Child Protection Registrations are counted by individual child rather than family units. Given the relatively small population of Highland, fluctuations in registration have frequently been demonstrated to be due to the registration of multiple children in families, where the identified risk factors impact on all children in the family.

Similar factors may be behind fluctuations in deregistration, which have decreased by 4% since 2013 despite average comparator area and national trends of 2.2% and 2.4% increase in deregistration.



Despite the changing trends, at 2.6/1,000 the number of children remaining on the child protection register at July 31st 2014 is less than the comparator average rate of 3.3, and the Scotland average rate of 3.2



3.3.4 Until the full implementation of the Children & Young People (Scotland) Act 2014 and the embedding of similar practices across Scotland, meaningful comparison is likely to remain problematic.

4.0 Fulfilling CPC Functions

4.1 Public Information

- 4.1.1** In addition to the reports made to the 'Safer Highland' Public Protection Partnership, Committee minutes are submitted to the Highland Council Education, Children and Adult Services Committee and are therefore available to the public through the www.highland.gov.uk/meetings/committee/114/education_children_and_adult_services_committee website.
- 4.1.2** A 4-page summary of the last Biennial Report, with links to the web-based full report, was published in Highland Life Magazine, which reaches a total readership across the Highlands of 52,084. 1,000 run-on editions were made available to the CPC for distribution as part of its refresh of publicity materials available in schools, nurseries and out-of-school clubs, libraries, Highland Council information points, hospitals and GP surgeries.
- 4.1.3** Further information on Child Protection and contact points is available in poster, wallet card and leaflet formats, as well as via a number of media websites, partner agency websites and the Integrated Childrens Services own website: <http://www.forhighlandschildren.org/2-childprotection/> which includes a section on the role of the CPC.

4.2 Public Awareness

In April 2012, following the successful pilot in 2011, the Safer Highland Leadership Group approved a proposal to produce a single integrated communication strategy for Child and Adult Protection. It was recognised that there were economies to be made by sharing publicity, where practicable, and it was posited that the public would find it easier to understand the concept of adult protection if linked to the, already familiar, concept of child protection. It was also recognised that there would be occasions when single topic areas should be promoted and the strategy should be flexible enough to allow for this. The 2-year joint strategy was developed with the PR Officer for NHS Highland and agreed in December 2012 subject to annual review.

This arrangement was reviewed in 2013. Whilst acknowledging the increased awareness amongst the general public, the Adult Support and Protection Committee felt that it was not being translated into action and it was decided that they should withdraw from the joint strategy and work to raise the profile of ASP, with particular emphasis on encouraging staff working with vulnerable adults to raise User and Carer awareness.

4.2.1 Activity:

The CPC strategy continued to build on the successful approach of previous years. Use was made of the 'VOICE' toolkit for community engagement and the Highland Council Community Engagement Register. Activities included:

- newspaper, bus headliner, poster, wallet card and leafleting initiatives to raise awareness of Child Protection and to encourage reporting of concerns. This included a refresh of materials across key information points across Highland;
- agreement was reached to convert the existing single contact point to a Freephone number and this was launched in January 2014;
- the Highland Council Care and Learning Directorate hosts a Child Protection section on its www.forhighlandschildren.org website. A link to the CPC contact information page is also displayed on the national WithScotland website;
- Highland Council pay slips were used to raise awareness that Child and Adult Protection is everyone's job and to encourage staff to share concerns with line-managers, Care & Learning professionals and Community Care professionals
- regular campaigns on local radio using a mixture of child protection scenarios. Visual adverts were also carried on the MFR website;
- stands at various events offering information, pens and other promotional materials with the contact number on them, e.g. 'Safer Highland' conferences and events, Highland Link-up networking days, Health Inequalities event, Highland Drug and Alcohol Partnership (HDAP) Stakeholder day, and various conferences relating to Autism, Learning Disability, etc. Additionally, the Committee has participated in a number of 3rd Sector Interface events, e.g. the 3rd Sector Interface launch, in March 2013, and speed dating event;
- work is being undertaken with the NHS Accessibility Officer to design easy-read booklets for young people who may have to undergo a medical examination as part of the child protection investigation process. This has involved consultation with young people;
- advertising, with illustrative articles on Child Protection, in booklets and magazines targeted at GP surgeries and hospital waiting areas;
- advertising, with illustrative articles, in magazines targeted at Forces families, e.g. 'Red Hackle' and the Highland area guide for military families;
- advertising, often with illustrative editorial, in newspapers across Highland. Several of these adverts were also hosted on media websites for up to 6 months following the advertising;
- articles in newsletters published by the Highland Council and NHS Highland and distributed to all households. Additional information on various aspects of Child Protection, e.g. internet safety, have appeared on Police and Council websites.

- articles in Highland-wide magazines have included a 4-page supplement in Highland Life Magazine on Staying Safe online and a 4-page supplement hi-lighting the Biennial Report 2011-13 in infographic format;
- 'Guidance for Community Groups' was actively promoted by 'High Life Highland' Culture & Leisure, to all groups hiring its premises, and the Committee made efforts to ensure that local churches have similar policies for hiring out of their premises. Additionally, the Committee engaged with Inverness Street Pastors to ensure that they were aware.
- Safer Highland Joint training and conferences
- As in previous years, the Committee has supported the annual 'Safe Highlanders' event, which targets approximately 3,000 Primary 7 pupils from Highland schools. Safe Highlanders is a nationally recognised partnership project that takes a hands on, educational activity based approach, endeavouring to tackle challenging issues of community safety and crime prevention. Children attending the event can:
 - become more aware of their own personal safety;
 - potentially avoid becoming victims of crime;
 - understand how to react to emergency situations; and
 - improve their chances of becoming good citizens.

4.2.2 Targeting

During the two years covered by this report the Committee targeted its advertising and awareness raising at publications:

- that offer a range of information on where to get help and advice, e.g. quarterly supplements and annual service directories in the local press, Health Guides in local hospital and GP surgery waiting rooms, Yellow pages and Yell.com;
- with a long shelf-life and wide family appeal, e.g. Spring/summer and Autumn/winter activity supplements and Xmas brochure, Inverness area guide, Belladrum 10th anniversary programme;
- with relevant themes, e.g. Child Safety Week, Parenting, Archie Foundation, Children 1st;
- or aimed at specific groups, e.g. quarterly supplements for Volunteering and Support Networks or Trainers and Educators.

Given that the main demographic for those reading Child Protection material appears to be females over 35years of age, attempts have been made to attract the notice of more male readers, by advertising in football and other sporting event programmes, and younger people, through publications such as the annual Careers Guide and the use of infographic and easy-read formats.

Bearing in mind the large military presence in Highland, adverts are also placed in the Red Hackle magazine and a directory of services for forces families.

4.2.3 Content

In addition to general awareness of Safer Highland, the CPC, its role and how to report a concern, topics covered over the past two years included:

- ‘Less Visible, More Vulnerable’ – hi-lighting research into the additional vulnerability of children who are less visible because they are under school age or are outside mainstream education, have a disability or are young carers, etc.;
- Information on Sexual Abuse and Sexual Exploitation. This picked up on concerns coming from high profile cases such as Jimmy Savill, the Fort Augustus Catholic boarding school and the organised sexual exploitation cases coming to light in various UK cities. The articles covered signs of sexual abuse and signposted readers to additional information on the NSPCC website. The CPC also promoted the NSPCC PANTS campaign to encourage parents to raise the issue with their children;
- ‘Be safe and keep others safe online’ – promoting safer use of e-technology; tackling the issue of Cyberbullying; hi-lighting the importance of parents discussing online safety with children; and publicising that it is an offence for an adult to knowingly send a sexual communication to a child;
- Advice on leaving children home alone;
- Private Fostering – awareness of statutory requirement to register arrangements lasting more than 28 days with the Local Authority;
- Share wellbeing concerns early – advice from the Information Commissioners Office;
- New Criminal Offence of Forced Marriage
- Signs of child trafficking
- Promotion of Child Protection training and awareness events;

4.2.4 Impact:

Child Protection questions have been asked in the public performance and attitude surveys of Highland Council over a number of years. These include questions about usage of services and customer satisfaction.

Satisfaction with services to protect children from harm:

	2014 (*SA)	2013	2012	2011	2010	2009	2008
Very/Fairly satisfied	47% (52%)	52%	48%				
Very/Fairly dissatisfied	8% (15%)	10%	20%				
Net satisfaction	39% (37%)	42%	28%	37%	24%	14%	18%

*In 2014 it was possible to isolate the data for respondents with school age children, shown in brackets in the table above.

% Respondents using Service	
2012	14%
2013	14%
2014	13%

% Concerned about abuse of children in their area	
2012	34%
2013	33%
2014	41%

The “abuse of children” in their areas is a concern to 41% - an increase on the 33% recorded in 2013 (34% in 2012) - including 17% who cite it as a major concern. Some 38% (48% in 2013; 46% in 2012) are not concerned about such crimes in their area while 21% (19% in 2013; 20% in 2012) chose the no opinion/ don’t know option. Amongst the categories of respondents with school aged children some 50% (a notable increase on the 40% recorded in 2013) say that they are concerned – including 16% for whom it is a major concern - while 39% (45% in 2013) say that they are not concerned.

A new question was introduced into the 2014 survey asking for respondents’ opinions on children’s Social Care or Social Work services in their communities. Some 48% of the sample expressed an opinion Of these 33% said they were satisfied (including 10% who were very satisfied) while 14% were dissatisfied (including 4% who were very dissatisfied) giving a net satisfaction rating of 19% (23% in 2013). Of those who responded, a majority (53%) were neither satisfied nor dissatisfied. (Direct comparisons with 2012 are not possible because in that year the Survey did not differentiate between child and adult social work services as it has done this year.) Amongst respondents with school aged children the net satisfaction rate is the same as the overall sample at 19%.

4.3 Policies, Procedures and Protocols

Policies and procedures in Highland are very much seen as live documents which are reviewed and revised to take account of experience and learning, as well as any significant change. Highland CPC’s inter-agency Child Protection Procedures were reviewed and updated in 2013 to take account of the integration of Health and Social Care services. This process included a reconsideration of key roles and responsibilities. At the time of writing, the Procedures are being further updated in light of revised national guidance, new legislation and further changes to local structures, to ensure best practice.

4.3.1 Given the significant organisational changes both locally and nationally the majority of CPC partner organisations have reviewed and revised policies, procedures and protocols over the past two years and this is an ongoing process. The Highland Practice Model has been reviewed; protocols relating to child protection in Health Services have been updated to encompass the new structures; The Children's Hearing system has been completely overhauled and Police Scotland is working to develop Standard Operating Procedures for use across Scotland. Forces Welfare structures have also changed and procedures have been updated to reflect this. In a time of such significant change it would be impossible to detail the documents that have been revised.

4.3.2 In undertaking these reviews due cognisance has been taken of the following national publications:

- National Guidance for Child Protection in Scotland (2014) together with additional Notes for Practitioners: Protecting Disabled Children from Abuse and Neglect.
- Report of the CSE Short Life Ministerial Working Group (2013) and the Scottish Government National CSE Action Plan (2014).
- The Scottish Government Online Safety Plan (2013); Guidance on Developing Policies to promote the Safe and Responsible Use of Mobile Technology in Schools (2013); and 360 Degree Safe (2014).

4.3.3 Some significant new items include:

- A joint protocol on responding to FGM
- A new Police Scotland SOP for responding to allegations of under-age sex
- A joint GOPR protocol for assessing the needs of Children affected by Parental Substance Misuse
- New guidance for NHS staff on identification and response to Domestic Abuse
- Updated guidance on child trafficking and forced marriage.

4.3.4 Improvement Priorities

The CPC has identified the need to review the following in 2015/18:

- **CPC processes for Initial Case Reviews (ICRs) and Significant Case Reviews (SCRs) in light of updated national guidance released in March 2015.**
- **The Highland Practice Model, the CPC Inter-agency Guidelines to Protect Children and Young People in Highland will be reviewed when guidance on the Children & Young People (Scotland) Act 2014 becomes available.**
- **The Highland Underage Sex Protocol will be reviewed in light of the Police Scotland SOP and guidance on the Children & Young People (Scotland) Act 2014**

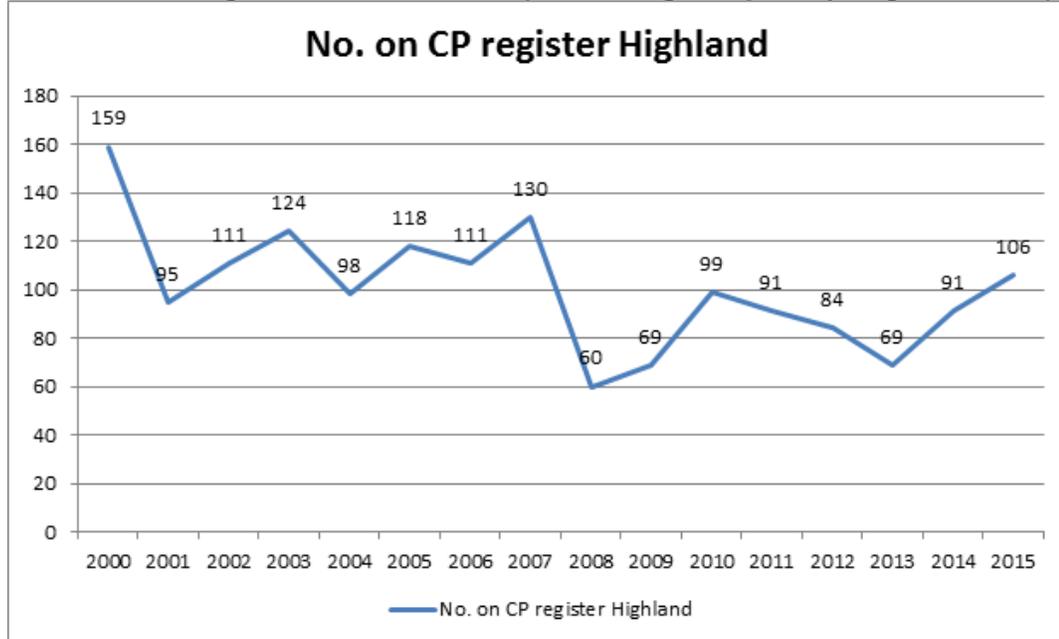
4.4 Management Information

An aspect of the reorganisation and restructuring of so many partner agencies has been the review of information systems and the introduction, in some cases, of completely new systems, e.g. the Police Scotland Vulnerable Persons Database, and national amendments to the categories reported by the Scottish Childrens Reporter Administration. These have been implemented and will, by the time of the next CPC report, have been operating for a sufficient time span to produce meaningful, annual, comparator data and thematic reports.

4.4.1 Performance

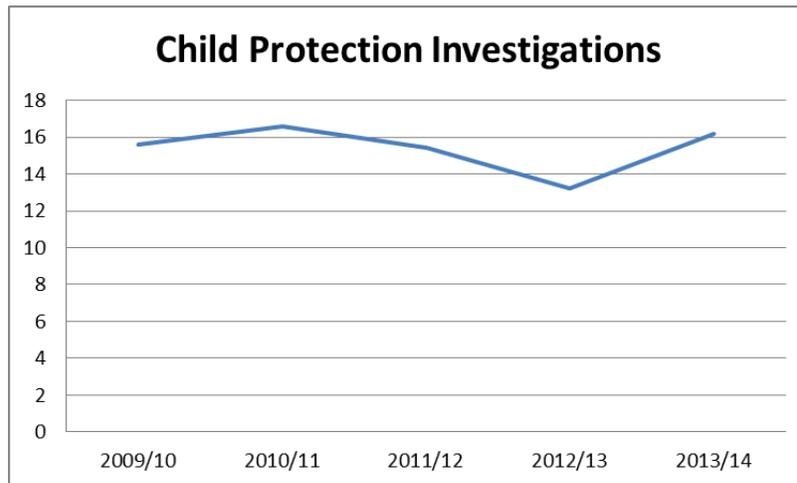
It is important to view the most recent data in the context both of Scotland as a whole, which has experienced a 9% rise in registrations over the past year, and in terms of Highland trends over time. The latter have been consistently lower than the Scottish average.

Number on Register at March 31st (excluding temporary registrations)

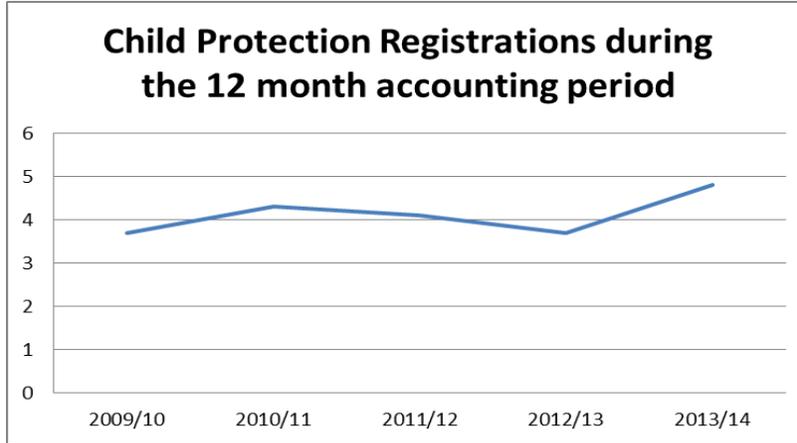


Child Protection Information 1st August 2012 – 31st July 2014				
		20012/13		2013/14
1	The No of Investigations	538		658
2	The No of Children with the outcome of no further action	355		431
3	The No of Children subject to an initial Child Protection Child's Plan Meeting (new)	183		227
4	The No of Children Registered as a result of the Child Protection Child's Plan Meeting	147		195
5	The No of Children not Registered as a result of the Child Protection Child's Plan Meeting	42		49
6	The No of Children de-registered during the period 1 st August – 31 st July	173		166

Rate per 1,000 aged 0-15 years



Referrals from the public have seen an increase of 25% since the launch of the Freephone contact number. It has been remarked that there has also been a rise in the number of requests for joint investigations, which occur when it is suspected that a crime has been committed. Factors influencing the overall rise may be related to an increased public awareness due to the sheer number of high profile cases, both current and historical, across the UK, and to the impact of poverty in a period of austerity.



Having been relatively level for a number of years, 2013/14 saw a rise in registrations. This upward trend is reflected across Scotland. In the past, small variations have been accounted for by the registration of one or two large families and there has certainly been a rise in registrations relating to parental substance misuse, mental ill health and neglect, all of which factors, particularly in combination, tend to affect whole families rather than single children within a family. High profile cases such as those of Declan Hainey and Daniel Pelka have raised awareness of these issues across the UK resulting in an increase in referrals and greater caution in dealing with evasive parents. The difficulty in engaging some of these families voluntarily and the relapsing nature of some harmful parental behaviour is likely to have fuelled the rise in registrations.

4.4.2 Factors contributing to perceived risk to the child – 3 year trends:

Risk Factor	% of cases on Child Protection Register where this risk factor was identified:					
	2011/12		2012/13		2013/14	
	Highland	Scotland	Highland	Scotland	Highland	Scotland
Domestic Abuse	25%	18%	13%	21%	22%	37%
Parental Alcohol Use	16%	13%	13%	12%	19%	22%
Parental Drug Use	16%	14%	12%	16%	19%	24%
Parental Substance Misuse	27%	22%	23%	23%	38%	39%
Non-engaging Family	9%	11%	9%	13%	25%	22%
Parental Mental Health Issues	17%	12%	16%	14%	26%	26%
Child Risk to Self	-	1%	-	1%	1%	2%
Sexual Abuse	4%	6%	8%	5%	5%	8%
Physical Abuse	14%	11%	7%	13%	15%	23%
Emotional Abuse	13%	24%	11%	24%	18%	39%
Neglect	14%	24%	20%	24%	30%	35%
Child Exploitation	0%	0%	0%	0%	0%	0%
Other Risk Factor	14%	7%	0%	7%	6%	15%

It is difficult to comment on such variable figures without more in-depth audit. However, whilst percentages may differ, the changing trends appear to mirror changes evidenced across Scotland as a whole:

- Rises in registrations relating to domestic abuse may reflect the priority given by Police Scotland to addressing this issue.
- Both Highland and Scotland have seen steep rises in cases involving parental substance misuse (15% and 16% respectively).
- The rise in the percentage of non-engaging families and neglect cases may correlate with the rise in the percentage of cases involving parental substance misuse and/or mental health issues. Whilst this cannot be definitively asserted, the Scottish Government's *'Review of Child neglect in Scotland'* confirms that "...neglect is highly associated with any, or combinations of, parental substance misuse, mental health problems, domestic abuse and with parental learning disability".
- Sexual abuse registrations remain relatively static, with minor fluctuations of small numbers, despite the high profile it has received in the last 2 years. As CSE action plans are implemented this may impact on future activity.

4.4.3 Reasons for Deregistration.

Row Labels	Child - Temporary Registration Ended	Child moved permanently to another LA	Child no Longer at Risk of Significant Harm	Child taken into Care Risk Reduced	Child with other Carers	Improved Home Situation	Removal of Perpetrator	Grand Total
2012/13	1		100	7	8	51	6	173
2013/14		3	115	9	6	31	2	166

This table illustrates the considerable effort made to work with families rather than removing children into the care of the Local Authority. Even where care becomes necessary, it is often possible to place children with members of the wider family so that disruption to their lives is minimalised. Reduction of risk is the primary concern, together with any improvements needed in the home situation. Researching the longer term impact of intervention is amongst the CPC's future considerations.

4.4.4 Improvement priorities

- **Review and make better use of relevant data.**
 - Review of available sources of management information
 - Evaluation of risk in terms of incidence (frequency) & seriousness.
 - Review of base-lines to allow assessment of changes and effectiveness of interventions.
 - More sophisticated evaluation of development work undertaken.

4.5 Quality Assurance

As described at 1.6.1 and in section 3.2 (above), the Integrated Children's Services Quality Assurance Group (ICS QAG) and operational teams have primary responsibility for quality assurance and evaluation of service delivery and impact, a model endorsed by the Care Inspectorate as an example of good practice. The ICS QAG is convened by the Resource Manager for Looked After Children & Child Protection and has good representation from partner agencies on the CPC.

4.5.1 Joint Audit of Case Files

In addition to the thematic audits described at 3.2, there was also a joint audit of 15 cases where clear risk factors had been identified:

- Parental drug use - 3
- Parental alcohol use - 2
- Parental mental ill-health - 4
- Domestic violence - 3
- Disabilities - 6

In the majority of cases there were clear strengths, which included:

- Lots of multi-agency communication/planning
- Detailed supervised contact plan with parent
- Evidence was clear, concise and early intervention, professionals acted quickly
- Regular core group meetings
- Documents interpreted quickly (Now a major issue)
- Comprehensive chronology

However, some pressures were identified in some cases. Specifics have yet to be discussed with the teams involved but more generic issues related to:

- Difficulties in gaining access to child
- Recording and assessment issues
- Delays in permanence/legal delays/transition issues
- Difficulty accessing some services when a child has no settled placement.
- Understanding who may have information to impart, who may need to be made aware and when, in order to achieve earlier intervention
- Maintenance of objectivity In cases with familiar families
- Prevention of relapse once initial remedial work is complete

4.5.2 Other Local Case Reviews

During the period covered by this report 5 initial case reviews were commenced. As at March 31st, 2 had been completed and presented to the CPC. In both these cases a decision was made to commission a Significant Case Review but, as both cases are sub judice there will be a

delay before these can be completed. Some initial findings have led to remedial actions and these will be monitored pending the publication of the final report.

4.5.3 Large Scale and Historic Investigations:

There is currently a large scale investigation into historic abuse at the Abbey School in Fort Augustus. This has yet to report.

4.5.4 Learning from Review Activity

Where review of local cases demonstrates that there are lessons to be learned, alongside the production and implementation of action plans to address any recommendations, suitably anonymised case studies are produced for use in training and practice discussions.

In addition to local case review activity, the CPC maintains an overview of high profile Serious or Significant Case Reviews (SCRs) elsewhere in the UK. Where it is felt that learning may be applicable to Highland relevant are requested to benchmark their practice against recommendations. During the period reported, consideration has been given to the lessons that might be learned agencies from the following cases:

- SOT12(1) – Stoke on Trent – particularly the recommendation that all schools notify the School Nursing Service of new pupils enrolling in schools within one month of the date of enrolment.
- Child G – East Sussex – the WithScotland summary was circulated to the CPA for Education for inclusion in awareness raising and training.
- G Nursery – S. Lanarkshire – circulated to Education and the Care & Learning Alliance (CALA) for consideration. A CALA action plan was put into place and recommended recruitment practices in the CPCs Guidance for Community Groups were also reviewed.
- On D – Glasgow CPC – circulated to Fostering and Adoption for consideration.
- Daniel Pelka (Coventry) and the FAI into the death of Declan Hainey (Renfrewshire) were considered in updating training and guidance around the Highland Practice Model and risk assessment.
- Operation Yew Tree and the numerous reports emerging in relation to organised sexual abuse and child sexual exploitation, e.g. Rotherham, Derbyshire, Oxfordshire and Manchester were considered when producing the Highland CSE Action Plan.

4.5.5 Challenges

The capacity of the ICS Quality Assurance Group to undertake benchmarking against best practice recommendations in addition to its case-file reading and audit work has been a significant challenge during this period of wholesale restructuring across partner organisations and it has been recommended that the CPC consider alternative mechanisms for this element of QA. **A revised structure and terms of reference for**

the re-establishment of a CPC benchmarking group is being considered for 2015/16.

4.5.6 Improvement Priorities

- **Systematic strategy for QA of child protection processes, involving different teams – simple & deliverable.**
 - Data, QA and sampling process – need to be more systematic – to understand what makes a difference to children.
 - Go back to square one and commission research to understand the experiences of children & families who have a) been through the CP processes; and b) young people and adults at a later stage - involving children in assessing the effectiveness of interventions and to find out from children and parents what outcomes have been for them:
 - To identify issues – ask what are the issues?
 - Experience as a result of services input - has there been improvement?
 - More analysis – evidence-based
 - Learning lessons through significant case reviews (National) or local cases (promptly).
 - Learning lessons from reviews of older cases, appreciating problems in previous culture “Life-style choices”, seeing young people as authors of their own misfortune.
 - Reflection of all the SHANARI outcomes.
- **Ensure that Highland Practice Model is adhered to in relation to children affected by domestic abuse/parental mental ill-health, substance misuse, etc.** Domestic abuse to be included as a theme for QAG in 2015.

4.6 Promotion of Good Practice

In addition to the review and updating of policy, procedures, protocols and training, to reflect best practice, every Family Team has a Lead Practitioner for Care and Protection whose role includes dissemination and promotion of good practice.

4.6.1 Resources

Highland CPC has a small lending library based in the Kinmylies Building in Inverness as well as access to electronic copies of a wide variety of Child Protection publications. The CPC has BASPCAN membership, which includes access to their Child Abuse Journal. The CPC also sponsors trainers and practitioners to take advantage of relevant BASPCAN conferences.

The Child Protection section of the ‘forhighlandschildren’ website contains a specific page for professionals. This provides links to a range of

gateways to information and support, including Stirling University's Scottish Child Care & Protection Network; WithScotland; the Care Inspectorate HUB; NICE; BMA Child Protection resources; IRISS; The Centre for Excellence and Outcomes in Children and Young People's Services; The British Library social welfare portal, and a range of specialist tools and toolkits. The web page is well used, receiving approximately 55 – 60 hits a month.

4.6.2 CPC Information Cascade

The CPC subscribes to a wide range of electronic news letters, including the WithScotland, Children in Scotland and NSPCC CASPAR newsletters. Items of likely interest for managers and practitioners are forwarded to relevant CPC members and CPAs for dissemination within their organisations.

4.7 Learning and Development

Between April 2013 and March 2015 the Child Protection Committee (CPC) Training Group continued to deliver a range of courses in line with Scottish Government and CPC requirements. This training ranged from a 1.5 hour Introduction to Child Protection course, available for all practitioners and volunteers, through to a 2 day Working Towards Positive Outcomes programme aimed at practitioners who may be named persons, lead professionals or have significant responsibility for assessment and planning for children. This information is now available through the website www.forhighlandchildren.org and has been emailed out through agency training representatives. In total **9706** participants accessed child protection training between April 2013 and March 2015 (NB: Some participants may have attended more than one programme). A breakdown of attendance can be found at Appendix 2b

4.7.1 Improving Attendance

A single booking system has been introduced to reduce confusion. All training courses are advertised through the website and all applications are returned to the shared CP Training mailbox. This has improved administrative systems particularly in relation to recording of training information. Margin for error has significantly reduced as information is readily available electronically and queries are responded to by Training Officers or Business Support staff within 2 working days. All confirmations are issued electronically and non-attendance followed up by Training Officers. As a result, the statistics for non-attendance without prior notification or without good reason has now reduced to an average over the two year period of 6%.

4.7.2 Challenges

Across Highland, 2013/15 the Training Group has faced some challenges with the development of the Care and Learning Service and creation of Police Scotland having an impact on the availability of staff to deliver and attend training courses. Courses have also been adapted to meet the needs of new staff groups. In 2013/14 both the Training Co-ordinator for NHS Highland and the Practice Support Officer for Social Work were off sick for a considerable period. During 2014 the team lost Trainers from Health, Social Care, Third Sector and the availability of Police colleagues was much more limited. However, additional support was offered by the Principle Officer (Health and Social Care) and both the Lead Child Protection Advisor (Health) and Child Protection Advisors (Health), who assisted in delivery of our Programme 2 courses. This resulted in all commitments being fulfilled and the continued roll out of training programmes within single disciplines as well as on an interagency basis. It also led to consideration of alternative methods of training delivery and the use of practitioner trainers. As a result, the Committee supported the commissioning of two Training for Trainers programmes to build skills and confidence.

4.7.3 Working with Partners

In 2013, the Child Protection Committee hosted a two day Conference – ‘Getting it Right for Forces Families: Building Bridges’ which brought together 158 Armed Forces and Civilian practitioners to explore and develop partnership working opportunities in order to make sure the needs of forces children and their families are met. A roll out of training on the new Children’s Hearing legislation also required significant input from the Training Group and associated professionals.

The training group continued to be involved in a number of Public Protection events across Highland, working in partnership with Safer Highland colleagues to ensure capacity was retained. This included Conferences, Seminars, Public Protection Awareness events, joint Adult and Child Protection courses, development of Responding to Survivors of Child Sexual Abuse programme, and provision of substance misuse training for Managers, with the Employee Development Team. Staffing shortages resulted in the postponement of the Child Protection Conference 2014 until November 2015. However, trainers have continued to support delivery of joint Adult Support and Protection/Child Protection courses and the Responding to Survivors of Child Sexual Abuse programme which is jointly delivered by CPC and Violence Against Women training groups.

4.7.4 Impact

Evaluations of all courses have remained positive with 99% of participants who responded saying that the course was a good use of their time. 86% of respondents reported that they had more confidence following course attendance with 14% already confident in that area. All comments were taken on board and course materials adjusted based on participant feedback. During 2013-2015 the training team trialled the use of Survey Monkey for course feedback and the electronic provision of certificates. However, this resulted in feedback reducing to approx. 65% instead of the 99% of responses received when evaluations were carried out on the day. As a result, a decision has been made to return to paper based evaluation forms from April 1st 2015.

4.7.5 Bespoke Training

In 2014/15 the team saw a significant increase in requests for bespoke training, particularly where staff were unlikely to be released for full days to attend the Identifying and Sharing Concerns course. The team developed a half day condensed programme which has been delivered to groups such as Barnardos Northern Lights/Springboard, Calman Trust, Care and Learning Alliance (CALA) and Addictions Counselling Inverness as well as the Health and Social Care courses within Inverness College. This programme has evaluated positively and will be offered through the CPC in 2015/16 using full time and practitioner trainers. However, it is also noted that this training should not replace interagency child protection training for those groups/practitioners who require it.

4.7.6 Improved Networking

There has also been a significant shift away from 'single agency' attendance at training provision with agency trainers being involved in delivering training to interagency groups at the Introductory level. The CPC maintains a commitment to delivery of interagency programmes to ensure sharing of attitudes, values and best practice takes place within safe training environments.

Nationally, the group have continued to be involved in a variety of training consultations and the CPC Training Officer now chairs the National Child Protection Learning and Development Group.

4.7.7 Efficiencies

Whilst the CPC training budget has remained static since 2006 the number of training sessions has increased from 20 per year to an average of 70-75 days per annum. The Training Office has worked hard to ensure use of free/low cost venues as much as possible, negotiating lowest prices for lunches and refreshments and reducing the costs of trainer travel and subsistence, wherever possible. It is hoped that this will remain sustainable.

Capacity has been assisted by the delivery of two Training for Trainer courses early in 2015. However, whilst the increase in practitioner trainers should alleviate some of the pressures on CPC trainers, they will require significant support initially. A Trainers Forum will be established to provide ongoing support and continue to develop skills across Highland.

4.7.8 Improvement Priorities

- **Delivery of Training Strategy and Improvement Plan**
- **Roll out of Child Sexual Exploitation training and awareness raising**
- **Development of training in relation to Child Protection and Children with Disabilities**
- **Update of Getting Our Priorities Right training programmes**
- **Establish Trainers Forum to promote and support learning and development practitioners across Highland**
- **Develop robust recording and reporting systems in line with new structures**

4.8 Communication and Cooperation

4.8.1 Public Safety, Community Planning and Local Policy:

As evidenced in the foregoing sections, Highland has a well-integrated Public Protection and Community Safety structure, 'Safer Highland', to which the Committee is one of several, accountable, partners. Links with other partners are maintained in a variety of ways:

- The Child Protection and Adult Support and Protection Committees (ASPC) share a Development Officer and, until the appointment of the Lead Adviser (ASP) in November 2013, this post managed both Training Officers and had shared business support.
- The CPC Chair is a member of the Alcohol and Drugs Partnership (ADP) and ensures appropriate representation of the interests of children affected by parental substance misuse (CAPSM) on the CPC. As Director of Care & Learning he also has oversight of the Integrated Children's Services Plan.
- The Development Officer is a member of the Violence Against Women Partnership (VAWP) and the Young Carers Improvement Group. In addition she currently chairs the Children 1st Family Solutions project steering group, which oversees a Lloyds TSB funded project offering Family Group Conferencing support to pregnant substance misusers and those with pre-school children.
- The Training Officer chairs the Safer Highland Trainers Forum. She also sits on the Highland Practice Model Improvement Group and works closely with the Disabilities Team.

- The Lead Advisor (CP) sits on the Transitions and Looked After Children (LAC) Improvement Groups and various CPC members, e.g. the Health Improvement and the Housing Policy Officers are members of several other Partnership and Improvement Groups.
- There is a twice-yearly meeting between Social Work managers and the Police Scotland (N Division) Public Protection Unit to consider issues of joint concern.

4.8.2 In addition to the specific work of the individual committees and partnerships, the Safer Highland Development Officer Group works to a matrix of cross-cutting issues, with allocated leads. Cross-cutting initiatives have included work with the Violence Against Women Partnership (VAWP) and the ASPC around development of easy-read booklets on Domestic Abuse, in response to known risks of violence and sexual abuse towards children and adults with learning disabilities, and development of a joint FGM protocol. Additional work with VAWP includes scoping the potential for a rural support project for mothers and children affected by domestic abuse, based on the CEDAR model, and delivery of joint training around honour-based violence and forced marriage.

4.8.3 Safer Highland Training Group developed a range of joint training and awareness events and conferences (See 4.7.3 above). The group also worked together to develop and pilot a training needs assessment and evaluation tools, databases, etc.

4.8.4 In an effort to standardise practice across Highland, a single protocol for Significant Case Review was developed in 2013 at the request of the Safer Highland Leadership Group. However, this will need to be reviewed in light of the newly published revised national Child Protection and forthcoming Adult Protection SCR guidance from Scottish Government.

4.9 Planning and Connections

4.9.1 Progressing National Priorities

The CPC is regularly represented at the Scottish CPC Chairs Forum (SCPCCF), National CPC Lead Officers Group (LOG) and the National Learning and Development Group, which is currently chaired by the Highland CPC Training Officer, Donna Munro. Additionally, there has been CPC involvement with national working groups around the interface between CPCs and ADPs; the interface between Child and Adult Protection; the National Child Protection L&D Framework; Child Protection and Disability; and various working groups relating to the implementation of GIRFEC and the Children & Young People (Scotland) Act 2014.

CPC staff made presentations to National ASPC & Public Protection events, in 2013, and were involved in planning the National CPC Chairs/APC Conveners event that took place in March 2014.

4.9.2 Consortia

In recent years CPCs across Scotland have formed a number of consortia to progress common priorities. Highland's organisational position, together with its unique structure, makes membership of a consortium somewhat complex. In Terms of Health Board, the CPC shares boundaries with Argyll and Bute, which is a member of the West of Scotland Consortium, whilst policing divisional boundaries are shared with the Western and Northern Isles. Meetings for both consortia are geographically remote from Highland. Closest to Highland is the North-East and Central Consortium to which there is a standing invitation should there be any items of common interest on the agenda.

4.10 Listening to Children and Young People.

As noted at 3.2.9, engagement with children and young people is integral to planning of Children's Services and is prioritised by all Improvement Groups. Young people themselves report that participation is making a positive difference in the planning and provision of children's services in The Highland Council, Police Scotland Highland and Islands Division, and NHS Highland.

4.10.1 Mechanisms for engagement

The key mechanisms include:

- Pupil Councils
- Youth Forums
- Who Cares? Scotland – representing looked after children
- Highland Children's Forum – advocating for children with additional needs.
- Highland Youth Voice - the Highland Youth Parliament
- Highland Youth Convener – a paid appointment, who helps to feed back the issues raised by young people to relevant senior officers and elected members.

- The Highland Youth Convener is a member of the Adult and Children's Services Committee, and attends the Highland Council and Service management teams and FHC4 improvement groups.

- Highland Council has an elected member in a funded role as Children's Champion, who liaises with the Youth Convener, Youth Voice, Youth Forums and Pupil Councils to ensure their work is supported, and that their concerns, views and opinions are taken

account of in strategic, governance and decision-making processes. The Children's Champion is a member of the CPC, represents the Council at partnership and national forums that consider children's issues and liaises with Scotland's Children's Commissioner.

- The Director of Care & Learning, who is also the Chair of the CPC, meets with the various children's organisations, prior to the determination of the agenda for each Education, Children and Adult Services Committee. This ensures that the views of these groups are taken account of and addressed in any service and policy proposals that are presented to the Committee.
- The Highland Children's Forum has one of four 3rd sector places at the Committee, advising elected members regarding matters that affect children and families with additional needs.
- In 2013 the Highland Council joined the national "It's time to listen" campaign to give a stronger voice to children and young people in care and leaving care by tackling discrimination head on and involving them in improving services for them, like good quality housing or an apprenticeship within the council. From April 2015 there will be a group of 'Family Firm' Development Assistants – young people with experience of the Looked After system – who will assist the improvement of corporate parenting. During the five year campaign 'Who Cares? Scotland' will be working in partnership with the council. More information on the campaign -- is available at www.Pledge2listen.org.uk

4.10.2 Progressing CPC Priorities

In addition to the work outlined at 2.2 and 2.3, above, the CPC identified specific priorities in relation to listening to children and young people:

Young people are empowered to participate in their own planning and decision making.

- Steps were taken to engage with young people through Highland Youth Voice. Recommendations that information about child protection should be made available in easy-read formats were followed through with the production of the annual report in info-graphic format. This received positive feedback both in respect of design and content. Further work was undertaken in 2014/15 to design easy-read materials for young people about to undergo medical or forensic medical examinations as part of a child protection investigation.
- To empower children and young people to participate in their own planning and decision making a new Children's Hearing protocol was agreed June 2013 and all Lead professionals received training on new

guidance. This included how to improve the preparation of children and families to participate.

- Advocacy support was reviewed and 'Who Cares (Scotland)' provision was increased to 2.5 WTE, enabling further exploration of views and potential for empowerment. Consideration of advocacy support was also raised in training for Lead professionals, as was the use of revised 'Having Your Say' forms and other new support materials contained within the new Hearings Protocol.

Children and young people are supported to deliver quality witness testimony - Establish quality assurance of VRi and other special measures.

- Work has been ongoing nationally around the quality assurance of video recording of interviews (VRi) in order that Police Scotland has a Scotland-wide standard. This is being developed within the Joint Investigative Interview Practice and Development Group (JIIPaD), which is attended by JII Tutors from Police and Social Work across Scotland and also has representative attendance from SCRA and COPFS. **In 2015/16, consideration will be given to refresher training for staff supporting vulnerable witnesses.**

4.10.3 Challenges

Consider how to best to use media, including social media, to promote self-protective behaviour, encourage disclosure and explain child protection processes, including to empower young people to keep themselves safe online.

- The CPC consulted young people about the best ways to communicate additional safety messages. The young people recommended the use of social media. Whilst the e-safety group has ensured that a lively internet safety blog has been possible, at the present time there is insufficient capacity within the CPC support team and **there is a need to explore alternatives. It may prove possible to utilise graduate placements with Highland Council PR department to include Child Protection messages in the corporate approach to Social Media.**

4.10.4 Promoting understanding of Child Protection

A number of methods have been used to promote children and young people's understanding of child protection and the work of the Committee.

- The Youth Convener has been involved in the work of the CPC and has facilitated consultation with Highland Youth Voice (HYV). Additionally, the Youth Convener led an HYV campaign for the inclusion of the Highland Children's Forum (HCF) Disability Awareness Toolkit in Curriculum for Excellence. **This will be considered following review of the toolkit in 2015/16.**

- Children's Champion, Linda Munro, used the council's apprentice day to promote the work of the CPC to young people shadowing her work.

4.10.5 Improvement Priorities

- **In addition to the priorities identified above, the CPC will consider how best to engage with the new 'Family Firm' Development Assistants, including involving them in the production of public-facing materials, e.g. the Biennial Report supplement.**

5.0 Future Planning

'For Highlands Children 4' is a five year action plan covering the period March 2013 to April 2018. During this period, the CPC will continue to contribute to key Outcomes:

- 1 Children are protected from abuse, neglect or harm at home, at school and in the Community.
- 2 Children are well-equipped with the knowledge and skills they need to keep themselves safe.
- 13 Children, young people and their families are supported well to develop the strengths and resilience needed to overcome any inequalities they experience.

The plan is located on the home page of: www.forhighlandschildren.org

5.1 CPC Priorities

The CPC Review event, in March 2015, agreed that activity should continue to prioritise work to protect the most vulnerable groups:

- Children with disabilities
- Children affected by parental substance misuse
- Children experiencing sexual abuse or exploitation
- Children affected by domestic abuse
- Children affected by parental mental health issues
- Encouraging self-protective behaviour and self-referral
- Responding to the needs of an increasingly diverse population

There should also be specific activity to improve the efficacy of the CPC in the execution of its functions, including:

- Implementation of the updated Training Strategy
- Review of management information sources
- Development of a systematic strategy for quality assurance of child protection processes
- Review of processes for case review and dissemination of learning

5.2 Improvement Plan

Areas for improvement have been hi-lighted throughout this report. Due to a slight delay in holding the 2015 Review event, the revised version of the rolling Improvement Plan with updated actions will be presented to the CPC at its quarterly meeting in June 2015. The current version is on: <http://www.forhighlandschildren.org/1-childrensplan/strategy.htm>

6.0 Conclusion

Highland Child Protection Committee continues to make steady progress in its efforts to progress National Outcome 8 – *“We have improved the life chances for children, young people and families at risk.”* - through its contributions to the Highland Community Planning Partnership’s Single Outcome Agreement (SOA).

Working closely with other partnerships under the ‘Safer Highland’ Public Protection umbrella, and with Integrated Children’s Services Improvement Groups, the CPC has contributed to the reduction of risk and positive outcomes for vulnerable children across Highland.

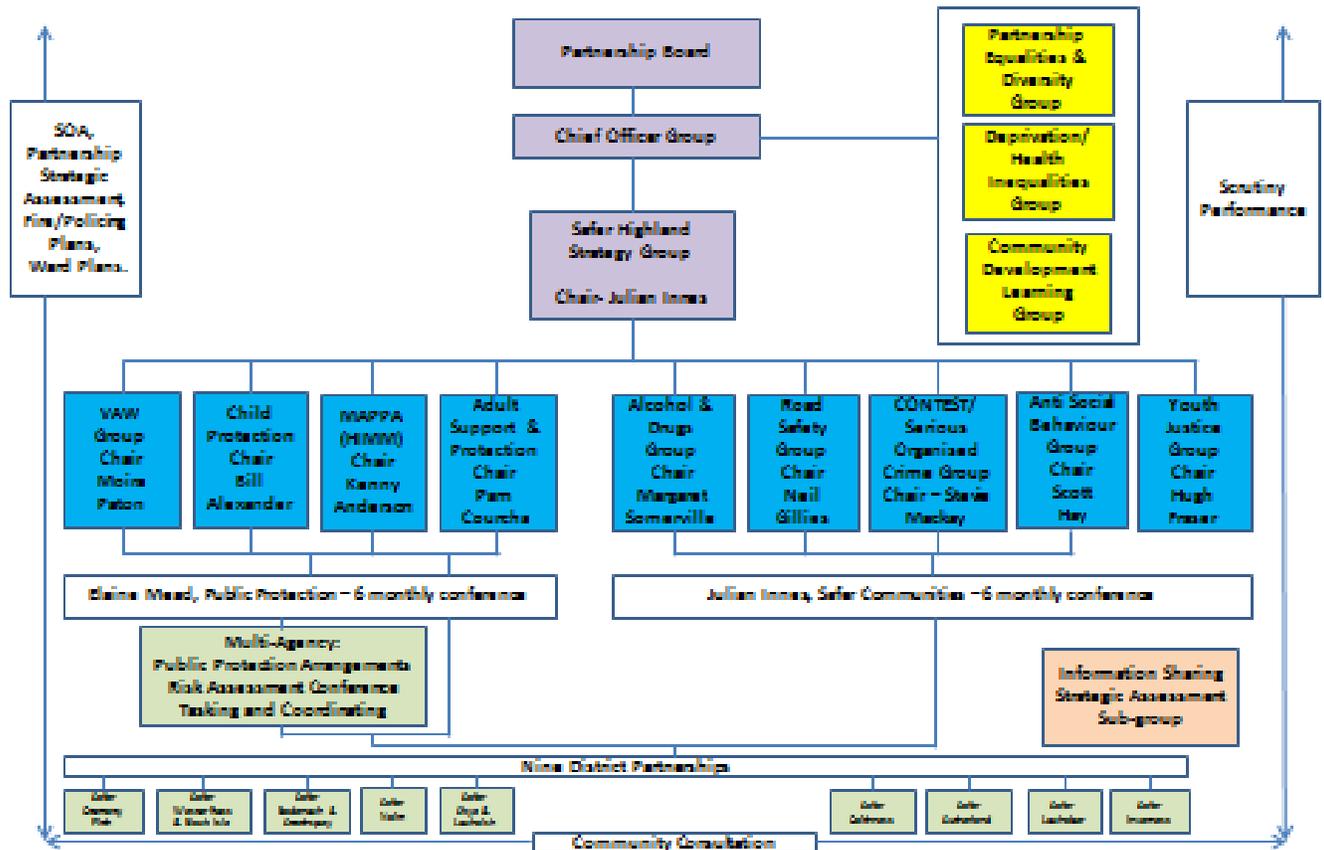
Self-evaluation has verified the progress made in reducing the use of Child Protection Orders and in planning for protection of vulnerable young people as part of the process of transition to adult services. Engagement with children and their families continues to improve and considerable effort has gone into improving the flow of information, relating to risk and concern, between Adult and Children’s Service.

Whilst, in general, this work has been rated as ‘Very Good’ by external regulators the CPC strives towards achieving excellence and continues to identify potential areas for improvement.

Appendix 1a

Organisational structure

Safer Highland Structure



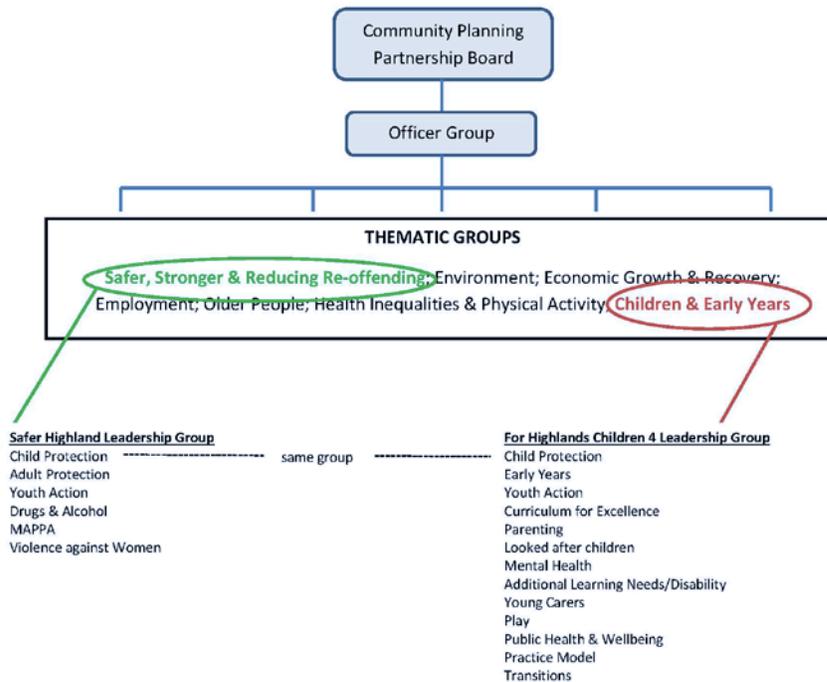
Appendix 1b

For Highlands Children 4 Operational Structure:

A leadership group maintains an overview of the on-going work of the plan. This group has broad membership, including lead officers from Highland Council and NHS Highland, SCRA and Police Scotland N. Division (Highland & Islands). In addition there are staff representatives from NHS Highland and Highland Council, third sector partners and elected members, including the Children’s Champion.

To support the improvement model, a number of improvement groups have been established to take ownership of the improvement agenda. The Child Protection Committee acts as an improvement group in this context.

NB: The diagram below represents the position prior to recent restructuring and some group names differ slightly from those published in the plan.



Appendix 1c

Membership (at March 31st 2015):

SAFER HIGHLAND

Group Name:	Highland Child Protection Committee		
Purpose:	<p>The Scottish Executive issued guidance in February 2005 on Child Protection Committees: 'Protecting Children and Young People - Child Protection Committees' (available at www.scotland.gov.uk/library5/education/pcypcpc-02.asp#3). This made clear that CPCs must:</p> <ul style="list-style-type: none"> • be led and owned by all agencies; • be clearly mandated with delegated authority for action; • undertake a range of core functions and activities with flexibility for local conditions. <p>Core functions on which the CPC is expected to report annually include:</p> <ul style="list-style-type: none"> • Public Information; • Policies, Procedures and Protocols; • Management Information; • Quality Assurance; • Promotion of Good Practice; • Training and Staff Development; • Communication and Co-operation; • Planning and Connections; • Listening to Children and Young People. <p>Updated guidance was included in the National Guidance for Child Protection in Scotland 2014 (Pages 39 – 48)</p>		
	Name	Position	Organisation
Current Chair:	Bill Alexander	Director of Care & Learning	The Highland Council
Current Vice Chair:	Vacant		
Sponsor:	Steve Barron	CEO	The Highland Council
Political Champion:	Linda Munro	Children's Champion - Elected member	The Highland Council
Support Staff:	Pene Rowe	CPC Development Officer	Safer Highland

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	Donna Munro	CPC Training Officer	Safer Highland
	Isabel Green	Clerk to the CPC	The Highland Council
Attendees:			
	Sandra Campbell	Head of Children's Services, Care & Learning	The Highland Council
	Margaret Somerville	Lead Director Children's Services	NHS Highland
	Annie Griffiths	Clinical Lead for Child Protection	NHS Highland
	Sally Amor	Children's Service Commissioner	NHS Highland
	Andrew Laing	Procurator Fiscal	COPFS
	Tom Boyd	Locality Reporter Manager (H&I)	SCRA
	Suzann Barr	Chair of Children's Panel	Children's Panel
	Dawn Grant	Area Manager & CAPSM Lead H&SC	Care & Learning
	David Goldie	Head of Housing	The Highland Council
	Ian Murray	CEO	HighLife Highland
	Vince McLaughlin	D.C.I.	Police Scotland , N Division (Highland & Islands)
	Stephanie Bruce	Director (1)	Keeping Children Safe
	Maggie Brownlie	Service Manager (Barnardos)	3rd Sector Interface
	Pat Hannan	Welfare Officer	Forces Welfare
	Fiona Malcolm	Legal Manager – Litigation and Advice	The Highland Council
	Linda MacLennan-Shareef	Principal Officer Child Protection & TCAC, Care & Learning	The Highland Council
	Kath Clarke	Lead CPA, Care & Learning	The Highland Council

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	Jackie McCauley	Family Contact Manager	Scottish Prison Service
	Mary Morris	Contact Inspector	Care Inspectorate
	Cath King	Health Improvement Policy Manager	Highland Council

Appendix 2a

Membership of CPC Training Group:

CPC Multi-agency Training Group		
<p>Aim: to strengthen the skills and training of professionals and ensure that training on a single and an inter-agency basis promotes the development of the core skills needed to support effective inter-disciplinary working both on actual cases of abuse and on prevention and post-abuse programmes.</p>		
<p>In pursuit of this aim the Training Group will:</p> <ul style="list-style-type: none"> maintain an overview of the training needs of all staff involved in child protection activity, identifying collective training needs on an ongoing basis, responding quickly to any gaps highlighted by inspection reports, significant case reviews or other sources, working in collaboration with single agencies which may have their own training responsibilities. publish, implement and review an inter-agency child protection training strategy; ensuring that mechanisms are in place for the delivery and evaluation of local training initiatives in line with the National Framework for Child Protection Learning and Development in Scotland 2012. develop and deliver training programmes that complement and build on the work already done by individual agencies and which embrace multi-agency training needs among the staff of the agencies concerned; building common understanding and fostering good working relationships. quality assure and evaluate the impact of that training, to ensure the delivery of a consistently high standard of support to children and young people across Highland 		
Membership at March 31st 2015		
Organisation	Role	Name
Highland CPC	Training Coordinator	Donna Munro
	Development Officer	Pene Rowe
Highland Council Care & Learning Directorate:		
• Social Care	Principal Officer	Amelia Wilson
• Health	CPA/Training Officer	Stephen Gunn
• Education	CPA/Training Officer	Eliz MacIntosh
Police Scotland	Det. Sergeant (PPU)	Margaret McShane
CALA/Keeping Children Safe	Child Protection Training Officer	Lorraine Rose
SCRA	Children's Reporter	Ruth MacDonald/ Karen Erskine

Appendix 2b**Inter-agency Training and Awareness Raising 1 April 2013 – 31 March 2015**

Training delivered by CPC Training Team Members	2014/15	2013/14
Programme 1		
An Introduction to Child Protection and Highland Practice Model	116	71
Calman Trust Training	18	n/a
Telephone Helpline Training – Business Support	17	9
Training for Foster Carers	27	32
Inverness College Training	42	n/a
Addictions Counselling Inverness	12	n/a
Culduthel Christian Centre Youth Staff	18	n/a
Relationship Scotland Contact Centre	18	n/a
Programme 2		
Condensed Identifying and Sharing Concerns	74	n/a
Identifying Concerns	308	n/a
Highland Practice Model/Identifying and Responding to Concerns	240	235
Getting Our Priorities Right	89	130
GIRFEC Training Police College Tulliallan	15	n/a
Programme 3		
Working Towards Positive Outcomes	51	72
Conferences and Events:		
Public Protection Events (5 across Highland)	n/a	240
CPC/Safer Highland Conference	n/a	158
3SCOTS Public Protection Awareness	n/a	240
Public Protection Training for Welfare Services	24	58
Children's Hearing Briefings/Training Days	n/a	297
Joint CP/ASP Training	45	28
Training for Trainers	26	n/a
Presentation Skills	8	n/a
Total Number (Inter Agency):	1148	1570
Total Number (Single Agency):	3448	3540
Total Number of Staff trained:	4596	5110

Agency Training Provision**Keeping Children Safe**

Training	2014/15	2013/14
Community Learning and Leisure	130	407
Early Years/Childcare	24	227
Private	73	148
Total	227	782

*NB: Post vacant from 07/14-10/14

Training provided by Child Protection Advisors (Health)

Training Undertaken	2014/15	2013/14
Nursing-general	297	212
Midwifery	6	31
Public Health Nurse/Health Visitor	20	9
Accident and Emergency	n/a	14
Paediatricians	1	0
Paediatric Nurses	n/a	11
Other medical	12	35
GPs	100	48
Dental Nurses	18	26
Dentists NHS	21	34
Dentists Private	20	0
Allied Health Professionals	n/a	49
Child Protection Advisors	n/a	0
Other	87	136
Social/Support/Care Worker	126	81
Admin	120	68
Students	133	37
Keanu Williams	n/a	11
Daniel Pelka	110	51
GPST1 Course	n/a	10
GPST3 Course	n/a	30
Declan Hainey Presentation	n/a	9
Physical Injury/NAI/Thermal Injury	7	18
A&E Child Concern Form	n/a	n/a
A&E Dr's Induction	n/a	n/a
Anaesthetists	n/a	n/a
Ambulance	55	n/a
Audiologists	10	n/a

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Consultant	3	n/a
Dietician	3	n/a
Doctor	6	n/a
MHO	7	n/a
Hub Controller	11	n/a
Nursery Workers	17	n/a
Occupational Therapists	32	n/a
Peer support	38	n/a
Physiotherapists	22	n/a
Podiatrist	2	n/a
Psychiatrist/Dr's working at New Craigs	29	n/a
Psychologist	25	n/a
Radiographer	4	n/a
Therapist	7	n/a
SLT	2	n/a
Mental Health (NHS)	182	n/a
Mental Health (Council)	14	n/a
Mental Health (Other)	3	n/a
Total	1550	920

Highland Council Education Service

Training	2014/15	2013/14
Basic Awareness in Child Protection – Teaching Staff	733	810
Auxilliaris/Assistants	304	471
Clerical/Office	59	59
Catering/Cleaning/Janitorial Staff	94	149
Fujitsu Engineers	n/a	1
Voluntary Sector	33	20
Highlife Highland	141	76
Hostel staff	2	17
Child Protection for 6 th Year Pupils	101	163
Nursery Staff/Childcare Assistants	149	n/a
Social Work/Children's Service Workers	10	n/a
Total	1626	1766

Highland Council Social Work Service

Training	2014/15	2013/14
Graduate Certificate in Child Welfare and Protection	n/a	7
Joint Investigative and Interviewing Training*	15	10
Permanence Training – Sally Wassell	n/a	55
Total	15	72

Northern Constabulary/Police Scotland

Training	2014/15	2013/14
Joint Investigative and Interviewing Training/VRI training*	30	n/a
Total	30	n/a

*15 police/15 social workers

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