

# **Annual Report**

## **Protecting Children and Young People in Highland.**

**April 2009 – March 2010**

**Highland Child Protection Committee Annual Report  
April 2009– March 2010**

**Annual Report on Protecting Children and Young People in Highland CPC area  
2009-10**

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Annual Report on Protecting Children and  
Young People in Highland CPC area.  
2009 - 10

**Preface from Chair and Chief Officers:**

We present the 2009/10 Annual Report of the Highland Child Protection Committee. This is the sixth report submitted to the Scottish Government in line with the Guidance for Child Protection Committees published in January 2005.

2009/10 was a year of further progress for the Committee. The HMIe round 2 inspection in January 2010 concluded: *Child protection in Highland is strongly led .....Chief Officers and senior managers are strongly committed to improving the outcomes for children..... Staff and managers are working well to continue to review and improve outcomes.*

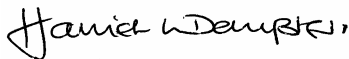
Achievements during 2009/10 include the development of improved governance arrangements through the creation of the 'Safer Highland' Leadership Group, comprehensive self evaluation of progress to date, and the embedding of 'Getting it Right for Every Child' as the Highland practice model.

We wish to acknowledge the hard work of staff across all partner agencies working in this complex area and echo Adam Ingram's comments:

*"Highland's child protection services and practitioners are to be congratulated on their positive HMIe inspection report, which highlights the improvements made towards improving protection for the area's children and young people."*

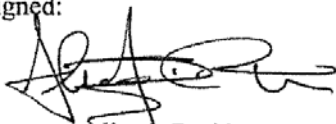
This report is testimony to this sustained progress and improvement.

Signed:

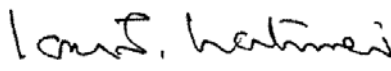


Harriet Dempster (Chair)  
Director of Social Work

Signed:



Alistair Dodds  
CE Highland Council



Ian Latimer,  
Chief Constable



Roger Gibbins  
CE NHS Highland

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### Introduction:

The guidance for Child Protection Committees, published in January 2005, was implemented in Highland during that year and we continue to refine the mechanisms necessary to the effective functioning of the Committee. Following review of the committee structure during 2008/09, there has been significant restructuring to rationalise governance across the Public Protection agenda. This has resulted in the creation of an over-arching chief officer group, 'Safer Highland'

The management of child protection services in Highland continues to be a priority across all public agencies. This responsibility is led and owned by all agencies, as evidenced by chief officer sponsorship of the Committee, elected member political championship of child protection, and senior level representation from the Highland Council, Northern Constabulary, NHS Highland, Procurator Fiscal and Scottish Children's Reporters Administration. The Chairperson is presently the Director of Social Work - Highland Council, who took up the position in October 2009.

The priority given to these matters is further evidenced by the involvement of senior managers in the Delivery Group that supports the Committee, which also includes involvement from the armed forces and the voluntary sector. Strong links with the Committee are maintained via the Chair of the Delivery Group, who acts as Vice-Chair of the Committee.

The Committee employs a Development Officer, a Training Officer and an Administrator. In addition, dedicated officers are employed in each of the lead agencies to support management and training in child protection processes. This includes a jointly funded post for the voluntary sector, steered by 'Keeping Children Safe', a multi-agency forum. NHS, Social Work and CPC training and lead officers for child protection are co-located. In addition, the training officers from Education and the voluntary sector are able to hot-desk using the same facility.

Since completion of its first 3-year action plan, in March 2008, the Committee has established a rolling action plan, which is reviewed annually and sets out priorities for 3 years ahead. This forms the major part of the 'Safe' section in the Integrated Children's Services plan '*For Highlands Children*', currently in its third revision. This is kept under review by the CPC and used to inform the annual work-plan. (See Appendix 4) Each agency has an internal action plan with specific objectives and key deliverables which contribute to the delivery of the Committee's work-plan. The standing agenda for the Delivery Group meetings is based on the key elements of the action plan and allows for detailed monitoring of progress. Progress is recorded within a quality assurance framework and evidence is collated and reviewed at regular intervals. A joint self evaluation exercise, utilising all available evidence of progress and outcomes, is undertaken annually.

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The Child Protection Development Officer sits on the Integrated Children's Services Lead Officer Group and reports accordingly. The CPC's core staff are located with other strategic leads within the framework of Integrated Children's Services.

National guidance supports the continued and sustained implementation of actions and processes to ensure effective joint working and the protection of children in Highland. This was reflected in all three, round one, HMIe inspections (2005 – 2008) and in the recent round two inspection (January 2010) It has also been reflected in the external evaluation of key outcomes for children in Highland, by Edinburgh University, and through the ongoing development of in-house and multi-agency quality assurance processes. From April 2009, the CPC Quality Assurance Group amalgamated with the Integrated Children's Services Quality Assurance Group.

Highland has been the main pathfinder area for the implementation of '*Getting It Right For very Child*'. The pathfinder, which was initially limited to the Inverness area of Highland, has now been rolled out to the rest of Highland. This presented some unique challenges for the CPC:

1. The integration of child protection processes into the holistic framework of assessment and support, and the re-writing of guidance to reflect this.
2. The development of training to reflect the new framework and procedures.

### **Evaluation and Inspection:**

**Self Evaluation** - In 2006 the Committee established a standing Quality Assurance Group (QuAG) to introduce multi-agency Quality Assurance processes. This group developed a quality assurance framework based on the revised *Services for Children* Quality Indicators and the guidance provided in '*How Well are Children and Young People Protected and Their Needs Met?: Self-evaluation using quality indicators*'.

In April 2009 the CPC QuAG was amalgamated with the recently established Integrated Children's Services (ICS) QuAG and the Child Protection Quality Assurance framework was updated, following the publication of "*How Well Do We Protect Children And Meet Their Needs?*" (June 2009)

During the year, a number of audits and reviews were conducted within services, and appropriate reports presented to the Committee. A complete listing is noted under the 'Quality Assurance' heading (below). These informed the annual joint self evaluation exercise, which formed the basis for the round two HMIe inspection in January 2010. A copy of the self evaluation report can be found on the Highland CPC website.

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**Comparative Analysis** – During 2010 an attempt was made to undertake a comparison of trends against both national trends and against trends for 3 areas considered to have roughly similar demographics to Highland – Argyll & Bute, Scottish Borders and (rural) Aberdeenshire.

**Comparative numbers of referrals, case conferences, CPR registrations and de-registrations, and numbers on CPR, by CPC area March 31<sup>st</sup> 2009(compared to 2008)**

CPC	Referrals / 1,000 pop	(Referrals / 1,000 pop)	CC's / 1,000 pop	(CC's / 1,000 pop)	CPR Reg / 1,000 pop	(CPR Reg / 1,000 pop)	CPR de-reg / 1,000 pop	(CPR de-reg / 1,000 pop)
<b>HIGHLAND</b>	16.1	(7.0)	3.7	(1.4)	3.1	(0.7)	2.6	(0.7)
<b>Aberdeenshire</b>	7.1	(12.1)	2.2	(1.9)	2.0	(1.7)	1.9	(1.5)
<b>Argyll &amp; Bute</b>	11.0	(8.3)	5.5	(4.0)	3.8	(2.9)	4.2	(2.3)
<b>Borders</b>	13.0	(8.8)	3.7	(2.9)	3.1	(2.1)	2.3	(3.6)
<b>SCOTLAND</b>	13.75	(13.7)	5.1	(4.7)	3.9	(3.1)	3.8	(3.5)

CPC	On CPR / 1,000 pop	(On CPR / 1,000 pop)	Case Conferences as % of Referrals	(Case Conferences as % of Referrals)	CPR registrations as % of Case Conferences	(CPR registrations as % of Case Conferences)
<b>HIGHLAND</b>	1.8	(1.5)	22.8%	(20.2%)	85.1%	(54.4%)
<b>Aberdeenshire</b>	1.7	(1.7)	30.6%	(16.4%)	91.2%	(86.8%)
<b>Argyll &amp; Bute</b>	2.1	(2.8)	50.3%	(48.8%)	69.0%	(71.4%)
<b>Borders</b>	2.3	(1.5)	28.6%	(33.5%)	82.9%	(72.9%)
<b>SCOTLAND</b>	2.9	(2.7)	37.1%	(34.7%)	76.9%	(65.5%)

What appears to be a significant increase in referrals per 1,000 children is due to complications in the collection of data in 2007/8, following a mid-year change of system. The published data for that year is incorrect and Scottish Government has been notified of this fact. However, this does not affect the percentages data. Whilst there has been little increase in case conferences as a percentage of overall referrals, it will be noticed that the percentage of case conferences resulting in registration is considerably higher, suggesting that the roll-out of Getting it Right for Every Child (GIRFEC) is having an impact in terms of diverting cases requiring a lower level of intervention.

During 2009/10 the Quality Assurance Group audited the decision making in a random sample of cases and found that, in the majority of cases, the decisions to register, continue registration or de-register, based on the available evidence, were sound and that, regardless of registration status, all children who had been assessed as requiring multi-agency support plans had these in place.

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**Inspections** – Highland was subject to a number of inspections, which included reference to Child Protection links, during 2009/10. These included Care Commission inspections of Fostering & Adoption, which were rated ‘Excellent’, Through-care & Aftercare, Women’s Aid Refuges and Early Years provision; HMIE inspections of educational establishments and of the Educational Psychology Service.

Highland participated in the pilot child protection inspection programme, which reported in June 2005 and was followed by an interim follow-through inspection June 2006 and final follow-through inspection in January 2008. This concluded that no further inspection was required within that national round of inspections. The next round began during 2009 and Highland Child Protection Services were inspected in January 2010.

The final report of the inspection was published by HMIE on 4th May 2010 and is available on the Highland CPC website.

The report identifies particular strengths in how agencies are working together which make a difference to children and families. They include:

- Effective communication and development of trust with staff.
- The wide range of support services provided to them at an early stage.
- Action taken to protect children when identified as at risk of harm.
- Joint approaches by managers and staff to reviewing their work to improve services.
- Senior managers encouraging and supporting staff to work together well to improve outcomes.

Furthermore, the inspection team identified 3 areas of good practice which related to:

- The use of Police concern forms to share information to meet children’s needs at an early stage.
- The work done by children’s services workers to support families.
- Engaging and involving staff in the review of effectiveness of services and revising guidance.

The HMIE evaluation is focused around the answers to specific questions. What follows is a brief summary of the findings:

### *How well are the needs of children and families met?*

Children across the Council area are benefiting from a wide range of support which is helping to meet their needs. Increasingly, staff are working well to ensure children’s needs, including health needs, are met. Children who need particular help to recover from the effects of abuse are supported well. Robust systems are in place to track children missing from education.

More attention could be paid to the longer term needs of some children to clarify plans and ensure contingency plans are in place.

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### *How good is the management and delivery of services?*

Police and social workers work very well to plan child protection investigations. Staff have clear guidance re seeking the views of medical practitioners when a medical examination may be necessary. Staff are working hard to improve the quality of assessments. Chief Officers and senior managers are strongly committed to improving the outcomes for children.

### *How good is leadership and direction?*

Child protection in Highland is strongly led by the Child Protection Committee, the Chief Officers' and the Lead Officers' Groups. A shared vision promotes high aspirations for all children. Staff understand the vision and their responsibilities. Effective leadership is helping ensure all vulnerable children have a single plan.

### *How are services improving?*

Managers have a sound understanding of the service's strengths and areas which require further improvement. Staff and managers are working well to continue to review and improve outcomes.

Two areas of improvement have been agreed with HMIE. These are:

- Ensuring robust initial assessment when concerns are raised about children, including less immediate concerns.
- Further improving arrangements for medical examinations.

HMIE made the following evaluation of performance of Child Protection Services in the Highland Council area:

<b>Children are listened to and respected</b>	<b>very good</b>
<b>Children are helped to keep safe</b>	<b>very good</b>
<b>Response to immediate concerns</b>	<b>very good</b>
<b>Meeting needs and reducing long term harm</b>	<b>good</b>
<b>Self-evaluation</b>	<b>very good</b>
<b>Improvements in performance</b>	<b>very good</b>

The recommendations from inspection and from local case reviews and audits inform the annual self evaluation exercise and the chief officer review of the CPC's rolling 3 year action plan. This influences the priorities for the coming year, which are incorporated into the Integrated Children's Services Plan. (See Appendix 4)

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### Fulfilling Functions

#### • Public Information:

During 2006 the CPC produced its first 3 year communications/public awareness strategy. This followed analysis of questions that had been included in the Highland Council's Public Performance Survey, which asked about awareness of Child Protection, confidence in the system, knowledge of who to contact with concerns and preferences with regard to awareness raising media.

In 2007 Highland CPC launched the 'See it, Hear it, Share your concern' campaign as part of a national initiative to launch a national telephone sign-posting service and website. This began as a phased campaign and was expanded during 2009 to include adverts encouraging children and young people to "Speak to a trusted adult" if things are going wrong in their lives and they need help or support. Over the last 3 years Highland CPC ran a number of saturation radio campaigns together with a cinema campaign, a poster campaign on local bus services and a range of adverts and information supplements in local newspapers and magazines. Promotional materials were given out at all training, conferences and a variety of public events. In excess of 6,000 posters, 30,000 information supplements, 20,000 information cards and 8,000 pens have been distributed. Monitoring systems have been established to identify child protection referrals generated by the campaign and to track outcomes.

In September 2005 the Protecting Highland's Children website was launched as a stand alone but linked section of the Integrated Children's Services 'For Highland's Children' website. The website displays information about the Child Protection Committee, its membership and its work, including access to the Interagency Procedures, publications and downloadable information leaflets, and key contacts. The site has links to partner agencies and to relevant publications such as the National Standards Framework, the HMIe report and critical incident reviews. It also includes links to other relevant childcare and Highland websites e.g. 'Getting it Right for Every Child'.

Leaflets, sponsored by the Scottish Executive, are available in public venues, including GP surgeries, clinics and hospital settings, Police and Local Authority premises, to inform members of the public on action to take if they have concerns in respect of the safety and welfare of children.

A survey conducted in Highland in January 2010 found that 86% of all age groups, and 100% of young people who responded, claimed to be aware of child protection issues. 79% of all age groups and 83% of young people were confident in services to protect children. Only 10% of respondents, none of whom were young people, stated that they lacked confidence in services. The remainder had no opinion on the subject.

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### • **Policies, Procedures and Protocols:**

The Committee oversees the development of all policies and procedures related to child protection to ensure that the needs and risks for a child remain at the centre of decision-making. Policy development is influenced by a range of factors including national guidance, reform programme initiatives, research recommendations in respect of good practice, local and national recommendations from Critical Incident Reviews and HMIE findings. These are progressed through the Highland Child Protection Committee in respect of multi-agency and interagency recommendations.

Highland CPC has comprehensive inter-agency policies and procedures. In 2008/9 the Scottish Government launched national guidance for '*Getting It Right For Every Child*'. Following this a CPC working party was convened to revise the existing Highland CPC interagency guidance, which was re-launched at a series of road-shows in June 2009. The road-shows attracted over 400 attendees and the opportunity was taken to involve staff in evaluating the impact of intervention on outcomes for children and families in Highland. This information helped to inform the annual CPC self-evaluation exercise.

Changes in policy have been reflected in inter-agency training and events.

### • **Management Information:**

The Chair of the Committee receives quarterly statistical reports on Child Protection referrals, registrations and de-registrations. An annual report is presented; utilizing a range of materials listed below, and includes an analysis of trends. (See Appendix 5) This enables the committee to maintain an overview of activity levels. In addition, the committee requests supplementary information, which is provided through audit and commissioned research.

Social Work implemented the CareFirst information management in September 2007. This has enabled closer monitoring of record keeping and facilitated audit work.

The Police HOLMES system produces monthly data on referrals to the police, child protection joint investigations, medicals, etc., and this is shared with the CPC.

The Children Missing from Education System is generating data on the number of children reported as missing together with information on who has been found, when and where, etc. Complementary systems have been developed for collection of data in respect of vulnerable children and families known to other partner agencies, including voluntary sector Early Years services. The system also collects data on the movements of children of travelling families in order to avoid triggering unnecessary CME investigations.

The SCRA annual report and the Scottish Executive annual publication of Social Work Referral statistics provide both local information and information on which to base comparative analysis of trends.

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### Statistics:

#### 1: Child Protection Information for the Period 1<sup>st</sup> April 2007 – 31<sup>st</sup> March 2008

Provisional Figures	Male	Female	Total	%	Male	Female	Total	%
	2009/10				2008/09			
1 The No of Referrals( <i>1 gender unknown both years</i> )	246	364	611		253	364	618	
2 The No of Children with the outcome of no further action			440				477	
3 The No of Children subject to a Case Conference (new)			171				141	
4 The No of Children Registered as a result of the Case Conference			146				120	
			Physical Injury	55			Physical Injury	36
			Sexual Abuse	4			Sexual Abuse	10
			Emotional Abuse	36			Emotional Abuse	26
			Physical Neglect	51			Physical Neglect	48
			Not known	0			Not known	0
			TOTAL	146			TOTAL	120
5 The No of Children not Registered as a result of the Case Conference			25				21	

#### 2: Child Protection Referrals as a rate per 1000

	2009/10	2008/09
	15.6	16.1

#### 3: Rate of Case Conferences per 1000 Population 0 – 15 yrs

	2009/10	2008/09
	4.4	3.7

#### 4: Number of Children on the Child Protection Register

	March 31 2010	March 31 2009
	99	69

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<b>5: Number of Children on the Child Protection Register as a Rate per 1000</b>		
	<b>March 31 2010</b>	<b>March 31 2009</b>
	2.5	1.8
<b>6: Rate of Registrations per 1000 population 0 – 15 yrs</b>		
	<b>March 31 2010</b>	<b>March 31 2009</b>
	3.7	3.1
<b>7: Registrations</b>		
	<b>March 31 2010</b>	<b>March 31 2009</b>
Emotional Abuse	25	17
Physical Injury	39	15
Physical Neglect	31	31
Sexual Abuse	4	6
Failure to Thrive	0	0
<b>TOTAL</b>	<b>99</b>	<b>69</b>

It will be seen that the level of referral is virtually unchanged but that there has been a significant increase in the number of registrations. Analysis of the referrals has shown that there has been no increase in the number of families but a proportion of these have been large families where most or all of the children were registered. There has also been an increase in the number of pre-birth planning meetings resulting in neo-natal registrations.

**• Quality Assurance:**

The committee recognises that quality assurance has to be at the heart of its work if Highland’s children are to be afforded the best possible protection. Whilst the quality of specific services to protect children is important, it is equally important to intervene effectively before the situation becomes a child protection issue, and to provide good quality through care and aftercare where longer-term intervention is required. With this in mind, the CPC’s standing Quality Assurance Group (QuAG) amalgamated with the Integrated Children’s Services QuAG in April 2009. This group now takes the lead in promoting and embedding self evaluation and continuous improvement in every aspect of children’s service provision.

Most agencies in membership of the CPC have at least one member of staff trained as an associate inspector for HMIe inspections and are continuing to work towards embedding quality assurance via staff supervision at individual agency level. All agencies have internal systems to sample reports and case files on a regular basis.

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Work undertaken this year under the quality assurance banner included:

### **Specific Audits, Evaluations and Reviews:**

#### **Multi-agency (QuAG) or Joint (involving more than 1 agency):**

- CPC self-evaluation exercise – this built on two previous self-evaluations and considered evidence of outcomes for children and families involved in child protection cases. This informed both the CPC review day and the HMIE inspection. A full copy of the self evaluation report can be found on the Highland CPC website.
- The CPC commissioned a joint review of a case from which it was felt lessons could be learned following an incident at an NHS Highland premises. Recommendations were made and an action plan was produced to take these forward for implementation by 31<sup>st</sup> March 2010.
- Audit of Child Concern processes in two geographic areas.
- Audit of Child Concern processes, in relation to reports to SCRA.
- Evaluation of plans for Children’s Hearings.
- Evaluation exercise with 403 staff across Highland – considering the evidence for HMIE QI’s 2.1 – 2.4.
- Review of through-care and after-care provision.
- Evaluation of Child protection training.
- CPC partner agencies also considered the recommendations arising from the review of the Brandon Muir case (Dundee) and satisfied themselves that appropriate safeguards are in place in Highland.
- Public Awareness Survey.

#### **Social Work Services:**

- Audit of decision making processes for all cases where a child protection referral had been made.
- Audit of Child’s Plans with a Social work Lead Professional, focusing on engagement with children & families and assessment of risk.

#### **Education:**

- PSE Review 2009.
- Highland Life-style Survey.
- Internet Safety mapping exercise.
- Race Equality impact assessment.

#### **Voluntary Sector:**

- Audit of outcomes for children of mothers using Women’s Aid Services.
- Audit of inspection findings for Early Years services.
- Safe Strong & Free self evaluation against HMIE QIs
- Children 1<sup>st</sup> self evaluation against HMIE QIs
- Skye & Lochalsh Young Carers evaluations (Various)

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### **Health:**

- Review of the ‘Did not attend’ child protection policy.
- Audit of recommendations of Brandon Muir Serious Case Review (Dundee)
- Revision following re-audit of practice standard and protocol for the handover from Health Visitor to School Nurse, and school movers audit.
- Review of Perinatal mental health good practice guidelines.
- Evaluation of GP Child Protection Advisor role.
- Review of GP training levels for Child Protection.
- Benchmarking of internal quality assurance.
- Development of an electronic tool to aid audit of public health records.
- Transition Bridge and Pathways – briefing for GPs.
- Review and update of Sex Offender protocol.
- Evaluation of NHS Public awareness week.

### **Northern Constabulary:**

- Daily assessment and audit of all child protection cases referred both at local level and at Headquarters, via tactical meetings and Crime Support meetings.
- Peer review of files from all Divisions on a 3-monthly basis.
- Ongoing audit of the Child Welfare Concern forms
- Audit of all joint investigations involving a medical examination.

### **SCRA:**

- Evaluation of SCRA decision making.

### **Commissioned Work:**

- Interviews with children and families with multi-agency plans (ongoing).
- Ongoing evaluation - ‘Delivering Integrated Services for Children in Highland: an overview of challenges, developments and outcomes’, (R. Stradling and M. MacNeil – Edinburgh University)

In order to inform continuous improvement, each partner agency has established an internal Child Protection mechanism for reviewing the findings of audits and informing the single agency version of the action plan. Where joint action is required, the outcomes of audits and reviews are reported to the CPC.

Additionally, the CPC reports progress to the Joint Committee on Children and Young People, through the Integrated Children’s Services Lead Officer Group, and to governance bodies of statutory partner agencies, through the Safer Highland Leadership Group.

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### **• Promotion of Good Practice:**

Good practice findings from national inspection, audits and critical incident reviews are brought to the attention of the CPC through the CP Development Officer and incorporated into guidance updates and inter-agency training. During 2009/10 the CPC continued to review progress against best practice examples emerging from published HMIe inspection reports together with the recommendations of key serious case reviews e.g. Brandon Muir. The use of the multi-agency debrief model for complex local cases also provides an opportunity for learning from practice (See Appendix 6). In addition the Development Officer takes a proactive approach to circulating information regarding research, guidance and legislative changes.

CP staff and senior officers from all partner agencies maintain strong national links with peers, to enhance knowledge and inform best practice. Most CPC partner agencies have appointed specific staff to act as child protection leads across a variety of disciplines. These staff have received more specialised training in child protection issues and many are engaged in undertaking one of the many certificate, diploma and higher degree courses offered by Dundee, Stirling and West of Scotland Universities.

During 2009/10 there has been ongoing networking between CP leads in different agencies via the National CP Lead Officer Forum and the National CP Training Co-ordinator's Forum. In addition, the CPC continued to engage with training and development staff supporting other Public Protection partners and to develop occasional events with cross-cutting themes. Tailor-made training is also delivered for staff across a range of children's services and, during 2009 a conference was held for grass roots workers on the topic of Building Effective Relationships.

Other developments in 2009/10 include:

- Development of 'Safer Highland' Public Protection arrangements
- Roll out of the revised Child Protection Policy Guidelines
- Consolidation of 'Getting It Right For Every Child' across Highland, with continued refinement of processes and guidance
- Development of action learning sets and practitioner forums
- Development of processes to deal with self disclosure of childhood abuse, to trainers, by staff attending training and events
- Further development of transition services for young people leaving care or transferring from children's to adult services.
- Further development of consultation processes with children and families.

### **• Training and Staff Development:**

In 2009/10 the Committee continued to build on existing provision, revising and updating training programmes whilst creating new opportunities for learning and development at a more advanced level. The introduction of master classes and shared training sessions proved popular with delegates across the agencies and the annual conference held in November 2009 attracted 160 applications for places, showing a continued commitment to training from staff at all levels across the Committee.

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### **Training Provision**

Interagency Training provision has extended to offer experienced and qualified practitioners access to a range of Programme 3 opportunities. This has included master classes in relation to trauma, attachment and foetal alcohol spectrum disorders. Programme 2 materials have been adapted to meet the requirements of Getting It Right for Every Child and the Training Group has now taken over delivery of the Programme 3 Named Person/Lead Professional course.

Within single agency provision, Keeping Children Safe has extended training provision within Programme 2 offering a range of full day programmes relating to Child Protection, Getting it Right for Every Child and We Can and Must Do Better for staff working in residential units. Likewise, Highland Council Social Work Service has enhanced provision offering Programme 3 courses in Risk Assessment and specialist training to meet Standby requirements. In Education, Culture & Sport, Programme 1 materials have been adapted to accommodate refresher training and this has been incorporated into Programme 1 Training Pack across agencies.

Programme 1 provision has been extended to include additional groups such as the Army Welfare Service and SSAFA and the Committee has retained its commitment to training for foster carers, delivering three sessions in 2009/10.

The Training Group also offered a range of shared training sessions bringing together Programme 1 provision in Violence Against Women, Drug and Alcohol Awareness, Children in Distress and Child Protection. These courses were offered both weekdays and Saturdays, providing an opportunity for volunteers and professionals to attend outwith core hours. In total 68 people attended including staff from housing, childminders, foster carers, supported lodging providers, marriage counselling volunteers, youth work providers and elected members.

Training Group members have also supported a range of training initiatives facilitating workshop sessions at the launches of the new CPC Guidelines and supporting the roll out of the new Children in Distress programme developed by Children 1<sup>st</sup> and Primary Mental Health Workers across Highland.

### **Building Effective Relationships Conference**

This event was held on the 27<sup>th</sup> November 2009 in the Ironworks, Inverness with 124 delegates attending. The delegates were specifically invited as front line practitioners directly working with children and families.

Due to the topic selected, the majority of participants came from Social Work services (68%) although staff from health, police, education and the voluntary sector also attended. Professor David Howe provided two sessions relating to attachment and brain development and the importance of partnership working with families. These sessions evaluated extremely positive with 100% of delegates rating these as Very Good or Excellent.

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A range of parallel sessions were offered to delegates including Video Interactive Guidance, Working with minority groups, Dealing with difficult situations, Recipe for Success and Working with parents with drug and alcohol issues. These were followed by a presentation from Senior Practitioner Amelia Wilson focussing on the need for staff support and supervision.

The day ended with a delegate discussion in relation to Building Effective Relationships. Feedback included the need for protected learning time, effective use of resources, joint working/visits to aggressive or violent families, regular staff support and supervision, reflective practice and clear access to (and sharing of) information. A full conference report is available from the HCPC Training Office.

### **External Links**

The publication of 'For Highland's Children 3' contained an introduction to the Integrated Children's Service (ICS) Training Framework which will include child protection. The ICS Framework will facilitate a coherent approach to training through integrated planning, combined training calendars and joint training programmes.

### **Key Priorities for 2009/10**

- Development of Training Strategy 2011-2014 in line with HCPC Workplan
- Establish Training Database which will support the provision of regular reports to agency representatives, Strategic Delivery Group and HCPC Members
- Development of e-learning programmes for Programme 1 provision
- Delivery of Programme 3 master classes in relation to Fabricated and Induced Illness, Child Trafficking and Reflective Practice
- Development of Integrated Children's Service Training section on For Highland's Children website
- Provision of Annual CPC Conference in November 2010

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**Annual Report Training Information**

**Inter Agency Child Protection Training and Awareness Raising  
1<sup>st</sup> April 2009-31<sup>st</sup> March 2010**

<b>Training</b>	<b>Number of Participants</b>
<b>Programme 1</b>	
Getting it Right in Child Protection – Foster Carers	91
Getting it Right in Child Protection – Army Welfare Service	10
Getting it Right in Child Protection – SSAFA/Royal Air Force	58
Getting it Right in Child Protection – Merkinch Family Centre	14
Getting it Right in Child Protection – Air Cadet Force	48
Day 1 Mentoring Service	25
Launch of CPC guidelines and self evaluation workshops	403
Shared Training Sessions	68
Child protection helpline training	9
<b>Total Number:</b>	<b>726</b>
<b>Programme 2</b>	
Getting It Right In CP – Identifying Concerns	212
Getting It Right In CP – Responding to Concerns	194
Hidden Harm – CP and Parental Substance Misuse	101
<b>Total Number:</b>	<b>507</b>
<b>Programme 3</b>	
Building Effective Relationships Conference	124
Trauma Masterclass	37
David Howe Masterclass – Attachment and Resilience	26
Foetal Alcohol Spectrum Disorders Masterclass	76
<b>Total Number:</b>	<b>259</b>
<b>Programme 4</b>	
Training for Trainers – Creating Imaginative Learning	18
Training for Trainers – Self Evaluation	19
Training for Trainers – Co-operative Learning	22
Training for Trainers – Dealing with difficult participants	23
Training for Trainers – Children in Distress	16
<b>Total Number:</b>	<b>98</b>
Total Trained – Interagency	<b>1590</b>
Total Trained - Single Service (breakdown on following page)	<b>3119</b>
<b>Total Number of Staff trained in 2009/10</b>	<b>4693</b>

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**Single Agency Training Provision – 2009/10**

**Northern Constabulary**

<b>Training</b>	<b>Number of Participants</b>
Child Protection on post initial	76
Child Protection on pre confirmation	52
Police supervisory skills	25
Designated persons	23
Joint Investigative and Interviewing Training (police only)	9
<b>Total</b>	<b>185</b>

**Training Provided by Highland Council Social Work**

<b>Social Work and Housing Training</b>	<b>Number of Participants</b>
An Introduction to Child Protection for Social Work and Housing Staff (including foster carers/home care staff)	369
Joint Investigative and Interviewing Training (social work)	8
JIT Trainers course	3
Preparation for stand by training	15
Follow up day – Maureen Devlin training	12
Risk Assessment workshops	62
Graduate Certificate in child protection	7
Families and substance misuse – CPD course	3
Life Story Workshops	24
GIRFEC module – University of Stirling	10
<b>Total</b>	<b>513</b>

**NHS Highland**

<b>Training</b>	<b>Number of Participants</b>
Nursing –general	253
Midwifery	45
Public Health Nurse/Health Visitor	39
Accident and Emergency	16
Paediatricians	3
Paediatric Nurses	4
Other medical	48
GPs	22
Dental Nurses	48
Dentists	26
Allied Health Professionals	72
Other	51
<b>Total</b>	<b>627</b>

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**Highland Council Education Culture and Sport Training**

<b>Training</b>	<b>Number of Participants</b>
Basic Awareness in Child Protection – Education Staff	338
Child Protection Refresher Training – Education Staff	684
Basic Awareness in Child Protection – CLL Staff*	24
Child Protection Refresher Training – CLL Staff*	23
<b>Total</b>	<b>1069</b>

\* CLL - Community Learning and Leisure

**Keeping Children Safe Training**

<b>Training</b>	<b>Number of Participants</b>
Getting it Right in Child Protection – Childcare and Family Support Staff	381
Getting it Right in Child Protection – CLL Staff*	222
Getting it Right in Child Protection – Private/Other	69
Personal Safety Training	53
<b>Total</b>	<b>725</b>

**• Communication and Co-operation:**

The Highland Child Protection Committee facilitates essential communication, working and co-operation across agencies and provides annual and topic specific reports to member agencies and their committees. The CPC membership is at chief officer level, which ensures appropriate communication with local authority elected members and non-executive directors of the Highland Health Board. Additionally, the creation of the ‘Safer Highland’ Public Protection partnership ensures scrutiny by Chief Executive Officers together with the assignment of a sponsoring CEO and a Political Champion.

The Delivery Group, which consists of Lead Officers from each CPC partner agency, takes responsibility for dissemination of child protection policy and good practice guidance within individual agencies. Lead Officers also take responsibility for reporting progress against assigned CPC activities. Each partner agency has in-house mechanisms to monitor the implementation of single agency operational plans deriving from the overarching CPC workplan, to which all are signed up.

Members of the Delivery Group are the Child Protection policy advisors for partner agencies of the CPC. They are responsible for the development of a network of Child Protection leads who act as advisers on child protection issues or signpost other staff to sources of advice. Such posts exist across Health, Education, Leisure Services, the Police and Voluntary Sector Childcare Services. Post holders receive a high level of training including training on quality assurance. Many are also undertaking Child Protection qualifications up to degree and post graduate levels. This network provides a conduit for communication and the implementation of change within and across organisations.

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A multi-agency training forum exists to promote further networking between Child Protection Advisors and trainers. The advisors are well respected and valued within their localities and provide access for all agencies and voluntary organisations to appropriate agency personnel within those localities. The ability to communicate and co-operate with others within and outwith their agency is requisite to an advisor appointment. HMIe inspections have commended the efficacy of this framework.

The Highland Information Sharing Policy is a pan-Highland policy endorsed by Chief Officers. It forms the basis for all other information sharing policies e.g. for Quality Assurance purposes and '*Hidden Harm*', etc. It is disseminated via inter-agency training, specific information sharing seminars run by Northern Constabulary, through '*Getting It Right For Every Child*' and through the CPC website. In addition work continues to promote and improve information sharing in relation to missing children and families.

Members of Highland CPC participate in a wide variety of national forums and have engaged in collaborative work on many topics including: the review of the national telephone signposting service, the review of the 1998 national child protection guidance, transfer of case files, risk assessment, and a wide variety of national consultations. Members of CPC staff have involvement in the National CPC Lead Officer Forum and the National CPC Training Co-ordinator Forum, and endeavour to work closely with neighbouring CPCs.

Highland's role as a pathfinder for '*Getting It Right For Every Child*' have also led to the sharing of experience with other CPCs.

### **Planning and Connections:**

During 2009, the structure and membership of the CPC, its Lead Officer Group and sub-groups was reviewed and consideration was given to the public protection aspects of child protection in addition to the need to fit with the '*Getting it Right for Every Child*' agenda. As a result of this review, a new, over-arching Leadership Group was established in April 2009 and the structures of 6 committees, including the CPC, were rationalised.

The CPC uses a logic modelling approach to setting its objectives and produces a rolling 3 year work plan that forms the major part of the 'Safe' element of Highland's Integrated Children's Services Plan, which is consulted on with Highland Youth Voice and is signed off by the Joint Committee on Children & Young People. It forms the basis for the annual action plan which is reviewed on an ongoing basis using a traffic light system to track progress. Exceptions are reported on at each CPC meeting.

Partner agencies produce their own operational plans to take single agency, contributory actions forward. These are supported by in-house meetings e.g. NHS Highland's Child Protection Action Group (CPAG), Northern Constabulary's Force Executive Group, Social Work's Child and Family Team Managers Group, Education's Senior Management Team and the Voluntary Sector's 'Keeping Children Safe' steering group.

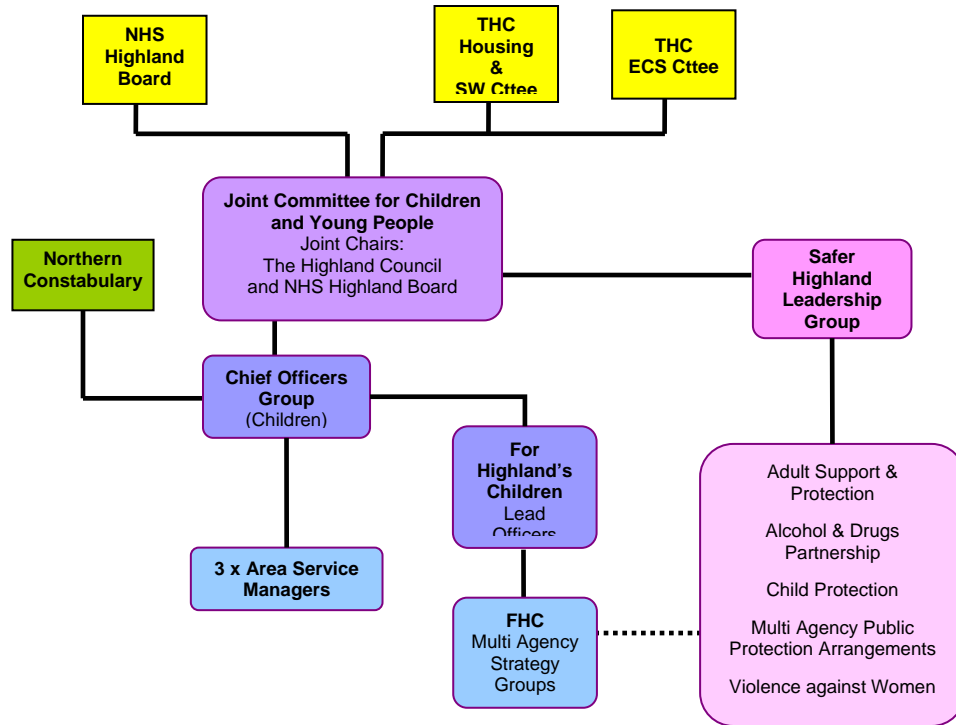
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In 2007 this process was further enhanced by the introduction of an annual review and forward planning day, supported by a full scale self-evaluation exercise. This was built on in 2008 when, following the publication of the Final Follow Through Inspection report, it was decided that a more proactive approach to prioritisation should be introduced. Whilst the rolling plan continues, each year focuses on specific key priorities to address areas for improvement identified from the self-evaluation exercise. The 2009 self-evaluation informed the HMIe inspection in January 2010 and was rated ‘Very Good’.

Being a Chief Officer Group, members of the CPC take responsibility for reporting to and from a wide variety of committees and for reporting upwards to the ‘Safer Highland’ partnership to keep CEOs, elected members and non-executive directors informed about CPC issues, cross-cutting themes and progress.

Within Highland, the CPC has formal links with the Joint Committee for Children and Young People, which receives the CPC annual report, and the ‘For Highland’s Children’ strategic planning forum. This provides links to all strategic planning groups with a remit for children and young people’s services:

The following diagram illustrates the strategic and operational governance structure for integrated children’s services in Highland:



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In addition to the other committees of the ‘Safer Highland’ partnership, specific links are maintained with Highland Children’s Forum and Highland Young Carers in respect of progressing national guidance and developing joint consultation and training.

As previously mentioned, Highland has been a path-finder for ‘*Getting It Right For Every Child*’ and CPC members and staff continued to work closely with the project team to ensure integration of child protection issues and to avoid duplication of effort in respect of developing assessment tools and training, etc. An integrated children’s services training framework exists to facilitate comprehensive planning of core and specialist training for staff across partner agencies.

In addition to the national links detailed in the ‘Promotion of Good Practice’ section of this report, during 2009/10 the CPC Chair was president of ADSW. In addition, Highland CPC Officers actively participate in the National Chairs’ Forum group which meets with the Scottish Executive several times a year. This forum has developed a number of national task groups to progress common issues. Additionally, the Development and Training Officers belong to appropriate national peer forums and co-operate on a number of joint pieces of development work as well as representing Scotland at the UK PIAT (Promoting Inter Agency Training) group.

Through Northern Constabulary, NHS Highland and Criminal Justice Services, Highland CPC maintains links with CPCs in Orkney, Shetland, the Western Isles, Argyll & Bute and the Grampian region. This includes the facility to commission joint training from Stirling University for delivery on their Inverness campus.

### **• Listening to Children and Young People:**

Highland has a Youth Convener supported by Highland Youth Voice, a representative body of young people from across Highland schools. The Education, Culture and Sport Service has worked with young people to develop clear mechanisms for engagement in every school and pupils have previously been involved in the development of a number of information leaflets and posters and the wording of a CPC radio campaign targeting young people in 2009/10. Input was also requested and given for the 2009 self evaluation exercise to inform the work plan for 2009 – 12.

In 2009, with the development of the ‘Safer Highland’ partnership and the subsequent restructuring, the Youth Convener was given membership of the CPC. This has facilitated engagement and resulted in a staged approach to consultation with young people.

SPICE (Senior Pupil’s Interactive Consultation Event) took place in September 2009 and asked the following questions about Child protection:

- Are you confident in how you would talk to professionals if you had concerns about yourselves or someone else? For example a friend who might be getting abused by an adult or being neglected at home
- What information would you feel comfortable / not comfortable sharing with a teacher or school nurse?

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- Why would young people rather not speak to adults about things like that?
- What would help you talk to adults if you were concerned or worried about your friends or class mates?

Building on the response to these questions, in November 2009, the CPC Development Officer and the Integrated Children's Services Child Protection lead attended 'Its all about YOUth', a bi-annual event held by Highland Youth Voice. This event enabled the CPC to explore these issues with young people and to consult on key aspects of the 3 year plan that would impact on young people. It also provided an opportunity to consult them about the national draft guidance on child protection and under-age sexual activity. The consultations were very productive and a number of ideas will be taken forward in 2010/11.

2009/10 also saw a number of consultations with young carers. 'You Told Us' informed the development of the latest Young Carer strategy, whilst a consultation on the realities of living with or caring for substance misusing parents has been helpful in informing the Alcohol and Drugs Partnership strategy.

A major consultation took place with young people in the Through-care and After-care system during 2009 and this will inform Transitions processes. Additionally, young people's views were fed into the evaluation of the 'Getting It Right For Every Child' pathfinder.

During 2009/10, Integrated Children's Services audited their paperwork to ensure that all staff were obtaining and recording the views of children and their families in the appropriate sections of paperwork, and taking appropriate account of these when drawing up the Child's Plan. In addition, as a follow up to Child's Plan meetings and reviews, letters were sent out to children and their families to ascertain their views on the process.

Community Leisure and Learning Services continue to engage with appropriate representatives from target groups affected by proposed policies and policy changes to elicit views.

The Children in Highland Information Point (CHIP) provides information on a variety of issues of interest to children and young people. In addition, Northern Constabulary's Community Safety Department works in partnership with other agencies and has a large amount of positive contact with children and young people across the area. Approximately 3,000 visited the 'Safe Highlanders' event in 2009/10 and received information on a wide range of safety issues including child protection materials.

In addition to obtaining the views of children and young people in Highland, consideration is given to the views expressed in national consultations such as those published by the Children's Commissioner, NSPCC Childline, and reports from specific groups e.g. LGBT Youth Scotland and the Coalition of Young Runaways.

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### **Future Planning:**

The Child Protection Committee plays a key role in the development of the Integrated Children's Services Plan in relation to the 'Safe' theme. This involves members of the Committee participating in interagency planning seminars that focus discussion on needs and priorities, and confirm each 3-year action plan. Implementation and progress is regularly reviewed and updated. The plan can be found on the For Highlands Children website: <http://www.forhighlandschildren.org/>

The action plan for 2010 – 2013 is priorities driven and forms the basis for 14 key improvement objectives in the new Integrated Children's Services plan 'For Highland's Children 3'. A summary version of this rolling action plan is attached at Appendix 7.

### **Conclusion:**

As testified to by the recently published HMIE inspection report, 2009/10 has seen significant progress against the CPC action plan and improvement objectives. However, there continued to be some constraints in connection with the pace of development of the '*Getting it Right for Every Child*' pathfinder, other national initiatives and national shortages of specialist staff. Actions affected by these were reviewed and rolled forward with modified target dates where appropriate.

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**Appendix 1  
CPC Membership:**

**Highland Child Protection Committee membership**

1. Mr Alistair Dodds, Chief Executive, The Highland Council (Chair to October 2009/  
Sponsor from October 2009 )
2. Ms Harriet Dempster, Director of Social Work, The Highland Council (Vice Chair to  
October 2009/Chair from October 2009)
3. Mr Bill Alexander, Chief Operating Officer, SWS, The Highland Council (Vice Chair  
from October 2009)
4. Chief Constable Ian Latimer, Northern Constabulary (To October 2009)
5. Mr Roger Gibbins, Chief Executive, NHS Highland (To October 2009)
6. Mr Andrew Laing, Procurator Fiscal, Inverness
7. Mr Tom Boyd, SCRA, Children’s Reporter
8. Mr Magnus Monahan, Youth Convener (From September 2009)
9. Supt. Ralph Noble, Northern Constabulary
10. Ms Jan Baird, Director of Community Care, NHS Highland
11. Mr Hugh Fraser, Director of Education, The Highland Council
12. Mr Steve Barron, Director of Housing and Property, The Highland Council
13. Mr Stewart Fraser, Legal Manager, Litigation and People Services, The Highland  
Council
14. Ms Fiona Malcolm (Depute to Mr Stewart Fraser)
15. Ms Rhona Morrison, Chair of Children’s Panel
16. Mr Ken Ross (Depute to Ms Rhona Morrison)
17. Ms Pene Rowe, Development Officer

As detailed under ‘Planning & Connections’, there was considerable restructuring during 2009/10, resulting in the creation of the Safer Highland Public Protection Committee in October 2009. The existing Chair became the Chief Officer sponsor for the CPC and the other Chief Officers became ex-officio members. All have attended on a regular basis.

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**Appendix 2:  
Resources dedicated to the CPC**

<b><u>BUDGET 2009/10</u></b>			
<b><u>CHILD PROTECTION COMMITTEE (18JA011)</u></b>			
		£	£
	<b><i>Budget as assigned:</i></b>		
	Staffing & Administration costs	107,500	
	Training Courses & Other Activities	33,500	
	Awareness Raising	8,000	
	Publications (Guidance & Publicity updates)	6,000	
	<b>Total:</b>	<b>155,000</b>	
	<b><i>Income</i></b>		
	Underspend Rolled Forward from 2008/9 budget		34,372
	CCSF contribution		10,000
	Education Service		31,000
	Northern Constabulary		31,000
	Highland Health Board		31,000
	Social Work Contribution		31,000
	Housing		5,500
	<b>Total:</b>		<b>189,372</b>
	<i>Much of the existing underspend is reserved for the costs of revising, reprinting and launching the interagency guidance and in relation to awareness and publicity contracts that extend over more than one year.</i>		
	<b><i>Staffing:</i></b>		
	Development Officer	POA	1.0
	Training Officer		1.0
	Senior Clerical Assistant	GS3	0.8
			<b>2.8</b>

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**Appendix 3:  
Sub group/working groups**

**Highland CPC Delivery Group:**

The Delivery Group consists of child protection leads for all member agencies of the CPC. It meets 6-8 times per year to allocate tasks and cascade information on behalf of the CPC. In addition it monitors progress of activity against the workplan, receives reports from all task groups and individual members, and agrees recommendations to be taken forward to the CPC.

**Outputs:**

The outputs are recorded against the action plan headings in the ‘Safe’ section of the Integrated Children’s Services Plan. (See Appendix 4)

**Membership 2009/10:**

1. Ms Harriet Dempster, Director of Social Work, The Highland Council (Chair to October 2009)
2. Mr Bill Alexander, Chief Operating Officer, Social Work Services, The Highland Council (Chair from October 2009)
3. Mr Jon King, Acting Joint Head of Integrated Children’s Services (From October 2009)
4. Ms Alison Wylie, Procurator Fiscal, Fort William
5. Ms Rhona Morrison, Chair, Highland Children’s Panel
6. DI/Acting DI (3 post holders in year), Child Protection Unit, Northern Constabulary
7. Mr Ian Murray, Head of Community Learning & Leisure Services, The Highland Council
8. Captain Alan Kennedy, Army Welfare Services Highlands
9. Mr David Goldie, Head of Housing Strategy, The Highland Council
10. Ms Ann Brady, Voluntary Sector – Director Keeping Children Safe
11. Mr Laurence Young, Area Education Manager, The Highland Council
12. Mr Stewart Fraser, Legal Manager, Litigation and People Services, The Highland Council
13. Linda MacLennan, Resource Manager (Child Protection & Through Care), Integrated Children’s Services,
14. Dr Deborah Shanks, Consultant Paediatrician
15. Mr Tom Boyd, SCRA, Children’s Reporter
16. Kath Clarke, Lead Nurse Specialist – Child Protection, NHS Highland
17. Mr Innis Mitchell, Children’s Planning Officer, Integrated Children’s Services
18. Mr Ken Ross Depute to Ms Rhona Morrison
19. Ms Claire Collins (Depute to Ms Ann Brady)
20. Ms Fiona Malcolm (Depute to Mr Stuart Fraser)
21. Ms Suzy Calder, Co-ordinator, Highland Drug & Alcohol Action Team
22. Ms Pene Rowe, Development Officer.
23. Ms Donna Munro, Training Officer & chair of Training Sub Group.

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### **Highland CPC Training Group:**

The Highland Child Protection Training Group meets four to six times per year. The training group brings together a range of trainers with a specific child protection remit for their own agencies. The primary remit of this sub-group is to undertake training needs assessment and advise the CPC on training strategy. The group makes recommendations about the content of the annual training action plan and is responsible for the development and delivery of inter-agency child protection training. In addition the group monitors the content and delivery of single agency training.

Additionally, a wider Training Forum meets 2-3 times annually. This involves trainers from related disciplines and staff, from a variety of organisations, who have undertaken training for trainers with a view to delivering child protection awareness and basic level training. The forum shares experience, explores delivery styles and materials and seeks to promote continuous improvement.

### **Outputs:**

The outputs are clearly evidenced in the Training section of this report.

### **Membership 2009/10:**

1. Donna Munro, Child Protection Training Officer, HCPC (Chair)
2. Pene Rowe, Child Protection Development Officer, HCPC
3. Barbara Black, Child Protection Training Co-ordinator, NHS Highland
4. Claire Collins, Training and Development Officer, Keeping Children Safe
5. Kevin Thomson, Highland Council Community Learning and Leisure
6. Cath Neill, Training Co-ordinator, Highland Council Education, Culture and Sport
7. Barbara Davis, Practice Support Officer, Highland Council Social Work
8. Eddie Ross, Detective Sergeant, Child Protection Unit, Northern Constabulary
9. Lisa McClymont, Clerk to the Child Protection Committee (Minutes)

Co-opted Trainers from specialist partner agencies e.g. Domestic Violence, Substance Misuse, Mental Health, Disabilities, etc.

Linda MacLennan, Resource Manager (Looked after Children & Child Protection) has also acted as an adviser to the Training Group to ensure the specific needs of children, young people and families across Integrated Children's Services are addressed within Training Provision.

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### **Quality Assurance Group:**

The Quality Assurance Group (QuAG) was established in March 2006 and was initially involved in evidence gathering for the HMIE Interim Follow-through Inspection. The inspection also afforded the group the opportunity to develop and test mechanisms for joint review of case files for self-evaluation purposes. The group is tasked with developing self evaluation and quality assurance systems and tools and with raising awareness of quality assurance in addition to conducting an annual programme of audit.

### **Outputs:**

In April 2009 the CPC QuAG was amalgamated with the Integrated Children's Services (ICS) QuAG. Relevant outputs are described in the Quality Assurance Section of this report and in the self evaluation report, which can be found on the CPC website:

[http://www.protectinghighlandschildren.org/HPCPC\\_minutes/Self\\_Evaluation\\_Exercise\\_Autumn\\_2009vFinal.pdf](http://www.protectinghighlandschildren.org/HPCPC_minutes/Self_Evaluation_Exercise_Autumn_2009vFinal.pdf)

### **Missing Children & Families:**

The Missing Children and Families Group was originally established to monitor the implementation of the Children Missing from Education (CME) guidance. Its remit has expanded to encompass a range of issues relating to missing children and families, including:

- Children being hosted on school visits away from home
- Children of families entering Witness Protection
- Children in Home or Private Education
- Children of traditional travellers, non-traditional travellers and migrant families
- Child Trafficking
- Runaways
- Sexual and other exploitation
- Children from minority ethnic groups travelling between countries for economic, religious and cultural purposes, including potential FGM and forced marriage .

### **Outputs:**

The group discontinued regular meetings from September 2008 pending further guidance from Scottish Government in relation to these various issues. Regular reports on Children Missing from Education are submitted directly to the CPC upon request from Education, Culture & Sport.

**APPENDIX 4**

**HIGHLAND CHILD PROTECTION COMMITTEE**

**ACTION PLAN**

**2009-2012**

**Summary Report**

## Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

The Highland Child Protection Committee Action Plan 2009-2012 builds on the rolling 3 year work-plan and forms an integral part of the ‘SAFE’ element of Highland Integrated Children’s Services Plan – ‘For Highland’s Children 3’.

The plan contributes to Highland’s **Single Outcome Agreement: Local Outcome Priority 15 - The Cycle of deprivation is broken through intervention in early years.**

In line with this Agreement the following subsection contained in Section 4 of the Highland document ‘Single Outcome Agreement 2 – 2009/11’ is of particular relevance:

**8.O Maintain good grading in Inspection reports of the Child Protection Committee inspection** – this is clearly the primary area of focus for the Child protection Committee. However, much of the committee’s work should contribute to achieving a range of other local outcomes:

- Local outcome 4.M Attitudes and behaviours towards alcohol and other drugs are changed and those in need are supported by better prevention and treatment services
  - Reduce the proportion of 13 and 15 year olds self-reporting using alcohol in the last week
  - Reduce the proportion of 13 and 15 year olds self-reporting using drugs in the last month(Explanatory note: Research links childhood abuse with earlier experimentation, addiction and long-term problematic use.)
- Local outcome 4.N The impact of poverty and disadvantage is reduced – All outcomes  
(Explanatory note: Research links low educational achievement with both childhood abuse and being in the LAC system.)
- Local outcome 5.O The cycle of deprivation is broken through intervention in early years
- Local outcome 6.K Healthy life expectancy is improved especially for the most disadvantaged  
(Explanatory note: Research links child abuse with development of mental health and other health problems impacting on life expectancy. Additionally, there is new research to demonstrate excess mortality rates for young people within 10 years of being NEET)
- The above outcomes are also reflected in Outcome 7.
- Local Outcome 9.B No increase in the number of persistent young offenders  
(Explanatory note: Research links child abuse with various forms of induction into offending/)

Local Administration’s Outcome targets for Children and Young People:

*Young people are our future. This Administration will do all we can to foster their talents and work with them.*

- to achieve full implementation of the Scottish Government’s policy of “Getting it Right for Every Child” which will ensure that all children get the help they need when they need it, by 2008;
- to give a high priority to corporate parenting responsibilities for Highland’s looked after children including educational attainment; transition to work; further and higher education and training; support at home; more family placements and fewer children living outwith the Highlands;
- to involve young people in the decision making process and to support the continued development of Highland Youth Voice and the Scottish Youth Parliament to represent the interests of young people in the Highlands;

### **Vision:**

*All Highland’s children have the best start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential.*

*Children and young people should be protected from abuse, neglect and harm by others, at home, at school and in the community.*

### **Functions of the CPC:**

In accordance with national standards and guidance, the functions of the CPC are as follows:

- To promote and facilitate continuous improvement of child protection work.
- To develop clear and robust inter-agency policies, procedures and protocols for the protection of children and young people.
- To maintain an overview of management information from all key agencies about their work to protect children and young people.
- To develop and implement inter-agency quality assurance mechanisms that directly contribute to the continuous improvement of services to protect children and young people.
- To identify and promote good practice, address issues of poor practice and encourage learning from practice.
- To maintain an overview of single agency child protection training and promote, commission, quality assure, deliver and review, at least annually, a programme of inter-agency child protection training.
- To promote and facilitate effective communication and co-operation within and between professions and agencies
- To develop, implement and regularly review a communications strategy for public information.
- To identify, clarify and develop key links into other multi-agency partnerships and structures in order to develop joint planning and protocols that maximise effective use of available resources.

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

**Legend:**

<b>RAG rating</b>	
<b>B</b>	Completed
<b>G</b>	On course for completion to timescale
<b>A</b>	Progressing but some slippage
<b>R</b>	No significant progress
	Progress not yet required

<b>Glossary of Acronyms:</b>	
CHP	Children in Highland Information Point
COPFS	Crown Office & Procurator Fiscal Service
CPA	Child Protection Advisor (In-house Child Protection Lead)
CPDO	Child Protection Development Officer
CPTO	Child Protection Training Officer
CXs	Chief Officers
DP	Designated Person (In-house Child Protection Lead)
DSW	Director of Social Work Service
ECS or ECL	Education Culture & Leisure Services
FHC3	For Highland's Children (Version 3)
GIRFEC	Getting It Right For Every Child
Hall 4	Health for All (Version 4)
IAF	Integrated Assessment Framework
JHoCS	Joint Head of Children's Services
JCCYP	Joint Committee on Children & Young People
KCS	Keeping Children Safe
NHS	National Health Service
PIN	Partnership Information Project
PMU	Performance Management Unit
PO LAC & CP	Principle Officer Looked After Children and Child Protection
QA	Quality Assurance
QuAG	Quality Assurance Group
SARP	Single Assessment Record & Plan
SCRA	Scottish Children's Reporters Administration
SE	Scottish Executive
SLA	Service Level Agreement
SLG	School Liaison Group
SSID	Social Services Information Database
SWS	Social Work Service
YCP	Young Carer Project

**ACTION PLAN 2009-2012 – HIGHLAND CHILD PROTECTION COMMITTEE**

<b>PRIORITY</b>	<b>ACTIONS</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITIES</b>	<b>PROGRESS</b>	<b>RAG</b>
1) Children get consistent help from people they can trust	i - GIRFEC guidance to include advice on handover of Named Person or Lead Professional responsibilities	Sept 2009 Revised to April 2010	GIRFEC Team	Guidance will include this but publication is likely to be delayed.	<b>A</b>
	ii - Every plan specifically identifies named person or lead professional	Mar 2010 Revised to April 2010	Service Manager's Groups	In place, and format being updated so NP/LP and whether on CPR or LAC is clearer at the front.	<b>A</b>
	iii - Lead professional changes identified in chronology	Mar 2010	GIRFEC Team	Work on chronology ongoing, involving other authorities. Highland guidance will address issue. Audit shows that most plans have serious events chronology. LP changes need to be noted in CareFirst Admin rather than serious events chronology.	<b>A</b>
	iv - Focussed approach to recruitment and retention of specialist staff and social workers	Ongoing	NHS General Manager Women & Children's Services with Head of ICS	Social Worker vacancies presently being filled. Continuing challenge in specialist health service.	<b>A</b>
2) Children's and young people are aware about keeping themselves safe in their use of the internet.	i - Complete suite of advice and guidance	June 2009	e-safety sub group.	Feb 2009 – all young people supplied with leaflets, and guidance for staff and parents/carers.	<b>B</b>
	ii - Rollout training programme through schools	All S2 by Sept 2009	e-safety sub group.	Dedicated Highland e-safety website established with resources, guidance and training. One day course has been designed and delivered as cascade training. Delivery is currently being audited. Dedicated sessions delivered to groups of professionals and carers. Single point of contact in ECS but police and other support in background. Guidance to be put out via web. Reported to committee in November. List of 3 recognised people who can take issues to ISPs to get offensive material removed from web. S2 target 2,594 pupils to receive e-safety education – 2,542 have now received this.	<b>B</b>

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

3) Young people involved in underage sex are protected from harm, and appropriately supported by services	i - Confirmation and implementation of protocol	Date to be set once national guidance available.	Sexual Health Protocol task group.	Rape & Sexual Offences Bill now published. National guidance work-group established. Will re-form Highland work-group when guidance available. Consultation with HYV has been fed into National work-group drafting process.	
	ii - Finalise and issue GIRFEC guidance	Sept 2009 Revised to April 2010	Head of ICS & GIRFEC Team	Final revised guidance was due in September, but delayed.	<b>A</b>
	iii - Finalise and issue CP guidance	June 2009	Head of ICS with guidance task group.	CP guidance published and process of dissemination complete.	<b>B</b>
4) Young people get access to services that are appropriate, proportionate and timely on the basis of assessed need	i - Sustain practice change as a result of implementation of GIRFEC	Ongoing	Service Manager's Groups	Work taking place on the number of Early Intervention Plans led by 'Lead Professionals' based in Health or Education.	<b>G</b>
5) Adult services are able to identify and act when a child is vulnerable and in need of support	i - Complete and act on work on GIRFEC tools in adult services	In discussion with Scottish Government	GIRFEC Team	Transition tools developed, and work on 'The Bridge' for the Child's Plan close to completion.	<b>G</b>
				Work on tools for use with adults in contact with children not progressed as yet – still in discussion with Scottish government	<b>R</b>
6) Effective provision and co-ordination of long-term counselling and support services	i - Strategy for counselling and support services	2010 -2011	Head of ICS	Last year's seminar provided a focal point for awareness. Strategy outstanding.	
	ii - Child's plans include long term support needs	Dec 2009	Service Manager's Groups	Plans regularly audited. Clear evidence of longer term planning, but higher standard is sought.	<b>A</b>

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

	iii - Support effective transition into adult services	March 2011	Transitions COG	Transition guides in use. COG and workstreams still to be finalised. 'More Choices, More Chances' – significant activity re; what should be in the plan at the point of transition for adult services to pick up. Self directed support project being funded. Activities for young people not to be NEET.	<b>A</b>
	iv - Training of foster carers	March 2010 and annually Ongoing.	CPTO with Manager Adoption & Fostering	Complete for 2009/10	<b>B</b>
7) Confidence that young people do refer and self-refer when they should	i - Revise processes to measure referrals from young people	April 2010 Revise to April 2011	CPDO	Outstanding	
	ii - Public campaigns to focus on young people	2009 - 2011	CPDO	Radio campaign run during Summer Holidays and alongside Action for Children campaign in October. HYV invited to advise on best approach for further awareness raising – SPICE event and HYV consultation event. New communications strategy to be produced in 2010.	<b>G</b>
8) Confidence in the positive impact of public awareness campaign	i - Revise processes to measure public confidence	Dec 2009	CPDO	THC results and Northern results available November 2009. Survey of 294 members of the public carried out by LBV during February, and results analysed.	<b>B</b>
	ii - Roll out of revised Voluntary sector GIRFEC programme for community groups.	Ongoing from April 2009	KCS	8 x 1 day sessions rolled out so far and more planned. New format much more effective.	<b>G</b>
9) Involvement of children & young people in their own planning and decision making	i - Complete and act on work on GIRFEC tools for engagement with children & families	June 2010	GIRFEC Team	Focus on consistent recording in Child's Plan. Development of electronic tool. Responses to QARO letters audited.	<b>G</b>

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

	ii - Guidance for children and families about range of support, advice & advocacy services, during planning processes	April 2010	GIRFEC Team with CPDO	All existing leaflets reviewed and refreshed. Publication delayed. Further minority language translations to be commissioned. Who Cares? Scotland being commissioned re one-stop children's rights service.	<b>A</b>
	iii - Clear framework for monitoring and QA across range of interventions	June 2010	ICS QuAG (Head of ICS)	CPC and ICS QuAGs have merged. Review of mechanisms self evaluation and continuous improvement under way. Strategy outstanding.	<b>G</b>
	iv - Rollout of Plans for Hearings Protocol across Highland, and extension of Protocol to include guidance on preparing children and families	Rollout complete	Authority Reporter SCRA	Rollout of Protocol complete. Evaluation currently underway re; quality of Plans provided. Range of actions identified and underway to help improve quality; further actions to be identified in light of completed evaluation. Extension to take place once that process complete.	<b>B</b>
		Extension by 1/9/10			<b>G</b>
10) Good assessment of risks and needs	i - Finalise and issue GIRFEC and CP guidance	April 2010	Head of CS with guidance group.	As above	<b>G</b>
	ii - Ensure suite of training for all staff involved in assessment	Dec 2009 and ongoing	CPTO with Training Group.	Assessment training taking place for Social Work staff and also incorporated into multi-agency Child Protection courses. Further inter-agency training being organised. Area learning sets – groups around children. Team Managers keen to lead with CPAs. Stirling University lead professional pilot course commenced in September 2009. Level 4 training provided by David Howe and Tony Morrison. Also awaiting outcome of current national work on risk assessment.	<b>G</b>
		March 2010	Service Manager's Groups/QuAG	Audits ongoing. Use of iACT as means of communication being pursued.	<b>G</b>
	iii - Ensure child concern form system is working	June 2009	NHS - Director	Clear improvements with rota in place, and system well embedded regarding physical abuse.	<b>B</b>

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

	iv - Full rota of paediatric support		Community Care	However, given local and national staffing constraints, there is no 24/7 coverage for sexual abuse – options continue to be explored.	<b>R</b>
		Current and into 2010 -2011	Children's COG	Significant work undertaken in relation to paediatrics and mental health – pathways developed. Impact still to be assessed and to be audited at future date.	<b>A</b>
	v - Ensure children with multi-agency needs who require specialist health assessments are getting them through explicit pathways  vi. Ensure that staff are clear about the respective roles and linkage of the Liaison Meeting, SMG and COG	2010 - 2011	Head of ICS, COG and SMGs	Information to be prepared. To be restated in guidance and guidance launch, and reaffirmed through practitioner forums.	
11) Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes	i - Confirm fit for purpose summary criteria for written child's plan	2010 - 2011	GIRFEC Team	Work initiated around Children's Hearings and LAC.	
	ii - Rollout and evaluate impact of Plans for Hearings Protocol: - Process	Sept 2009	Authority Reporter SCRA with Service Manager's Groups	Evaluation to date confirms systems largely effective. Rollout of Protocol completed. Process largely effective. Significant benefits	<b>B</b>
	- Quality	Ongoing evaluation		Evaluation of quality of Plans complete on basis of information gathered since 1/12/08. Range of actions identified and underway to help improve quality; further actions to be identified in light of completed evaluation.	<b>A</b>

Action Plan 2009 – 2012 . Summary of progress April 2009 – March 2010

12) There is a co-ordinated approach to youth involvement in policy and service development	i - Youth Convenor, Highland Youth Voice, representatives of hard-to-reach groups and other existing mechanisms to be actively involved in informing policy and service development – including review of membership of CPC.	March 2010 and ongoing	Chair of CPC with Leadership Group.	Public Protection restructuring includes Youth Convener membership of CPC. September SPICE event included CP issues and HYV conference expanded on these issues, consulted on knowledge of the Sexual Offences (Scotland) Act and its implications, and consulted on key elements of CPC action plan.	<b>G</b>
	ii - Fully comprehensive youth participation strategy.	March 2010	Head of CLL.	Strategy has been to Committee and process exists in practice. Actions being followed through. Review of activities and facilities for young people went to Mid January committee 2010.	<b>B</b>
13) Ensure each agency has a system to identify and record professional development needs and to feed these back into the planning mechanisms for training	i - Ensure each agency has a system to identify and record professional development needs and to feed these back into the planning mechanisms for training.	March 2012	Children's COG	Northern Constabulary has a system in place. NHS Highland has a system for Nursing staff and PAM but not for other staff. ECS has system in place for teaching staff and CLL staff. SWS system not yet developed.	<b>A</b>
	ii – Continue to ensure an integrated approach to training across children's services, including fully combining CP and GIRFEC.	Ongoing and 2010 - 11	CP Training Officer, Training Staff across agencies and COG	Significant integration achieved in 2009 – 10. Full integration of CP and GIRFEC courses to be achieved in 2010, and linkage with all other training across children's services	<b>G</b>
14) Strategic and deliverable approach to quality assurance	i - Annual review by chief officers to identify improvement priorities for the coming year.	March 2010	Leadership Group with CPC.	Self Evaluation review took place on December 15 <sup>th</sup> and action plan updated. Reviewed and updated further following HMIE inspection.	<b>B</b>

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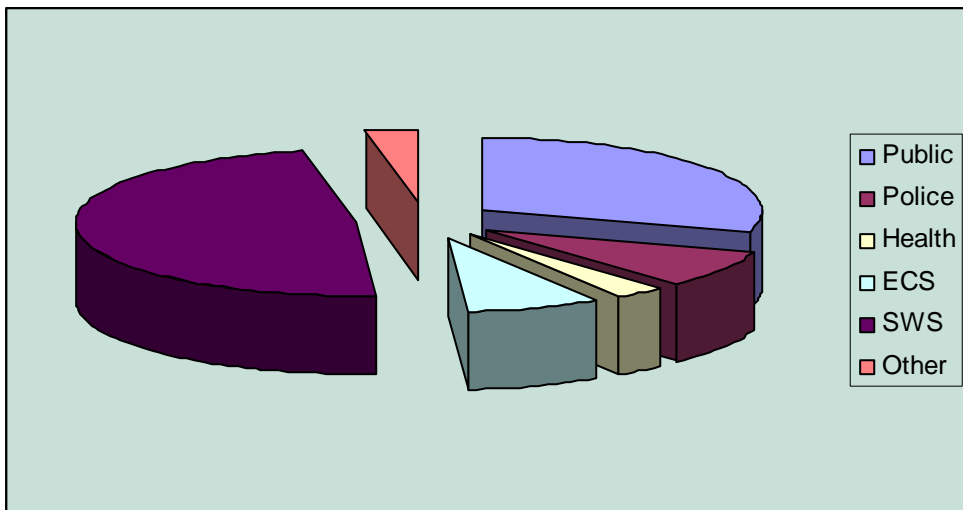
	ii -New sources of data are identified and a framework is constructed to maximise effective use of information, including impact of child protection activities on outcomes for children.	March 2010	ICS QuAG (Head of ICS & CPDO)	Self Evaluation process is identifying additional sources of evidence and management information.	<b>A</b>
	iii - Strategic approach to QA across children's services.	March 2010	Head of CS with QA colleagues.	CPC and ICS QuAGs have merged. Review of mechanisms self evaluation and continuous improvement under way. Strategy outstanding.	<b>G</b>
	iv - Mainstreaming of QA tools into operational management and practice	Ongoing	ICS QuAG	Individual partner agencies continue to embed the use of QA tools and processes. This year's Self Evaluation process should confirm progress.	<b>G</b>
	v - Build a reflective practice approach to Quality Assurance. Giving staff tools and positive support to build QA into normal business processes	Ongoing	Practitioner Forums with Service Manager's Group	Recent case review used to encourage reflective practice. Debrief model evaluated and embedded in NHS practice.	<b>G</b>

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**Joint Investigations by referral source**

2009/10	Public	Police	Health	ECS	SWS	Other	TOTAL
Apr	8	5	1	3	6	1	24
May	8	0	0	6	7	0	21
Jun	6	1	2	1	15	0	25
Jul	7	1	0	0	3	2	13
Aug	9	2	0	0	11	0	22
Sep	10	2	1	5	9	5	32
Oct	10	1	3	0	6	2	22
Nov	8	2	1	7	18	0	36
Dec	11	3	1	2	25	0	42
Jan	7	6	0	1	12	0	26
Feb	4	4	1	1	19	0	29
Mar	11	1	0	0	29	0	41
<b>TOTAL</b>	<b>99</b>	<b>28</b>	<b>10</b>	<b>26</b>	<b>160</b>	<b>10</b>	<b>333</b>

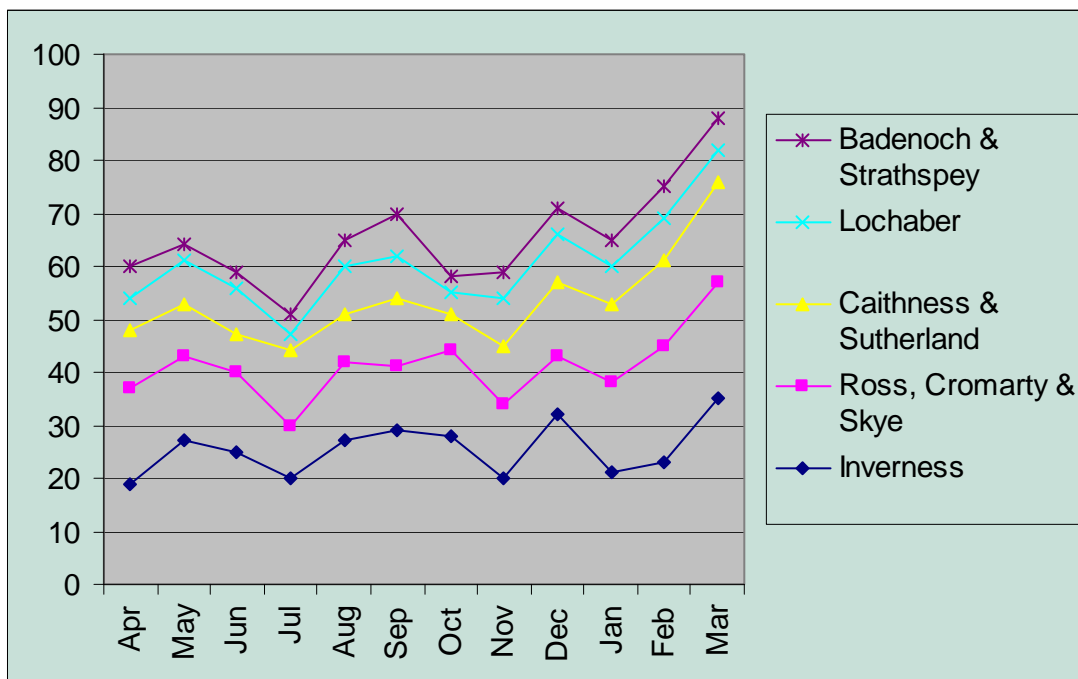
Public	Police	Health	ECS	SWS	Other
99	28	10	26	160	10



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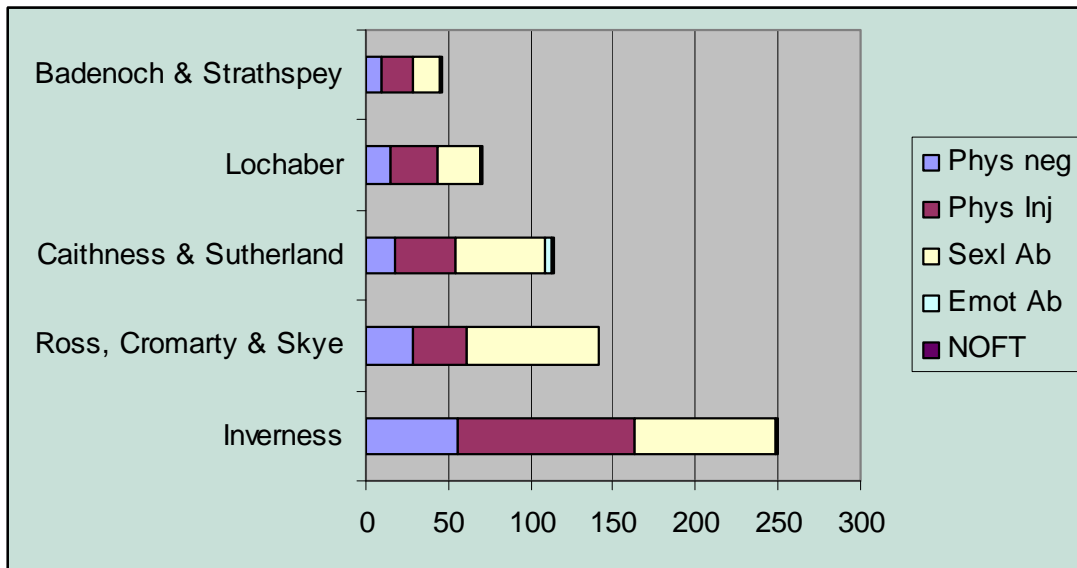
**Referrals to Police by month and area**

2009/10	Inverness	Ross, Cromarty & Skye	Caithness & Sutherland	Lochaber	Badenoch & Strathspey	TOTAL
Apr	19	18	11	6	6	<b>60</b>
May	27	16	10	8	3	<b>64</b>
Jun	25	15	7	9	3	<b>59</b>
Jul	20	10	14	3	4	<b>51</b>
Aug	27	15	9	9	5	<b>65</b>
Sep	29	12	13	8	8	<b>70</b>
Oct	28	16	7	4	3	<b>58</b>
Nov	20	14	11	9	5	<b>59</b>
Dec	32	11	14	9	5	<b>71</b>
Jan	21	17	15	7	5	<b>65</b>
Feb	23	22	16	8	6	<b>75</b>
Mar	35	22	19	6	6	<b>88</b>
<b>TOTAL</b>	<b>306</b>	<b>188</b>	<b>146</b>	<b>86</b>	<b>59</b>	<b>785</b>



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2009/10	Inverness	Ross, Cromarty & Skye	Caithness & Sutherland	Lochaber	Badenoch & Strathspey	TOTAL
Phys neg	56	28	18	15	9	126
Phys Inj	107	33	36	29	19	224
Sexl Ab	85	80	55	25	17	262
Emot Ab	2	0	4	1	1	8
NOFT	0	0	1	1	0	2
Other	56	47	32	15	13	163
<b>TOTAL</b>	<b>306</b>	<b>188</b>	<b>146</b>	<b>86</b>	<b>60</b>	<b>785</b>



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**Child Protection Committee Report SCRA: Changing for Children**

**Highland-**  
**01-APR-09 TO 31-MAR-10**

**1. Number of referrals and children split by ground codes a-g**

<b>Grounds code</b>	<b>Number of Children Received</b>	<b>Number of Referrals Received</b>
<b>a</b>	171	242
<b>b</b>	116	124
<b>c</b>	433	496
<b>d</b>	213	224
<b>e</b>	88	91
<b>f</b>	11	11
<b>g</b>	2	2
<b>Total</b>	<b>858</b>	<b>1,088</b>

The grounds for referral are a series of conditions that may exist in relation to a child as detailed in section 52(2) of the Children (Scotland) Act 1995. One of these conditions must be shown to be present before the child is considered in need of compulsory measures of supervision. They are:

- (a) is beyond the control of any relevant person
- (b) is falling into bad associations or is exposed to moral danger
- (c) is likely (i) to suffer unnecessarily; or (ii) be impaired seriously in his health or development, due to a lack of parental care
- (d) is a child in respect of whom any of the offences mentioned in Schedule 1 to the Criminal Procedure (Scotland) Act 1995 (offences against children to which special provisions apply) has been committed
- (e) is, or is likely to become, a member of the same household as a child in respect of whom any of the offences mentioned in paragraph (d) above has been committed
- (f) is, or is likely to become, a member of the same household as a person who has committed any of the offences referred in paragraph (d) above
- (g) is, or is likely to become, a member of the same household as a person in respect of whom an offence under sections 1 to 3 of the Criminal Law (Consolidation) (Scotland) Act 1995 (incest and intercourse with a child by a step-parent or person in position of trust) has been committed by a member of that household
- (h) has failed to attend school regularly without reasonable excuse
- (i) has committed an offence
- (j) has misused alcohol or any drug, whether or not a controlled drug within the meaning of the Misuse of Drugs Act 1971
- (k) has misused a volatile substance by deliberately inhaling its vapour, other than for medicinal purposes
- (l) is being provided with accommodation by a Local Authority under s25, or is the subject of a parental responsibilities order obtained under section 86, of this Act and, in either case, his behaviour is such that special measures are necessary for his adequate supervision in his interest or the interest of others

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**2. Number of children split by age and ground code**

	a	b	c	d	e	f	g	h	i	j	k	l
<b>0</b>	0	3	52	11	2	3	0	0	0	0	0	0
<b>1</b>	0	4	37	6	7	2	0	0	0	0	0	0
<b>2</b>	0	3	29	6	4	2	0	0	0	0	0	0
<b>3</b>	0	0	33	9	5	3	0	0	0	0	0	0
<b>4</b>	0	0	36	12	5	1	0	0	0	0	0	0
<b>5</b>	0	4	20	10	6	0	0	0	0	0	0	0
<b>6</b>	2	4	28	6	8	0	0	0	0	0	0	0
<b>7</b>	6	4	29	7	10	0	0	0	0	0	0	0
<b>8</b>	0	3	36	10	4	0	0	0	2	0	0	0
<b>9</b>	3	6	20	7	7	0	0	2	11	0	0	0
<b>10</b>	4	2	25	14	5	0	0	0	24	0	0	0
<b>11</b>	7	4	20	12	5	0	0	1	23	0	0	0
<b>12</b>	27	13	22	17	8	0	1	3	62	3	0	0
<b>13</b>	31	16	25	27	6	0	0	12	112	10	1	0
<b>14</b>	40	19	20	25	4	0	1	15	140	13	1	0
<b>15</b>	58	26	15	33	2	0	0	7	196	15	1	1
<b>16</b>	7	1	1	2	0	0	0	0	16	0	0	0
<b>17</b>	1	0	0	0	0	0	0	0	1	0	0	0

**3. Number of referrals split by source and offence/non**

Source	Number of Referrals Received	Number of Offence Referrals Received	Number of Non-Offence Referrals Received
<b>Education</b>	32	0	32
<b>Health</b>	8	1	7
<b>Mother</b>	4	0	4
<b>Other</b>	5	0	5
<b>Other relative</b>	3	0	3
<b>Procurator Fiscal</b>	1	0	1
<b>Police</b>	1,922	985	950
<b>Sheriff Court</b>	10	0	10
<b>Social work</b>	134	0	134

**4. Number of CPO referrals and children received**

Number of Referrals Received	Number of Children Received
36	36

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**5. The number of children with SR in force and secure SR in force split by gender**

<b>Gender</b>	<b>Number of Children with Secure SRs In Force</b>	<b>Number of Children with SRs in force</b>
<b>F</b>	1	211
<b>M</b>	0	206

**6. The number of children received split by off/non**

<b>Number of Children Received</b>	<b>Number of Non-Offence Children Received</b>	<b>Number of Offence Children Received</b>
1,262	896	522

**7. The number of Hearings held**

<b>Number of Hearings</b>
1,316

**8. The number of Children with Place of Safety Warrants from a Hearing**

<b>Warrant Type</b>	<b>Number of Children</b>
s.66(1)/66(2)(b) warrant issued - necessary to safeguard or promote child's welfare	76
s.69(7) - warrant issued where children's hearing continued for further investigation	20
<b>Total:</b>	<b>86</b>

**9. The Number of Children subject to Non-Disclosure Measures**

<b>Total Non-Disclosure Children</b>	<b>Number of Children with ND Supervision Requirements in Force at Period End</b>	<b>Number of Children with ND Hearing Warrants in Period</b>	<b>Number of Children with ND Court Warrants in Period</b>	<b>Number of Children with ND CPOs Received in Period</b>
50	31	15	2	21

## Highland Child Protection Committee Annual Report 2009-2010 APPENDIX 6

### Learning from case reviews

#### **A Debrief Model for Staff Involved in Complex, Challenging, Child and Family and /or Child Protection Cases - Peer Review Process:**

A multi-agency debrief model was developed by NHS Highland and adopted by the CPC for use by all member agencies. The model was reviewed in February 2008. The review evidences learning from multi-agency peer review of complex cases, including evaluation of the process.

Additionally staff across agencies have been involved in reviewing the recommendations of local and prominent national case reviews, e.g. Baby P, and recommending actions to address any deficiencies in Highland. Illustrative examples from case reviews are utilised during training and the report of the most recent local review has been anonymised for use as a practitioner discussion tool. It is intended to develop further tools for disseminating learning from case reviews during 2010 – 2012.

#### **Lessons from local case reviews that may be of interest to other CPCs include:**

- The multi agency Mental Health Network should consider whether an agreed protocol should be created for transfer of information between Community Mental Health Teams. This should include consideration of items for information which should be transferred in every case, including assessments on risk.
- In complex cases where individuals move between areas regularly and sometimes unpredictably, health and social care managers should consider whether continuity of care may be better delivered by one team maintaining care responsibilities.
- Where a meeting refers to both procedures such as Protection of Vulnerable Adults and Child Protection standard documentation should be used. If necessary, meetings should be divided into sections with clear decisions being made and actions attributed to relevant professionals. Standard lines of reporting for these existing procedures should be used. Whilst this potentially increases paperwork for professionals but it did seem from the Review that the greater clarity would have been of assistance to all the professionals involved.
- The professional staff who are currently caring for an individual should always receive a formal invitation to relevant Child Protection and Vulnerable Adult meetings, even if they have not been closely involved in the individual's care in the past.
- When circumstances change and make it seem likely that a multi-agency decision should be amended in the light of altered circumstances, the relevant Health and Social Care Managers should consider how to rapidly revisit the decision with the individuals involved.
- In cases where an Area Team or manager has alerted Out of Hours to a situation and sought a course of action to be followed, the Out of Hours Team should always contact the relevant manager before departing from that action. The Area Team should ensure wherever possible that Out of Hours have all the relevant detail on the case.
- While staff have a professional responsibility to familiarise themselves with relevant information, when dealing with a service which is not routinely involved with a particular type of legislation, the staff who have expertise in that area to consider what additional support for other professionals might be required.

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- The Primary Health Care Team (PHCT) should consider implementing regular formal professional meetings between GP/MW/HV to discuss and share information about any ante/postnatal causes for concern.
- Correspondence from Paediatrics for children and young people should be copied to appropriate HV and School Nurse.
- Protocols for no access visits and non-attendance at appointments should be developed, not only for high tariff referrals but also for less complex cases/referrals.
- Agencies should have comprehensive induction support systems / policies for the cover of caseloads during periods of absence or sickness. A protocol needs to be in place to manage any leave of midwives, in reassigning their cases. This should include a formal handover to be documented within the records. Time for this must be included as part of safe patient care.
- It is important that information regarding the safety of the woman and unborn baby is shared and recorded appropriately with the wider maternity team.
- There need to be systems for cross-recording crucial data. Smoking cessation or other specialist notes need to be integral to other midwifery records so each has ready access to each others up to date information.
- GP Practices should consider the need for continuity of care and for consulting GP to be the same ante and postnatally.
- Promote the use of health plan indicators (HPI's) to ensure women with complex social needs receive a home visit: supported and be as per 'Keeping Childbirth Natural and Dynamic' programme.
- Domestic abuse guidelines to include working towards a child's plan meeting around 32 weeks pregnancy in cases of serious domestic violence.
- Where a pre-discharge meeting needs to take place to prepare a plan it should be cited as a Child's Plan meeting and chaired accordingly as per GIRFEC and Child Protection Guidelines, with an appropriate trained minute taker in attendance.
- Police, victim led, procedures need to be reconsidered in cases where the victim is especially vulnerable i.e. does not speak the native language and is pregnant etc. Consideration should be given to constructive visiting and support in partnership with other agencies.
- Domestic abuse literature should be multi-lingual.

**APPENDIX 7**

**HIGHLAND CHILD PROTECTION COMMITTEE**

**Action Plan**

**2010 - 2013**

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## APPENDIX 7

### HIGHLAND CHILD PROTECTION COMMITTEE ACTION PLAN 2010-2013

The Highland Child Protection Committee Action Plan 2009-2012 builds on the rolling 3 year work-plan and forms an integral part of the 'SAFE' element of Highland Integrated Children's Services Plan – 'For Highland's Children 3'.

The plan contributes to Highland's Single Outcome Agreement priorities:

- Our young people are successful learners, confident individuals, effective contributors and responsible citizens
- Our children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We live our lives safe from crime, disorder and danger
- We have strong, resilient and supportive communities where people take responsibility for their own actions and how they affect others

In line with this Agreement the following subsection contained in Section 4 of the 'Single Outcome Agreement 2 – 2009/11' is of particular relevance:

8.O Maintain good grading in Inspection reports of the Child Protection Committee inspection. However, much of the committee's work should contribute to achieving a range of other local outcomes:

- Local outcome 4.M Attitudes and behaviours towards alcohol and other drugs are changed and those in need are supported by better prevention and treatment services
  - Reduce the proportion of 13 and 15 year olds self-reporting using alcohol in the last week
  - Reduce the proportion of 13 and 15 year olds self-reporting using drugs in the last month
- Local outcome 4.N The impact of poverty and disadvantage is reduced – All outcomes
- Local outcome 5.O The cycle of deprivation is broken through intervention in early years
- Local outcome 6.K Healthy life expectancy is improved especially for the most disadvantaged
- The above outcomes are also reflected in Outcome 7.
- Local Outcome 9.B No increase in the number of persistent young offenders

Local Administration's Outcome targets for Children and Young People:

*Young people are our future. This Administration will do all we can to foster their talents and work with them.*

- to achieve full implementation of the Scottish Government's policy of "Getting it Right for Every Child" which will ensure that all children get the help they need when they need it, by 2008;
- to give a high priority to corporate parenting responsibilities for Highland's looked after children including educational attainment; transition to work; further and higher education and training; support at home; more family placements and fewer children living outwith the Highlands;
- to involve young people in the decision making process and to support the continued development of Highland Youth Voice and the Scottish Youth Parliament to represent the interests of young people in the Highlands;

#### **Vision:**

*All Highland's children have the best start in life; enjoy being young; and are supported to develop as confident, capable and resilient, to fully maximise their potential. Children and young people should be protected from abuse, neglect and harm by others, at home, at school and in the community.*

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### Functions of the CPC:

In accordance with national standards and guidance, the functions of the CPC are as follows:

- To promote and facilitate continuous improvement of child protection work.
- To develop clear and robust inter-agency policies, procedures and protocols for the protection of children and young people.
- To maintain an overview of management information from all key agencies about their work to protect children and young people.
- To develop and implement inter-agency quality assurance mechanisms that directly contribute to the continuous improvement of services to protect children and young people.
- To identify and promote good practice, address issues of poor practice and encourage learning from practice.
- To maintain an overview of single agency child protection training and promote, commission, quality assure, deliver and review, at least annually, a programme of inter-agency child protection training.
- To promote and facilitate effective communication and co-operation within and between professions and agencies
- To develop, implement and regularly review a communications strategy for public information.
- To identify, clarify and develop key links into other multi-agency partnerships and structures in order to develop joint planning and protocols that maximise effective use of available resources.

### Legend For Action Plan:

RAG rating	
<b>B</b>	Completed
<b>G</b>	On course for completion to timescale
<b>A</b>	Progressing but some slippage
<b>R</b>	No significant progress
	Progress not yet required

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**ACTION PLAN 2010-2013 HIGHLAND CHILD PROTECTION COMMITTEE**

<b>PRIORITY</b>	<b>ACTIONS</b>	<b>TIMESCALE</b>	<b>RESPONSIBILITIES</b>	<b>PROGRESS</b>	<b>RAG</b>
1) Children get consistent help from people they can trust	i - GIRFEC guidance to include advice on handover of Named Person or Lead Professional responsibilities	April 2010	GIRFEC Team		
	ii - Every plan specifically identifies named person or lead professional	April 2010	Service Manager's Groups		
	iii - Lead professional changes identified in chronology	April 2010	GIRFEC Team		
	iv - Focussed approach to recruitment and retention of specialist staff and social workers	Ongoing	NHS General Manager Women & Children's Services with Head of CS		
	v – Focus on trusted adult for vulnerable groups	2010 -11	Head of CS and Service Manager's Groups		
	vi. Development and recruitment of staff into the post of Integrated Services Officer	2010 -11	Head of CS and Service Manager's Groups		
	vii. Prepare guidance and further tools for work with families who are difficult to engage.	2010 - 11	CPC DO & Training Officer and Head of ICS		
2) Children and young people are aware about keeping themselves safe in their use of the internet.	i - Complete suite of advice and guidance	June 2009	e-safety sub group.		
	ii - Rollout training programme through schools	2009 – 2010	e-safety sub group.		
3) Young people involved in underage sex are protected from harm, and appropriately	i - Confirmation and implementation of protocol	Date to be set once national guidance available.	Sexual Health Protocol task group.		
	ii - Finalise and issue GIRFEC guidance	April 2010	Head of CS & GIRFEC Team		

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supported by services	iii - Finalise and issue CP guidance	June 2009	Head of CS with guidance task group.		
4) Young people get access to services that are appropriate, proportionate and timely on the basis of assessed need	i - Sustain practice change as a result of implementation of GIRFEC  ii. Share the Child's Plan through the eCare framework via the MAS  iii. Achieve access to key information in CareFirst for PPU's and Raigmore	Ongoing	Service Manager's Groups		
		April 2010 and ongoing	eCare GIRFEC stakeholder Group		
		June 2010	eCare GIRFEC stakeholder Group		
5) Adult services are able to identify and act when a child is vulnerable and in need of support	i - Complete and act on work on GIRFEC tools in adult services	In discussion with Scot Govt.	GIRFEC Team		
6) Effective provision and co-ordination of long-term counselling and support services	i - Strategy for counselling and support services  ii - Child's plans include long term support needs  iii - Support effective transition into adult services  iv - Training of foster carers	2010 -2011	Head of CS		
		Dec 2009	Service Manager's Groups		
		March 2011	Transitions COG		
		March 2010 and annually ongoing.	CPTO with Manager Adoption & Fostering		
7) Confidence that young people do refer and self-refer when they should	i - Revise processes to measure referrals from young people  ii - Public campaigns to focus on young people	2010 -2011	CPDO		
		2009 - 2011	CPDO		
8) Confidence in the positive impact of public awareness campaign	i - Revise processes to measure public confidence  ii - Roll out of revised voluntary sector GIRFEC programme for community groups.	April 2010	CPDO		
		Ongoing from April 2009	KCS		

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9) Involvement of children & young people in their own planning and decision making	i - Complete and act on work on GIRFEC tools for engagement with children & families	June 2010	GIRFEC Team		
	ii – Consider the contribution of advocacy to Child Protection Processes.	March 2011			
	iii - Guidance for children and families about range of support, advice & advocacy services, during planning processes.	April 2010	GIRFEC Team with CPDO		
	iv - Clear framework for monitoring and QA across range of interventions	June 2010	ICS QuAG (Head of ICS)		
	v - Rollout of Plans for Hearings Protocol across Highland, and extension of Protocol to include guidance on preparing children and families	Rollout complete Extension by 1/9/10	Authority Reporter SCRA		
10) Good assessment of risks and needs	i - Finalise and issue GIRFEC and CP guidance	April 2010	Head of CS with guidance group.		
	ii - Ensure suite of training for all staff involved in assessment	Dec 2009 and ongoing	CPTO with Training Group.		
	ii - Ensure child concern form system is working	March 2010	Service Manager's Groups/QuAG		
	iv - Full rota of paediatric support	June 2009	NHS - Director Community Care		
	v - Ensure children with multi-agency needs who require specialist health assessments are getting them through explicit pathways	Current and into 2010 - 2011	Children's COG		
	vi. Ensure that staff are clear about the respective roles and linkage of the Liaison Meeting, SMG and	2010 - 2011	Head of ICS, COG and SMGs		

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	COG				
11) Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes	<p>i - Confirm fit for purpose summary criteria for written child's plan</p> <p>ii - Rollout and evaluate impact of Plans for Hearings Protocol:</p> <ul style="list-style-type: none"> <li>- Process</li> <li>- Quality</li> </ul> <p>iii – Ensure that Health assessments are accurately reflected in Child's Plans.</p>	2010 - 2011	GIRFEC Team		
		Sept 2009	Authority Reporter SCRA with Service Manager's Groups		
		Ongoing evaluation			
		June 2011	Resource Manager CP & LAC with LAC Nurse.		
12) There is a co-ordinated approach to youth involvement in policy and service development	<p>i - Youth Convenor, Highland Youth Voice, representatives of hard-to-reach groups and other existing mechanisms to be actively involved in informing policy and service development – including review of membership of CPC.</p> <p>ii - Fully comprehensive youth participation strategy.</p>	March 2010 and ongoing	Chair of CPC with Leadership Group.		
		March 2010	Head of CLL.		
13) Each agency has a system to identify and record professional development needs and to feed these back into the planning mechanisms for training	<p>i - Ensure each agency has a system to identify and record professional development needs and to feed these back into the planning mechanisms for training.</p> <p>ii – Continue to ensure an integrated approach to training across children's services, including fully combining CP and GIRFEC.</p>	March 2012	Children's COG		
		Ongoing and 2010 - 11	CP Training Officer, Training Staff across agencies and COG		
14) Strategic and deliverable approach to	i - Annual review by chief officers to identify improvement priorities for	March 2010	Leadership Group with CPC.		

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quality assurance	the coming year.				
	ii -New sources of data are identified and a framework is constructed to maximise effective use of information, including impact of child protection activities on outcomes for children.	March 2010	ICS QuAG (Head of ICS & CPDO)		
	iii - Strategic approach to QA across children's services.	March 2010	Head of CS with QA colleagues.		
	iv - Mainstreaming of QA tools into operational management and practice	Ongoing	ICS QuAG		
	v - Build a reflective practice approach to Quality Assurance. Giving staff tools and positive support to build QA into normal business processes	Ongoing	Practitioner Forums with Service Manager's Group		

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**Further Information:**

Details of publications and other information about Highland CPC and its relationship to the Integrated Children's Service Plan can be found at:

<http://www.protectinghighlandschildren.org/htm/hcpc.php>

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