

Highland Child Protection Services Self Evaluation - Autumn 2009

Introduction

The self-evaluation of Highland's Child Protection services is an annual exercise. It has been considered at a dedicated meeting of the Highland Child Protection Committee, and as a consequence, the child protection action plan has been revised.

Background

In the first inspection of child protection services in Highland, it was concluded that 'children and young people were well protected but effective meeting of needs was more variable. In a few cases, professionals required to be more decisive in order to fully protect children. For some children and young people, help needed to be more timely and to reflect long as well as short term needs. Generally, professionals were reported to intervene appropriately to prevent, or take early action against, abuse or neglect when there were risks in families. Effective help was provided to most children and young people recovering from abuse or neglect. Services for vulnerable children found not to be at immediate risk of harm were less readily available, particularly in remote and rural areas, and some of these children did not have their needs fully met. Information sharing and joint working were mainly good, particularly between professionals for whom child protection was their core task, but there were a number of ways in which both could be improved. Although planning for children was generally good, it could be compromised by weak assessments of risks and needs.'

Key strengths were:

- the effectiveness of services which intervened early to prevent harm to vulnerable children;
- good communication and trust between professionals and children and young people;
- the knowledge, commitment and joint working of professionals whose core task was child protection;
- the role of voluntary sector organisations, both individually and jointly with each other and statutory organisations, in providing innovative services well tailored to meet the needs of children, young people and their families; and
- the vision, values, aims for child protection, developed by chief and senior officers, which had permeated well through their organisations.

The following recommendations were made:

- children and young people should be involved more actively and consistently in decision making and in policy development;
- planned developments to improve assessment of risks and needs should be prioritised, supported by improved record keeping;
- arrangements for providing medical examinations should be reviewed and improved;
- prioritisation and shared responsibility for child protection and child welfare work, within and between agencies, and staff support and safety should be improved; and
- the CPC, and the agencies within it, should evaluate more consistently the effectiveness of work to protect children and young people, including evaluating, and if necessary raising, public awareness.

The interim follow up inspection in January 2007 found that 'considerable progress had been made in meeting the recommendations in the pilot inspection report and the report on *Danielle Reid: An independent review into the circumstances surrounding her death*. A high priority had been given to improving services to protect children by all services in Highland. The CPC and agencies across Highland had worked well together to improve services. Stronger and more ambitious strategic leadership continued to provide a clear commitment to implementing change and continuous improvement. Progress made in meeting the recommendations was based on careful planning, review and monitoring that was undertaken jointly between agencies. Staff had successfully introduced changes which had improved outcomes for children and young people. The pace of progress was encouraging in most areas but the assessment of risks and needs required further improvements to ensure that appropriate services reached all children'.

The follow up inspection in May 2008 found that services had made 'good progress in improving:

- the effectiveness of help for children and young people
- and raising public awareness
- the assessment of risks and needs
- the sharing of information
- the effectiveness of management of services.'

It also concluded that there was 'very good progress in improving the leadership of services. The strong leadership of the CPC had achieved improvement in services to protect children. Within a developing quality assurance framework, service managers were taking forward actions to ensure better outcomes for children. Overall, services were well placed to work together to continue to improve child protection services for children living in the area.'

Self-evaluation

This self-evaluation builds on that undertaken in previous years, and uses last year's evaluation and the subsequent action plan as its starting point.

It is informed by key sources of evidence from:

- local and national performance data;
- surveys of stakeholders' and service user views;
- direct observation and auditing of practice; and
- review of a range of documentation that evidences decision making and assessment of risk.

It incorporates a number of audit activities over the last year, as referenced in Appendix 1:

- Roadshow consultation, involving around 400 staff at the 2009 Child Protection Guidance roadshows, focussing on evidence of outcomes for children and families.
- Audit of a sample of Child's Plans where there is a Social Work Lead Professional, focussing on engagement with children & families and assessment of risk
- Evaluation of written Child's Plans submitted for Hearings over year from December 2008
- Audit of child concern processes 1 – undertaken by SCRA and GIRFEC Team

Final

- Audit of child concern processes 2 – undertaken by Integrated Services Coordinators
- Audit of the responses to Quality Assurance and Review Officer letters to parents following Child Protection Plan Meetings
- Youth Voice consultations
- Throughcare of looked after children Quality Assurance report
- Police and Highland Council public surveys
- Other audit, review and Quality Assurance exercises referred to in the text

It also incorporates information from the national evaluation of the implementation of *Getting it right for every child* in Highland, by the University of Edinburgh.

There is an ongoing analysis of the experience of children and families across the range of interventions, undertaken as part of local GIRFEC evaluation by Highlands Children's Forum, which is yet to complete, and therefore contributes only partially to the self evaluation to date.

The first draft of the self-evaluation was presented to the annual review meeting of the Child Protection Committee, held on 15 December 2009. This revised draft takes account of discussion and comment on that day – as does the revised action plan at Appendix 2.

The self-evaluation is structured using the following headings:

- How well are the needs of children & families met?
- How good is the delivery and management of services?
- How good is leadership and direction?
- How are services improving?

Where there is new and relevant detail from the last year, this is provided in relation to the following sub-headings:

- Where have we come from? – key developments since 2008 self evaluation (should be read in association with progress and RAG section of action plan)
- How good are we now? – strengths
- How good can we be? – areas for improvement

Each section concludes with other supporting evidence of performance.

Appendix 1 also includes other documents that are referenced within this self evaluation.

1. HOW WELL ARE THE NEEDS OF CHILDREN AND FAMILIES MET?

Evaluative Summary	Evidenced in audit (ref.)
1.1 We have a clear understanding of what is involved in providing high quality joint services for children in need of protection. Our staff and managers are highly motivated and fully involved in developing services.	1 3 18 22
1.2 Previous self evaluations and inspections make clear that child protection services in Highland improve outcomes for vulnerable children and their families.	1
1.3 Via the <i>For Highland's Children</i> planning framework, as well as the local and national evaluations of the implementation of <i>Getting it right</i> , we have systems in place to gather relevant data, monitor and evaluate service outcomes. We have compared our ongoing performance and we are able to use this to demonstrate further improvements, and that we are delivering high quality services to protect children.	4 5 6 18 19 22 29
1.4 The national evaluation of services undertaken by Edinburgh University concludes that needs of children in Highland are being met across a range of indicators, and that children and young people are safer than they were four years ago.	18
1.5 There is still much to do, and new practices must become embedded, but the implementation of <i>Getting it right</i> in Highland has established an explicit, integrated pathway for children and families through services.	2 18
1.6 That pathway enables every practitioner to make appropriate and complementary contributions to the assessment and delivery of services to meet children's needs. Through the use of the 'My World Triangle' by staff in all agencies, at all ages and stages, assessments are increasingly holistic from birth through to young adulthood.	18 22 24
1.7 Processes have been streamlined, and the number of meetings and the burden of paperwork reduced, so that staff have more time for direct work with children and families.	2 18 22
1.8 Children are referred to the Reporter where there is evidence of the need for compulsory measures. In other cases, information is shared and action is taken by the named person with responsibility for that child, in health or in schools. Hence, children's needs are being identified earlier, and staff can get support in place, more quickly.	3 4 5 9 18 22
1.9 In cases where children are referred to the Reporter, prompt and effective action is then taken to bring those children who require compulsory measures before a Hearing	17
1.10 The Edinburgh University evaluation's analysis of the records, plans, reviews and experiences of 97 children and young people showed that there was evidence of clear progress towards their intended outcomes in two-thirds of the cases. In a further 20% of cases, there was evidence that situations involving children and young people that had previously been escalating had now been stabilised.	18

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1.11 And largely because staff across all agencies have more confidence in robust assessment, planning and action, significantly fewer children are now identified as at risk of significant harm.	18
1.12 The Edinburgh University evaluation compares key local and national statistics covering the period from 2005 to the end of 2008, and the Child protection Committee Annual Report confirms that trends since are similar:	18 26
<ul style="list-style-type: none"> • The rate of child protection referrals in Highland fell from 11.8 per 1000 to 8.4 in 2007, and then to 7.2 per 1000 by late 2008. Over the same period the rate of referrals for Scotland increased from 9.8 to 13.5 per 1000. • The rate per 1000 children on the Child Protection Register in Highland fell from 3.0 to 1.5. The rate for Scotland increased slightly from 2.3 to 2.7. • The rate of registrations fell from 2.5 to 0.8 per 1000. The rate for Scotland increased from 2.5 to 3.1. • The proportion of children on the Child Protection Register with repeat registrations rose from Summer 2007 and peaked in the third quarter of 2008-09. It has been falling since then. • The proportion of case conferences leading to registration is considerably higher than in Scotland as a whole. 	
1.13 The Edinburgh University evaluation included an analysis of the changes in referrals to the Reporter, and identified that the consequences for the children and young people concerned have been threefold:	18
<ul style="list-style-type: none"> • For some the change has meant a more proportionate response where police and social work have been reassured that no further action is needed by them because the concerns will be addressed by the young person, his or her family and their school. Analysis has shown that no further concerns have arisen subsequently in these particular cases. • These children and young people are not referred to the reporter, and social work, schools and health do not have to spend time producing reports on them. • Where the concerns raised indicated the need for additional single or multi-agency support there is evidence that in most of the cases an assessment and plan was quickly put in place 	3
1.14 Children and families experience prompter and more effective responses to concerns about them. Immediate concerns are treated seriously, respectfully and with minimal delay. Audits demonstrate effective responses.	4 5 18 22
1.15 Children and families receive the right help at the right time to reduce risks. They are given effective support, which is proportionate to the risks and needs we have identified.	18 3
1.16 The role of the Lead Professional is contributing to a more focused response to children's needs and concerns where multi-agency action is required. However,	4 5 7

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while effective measures are put in place to achieve early intervention, there requires to be more consistent recording of this by lead professionals based in school and health.	9 18 22
1.17 Children also benefit from helpful advice and support while assessment and planning processes are taking place. Necessary action takes place in response to ongoing assessment and the identification of needs and risk, without having to wait for bureaucratic processes.	3 4 5 9 18
1.18 In working to meet needs, we listen to children and families and take their views seriously. 70% of care leavers felt that their views had been taken into account and that they were listened to. We need to be better however, at recording what children and families have said.	6 10
1.19 Children and families are supported to understand the reasons for any actions taken to help them and they are generally aware of the implications of these for themselves and others.	18
1.20 Children have very good awareness of personal safety. They understand their right to be safe and to have positive relationships. The draft Highland guidance regarding child protection and underage sexual activity has yet to be disseminated and implemented, and awaits greater clarity about the national situation.	15
1.21 Most children and families report they have been able to build up relationships with consistent adults and that they trust enough to talk to when they need help. However, a small number of children from vulnerable groups (some young children; children with disability, mental health issues or special needs; first language not English; care leavers) report that they struggle to identify a trusted adult they can talk to.	10 15 23
1.22 Albeit they don't usually provide direct support to young people, Integrated Services Officers ensure ongoing support from those they do. It is apparent that vacancies for these posts, and there have been a number, create inconsistency in support arrangements.	22
1.23 There has continued to be a focus on ensuring that Child's Plans give a clear sense of direction, addressing long term needs, and that staff are more confident about their capacity and ability to provide ongoing counselling and support services, and that there are dedicated services. There is not as yet a written 'umbrella' strategy for this activity.	29
1.24 Children have also been helped to protect themselves from the risks which can result from the use of internet and communications technology.	15
1.25 In the Northern Constabulary public attitude survey, while just over half of respondents stated that they did not know, almost four in ten stated that they did have confidence that agencies are effective in the protection of children and only around one in ten that they were not confident.	16

1. HOW WELL ARE THE NEEDS OF CHILDREN AND FAMILIES MET?

Key developments since 2008 self evaluation

1.26 There has been unparalleled system and business process change across children's services in Highland over the last four years. A critical milestone was passed in April 2009, with the completion of the roll-out of *Getting it right for every child* processes and guidance across the authority – albeit the training and support programme continues.

1.27 The 2008/9 self evaluation and related planning processes identified a number of areas for improvement with regard to how well needs are met, as evidenced in the action plan and below.

1.28 Meeting assessed needs

Key issues: speed and effectiveness of response; effective early intervention; weekend call-out in respect of paediatric support for sexual abuse cases, support for long-term recovery, systematic review of recovery services and strategy for counselling and support services; ensuring that children who require specialist assessments are getting them through explicit pathways; support for effective transition into adult services; training of foster carers; continuation and development of post-adoption support service; ensure that every child not in full-time education has a child's plan.

The service model has been redesigned to ensure prompt and appropriate responses to need and risk. Child concern processes initiate prompt information sharing, particularly by the Police, and prompt responses by named persons or lead professionals. Health services and schools access social work and other multi-agency resources on the basis of assessment, and without unnecessary gate-keeping or excessive bureaucracy. This system is supported by dedicated staff in each locality.

A system has been established for medical examination of physical abuse but while a rota is in place, national shortages are impacting on the ability to recruit sufficient paediatricians to provide cover for immediate medical examinations in relation to sexual abuse - options continue to be explored

A major event, focussing on service provision and skills to facilitate long term recovery, was held in November 2008. Specialist services have been aligned with *Getting it right* processes - for example, the review of CAMHS has developed as part of the mental health framework and aligned with the *Getting it right* pathway, including a single referral point. GIRFEC promotes the consideration of long term needs in the Child's Plan and this will be audited. The Joint Committee has agreed to review specialist LAC nurse support. Training for foster carers has been included in the CPC training calendar. The Integrated Children's Services Quality Assurance Group has undertaken a comprehensive review of through care and after care services. Post-adoption supports for all adopted children have been reviewed. Children not in full-time education should have a plan as part of staged intervention GIRFEC guidance. Transitions guidance has been developed and launched. Work is ongoing to integrate *Self-directed Support* and *More Choices, More Chances* processes.

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1.29 Trust

Key issues: accommodation for school nurses to allow privacy for communication; advocacy for children; children get consistent help from people they can trust.

An analysis of school nurse accommodation was undertaken, actions taken in some settings, and confirmation achieved that accommodation overall was suitable. The Children's Rights Service has been reviewed, and a new single-door approach being developed with Who Cares? Scotland. Various initiatives including the pay review have resulted in improved recruitment and retention of social workers, but there is a continuing challenge in some specialist health services. Every Child's Plan identified the partners to the plan, and this is being reinforced in a revision of the format of the Plan. The updated GIRFEC guidance will also specify that every plan identifies the child's Named Person or Lead Professional and will include advice on handover of Named Person or Lead Professional responsibilities. While work on chronologies is developing, as part of local GIRFEC implementation, and linked to the national programme, they are normally included with Child's Plans.

1.30 Children's and young people's awareness of keeping themselves safe

Key issues: prevention initiatives need to be brought together to form a coherent programme across the years; children and young people are aware about keeping themselves safe in their use of the internet; young people involved in underage sex are protected from harm, and appropriately supported by services.

The named person system has introduced a comprehensive and integrated approach to the well-being of all children, albeit Highland Children's Forum research suggests that a minority of children in vulnerable groups still say they do not have a trusted adult they can speak to. Education has reviewed PSE and has taken the lead for preventative measures through its Curriculum for Excellence and e-safety groups. A dedicated approach to e-safety has been established with resources, guidance and training. Actions in respect of under-age sexual activity have not progressed past the development of local guidance, pending the publication of national guidance - the draft decision-making framework has been shared with Scottish Government to support the national work.

Areas for Improvement

- 1.31 The action plan has been updated to include the following areas for improvement in relation to how well needs are met:
- 1i - GIRFEC guidance to include advice on handover of Named Person or Lead Professional responsibilities
 - 1ii - Every plan specifically identifies named person or lead professional
 - 1iii - Lead professional changes identified in chronology
 - 1iv - Focussed approach to recruitment and retention of specialist staff and social workers
 - 1v – Focus on ensuring trusted adult for children from vulnerable groups
 - 1vi - Focussed approach to the development and recruitment of staff into the post of Integrated Services Officer
 - 2ii - Complete the rollout of the internet safety training programme through schools
 - 3i - Confirmation and implementation of protocol in relation to child protection and underage sexual activity.

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- 6i - Develop formal 'umbrella' strategy for counselling and support services
- 6ii - Ensure Child's Plans include long term support needs
- 6iv - Deliver training on meeting long terms support needs to foster carers
- 10iv - Full and effective rota of paediatric support for sexual abuse cases

Other supporting evidence

1.32 The child protection guidance launch self evaluation, involving over 400 staff from agencies across Highland confirmed the following strengths –

1.32.1 GIRFEC - Staff overwhelmingly identified implementation as a key strength:

- *Universal additional targeted approach - Child Welfare and Protection continuum.*
- *By and large, the systems are in place and changes in working practices and assessment in line with the practice framework, which is creating better early intervention.*
- *Integrated service approach - all agencies effective collaboration with clear communication processes and outcomes; links and communication between agencies to support child/family. Multi-agency liaison is open and frequent - discussion through child's plan – bringing agencies together, decisions are recorded – agreement across agencies.*
- *Increased support and involvement for children and families, better working relationships with family – children and families are empowered and more trusting, especially with key workers and designated person.*
- *Use of child concern forms. One form and one contact point.*
- *Common assessment framework.*
- *Welcome benefits of joint training.*
- *Named person to develop a relationship works well. Trusted adult now more diverse.*
- *Early intervention - emphasis on timeous, proportionate responses.*
- *Sharing information and understanding of confidentiality.*
- *Solution focussed meetings.*
- *Well functioning Child's Plan clearly identifying risks and actions needed to reduce risks - looking for protective factors in family.*
- *Regular review involving all stakeholders.*
- *Emphasis on quality - overview by QAROs and ISCs.*

1.32.2 Preventative activities:

- *Awareness raising – practitioners and increased community awareness of child protection issues and sign-posting to services.*
- *Training of community organisations by Keeping Children Safe*
- *Preventative work - parenting courses; Homestart, Women's Aid; Action for Children; Safe, Strong and Free; PSE curriculum in schools delivers information on personal safety; cyberbullying/internet safety policy; Safe Highlander.*
- *Children more aware of their rights - actively promoted - right for young people to have a voice, Who Cares? Scotland worker for more vulnerable, anti-racist and anti-bullying policies, buddy systems.*

1.32.3 Trusted Adult

- *Wide range of staff available in both the statutory and voluntary sectors, to*

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whom children can turn for help and support, particularly building on named person and lead professional systems, but also informal systems such as young carers and youth work.

- *Positive relationships between agencies and young people/parents, creating conducive environment – building relationships – effective listening – giving children and adult the confidence to express issues.*

A number of events for young people have actively promoted awareness of personal safety issues and rights and have engaged young people in consultation about improving awareness. 'Safe Strong & Free' early years personal safety activities evaluate particularly well.

1.33 Impact on Children & Families: *Audit of responses to QARO letters to parents following Child Protection Plan Meetings; Review of Child Protection findings in SWIA and Care Commission inspections; Women's Aid evaluations; CALA CP Audit of Key area 2; Children 1st QA exercise; Voluntary Sector evidence; CAMHS Review consultation (HCF); It's My Journey (HCF) – this was cited as good practice in the government information "Partnership Matters"; The National Autistic Society consultation on parent training needs; Information/advice requests from the public; Notes of discussions with Polish Association Representative; Ethnic Pupils' Forum survey.*

1.34 Review of self assessments and inspection of schools in 2008/09

HMIe inspections of Primary schools

100% rated good or above on meeting children's needs. This included children's feedback on school staff as trusted adults, staff knowledge of child protection, specific personal safety initiatives, staff efforts to integrate new pupils and those from minority groups, and anti-bullying measures.

HMIe inspections of Secondary schools

70% rated good or above on meeting children's needs. The good points were as for Primary schools with additional comments of participation and engagement.

In those schools which did not achieve good ratings the key areas for improvement included tackling racist attitudes, ensuring pupils knew who their pastoral care teacher was and met with them regularly, poor risk assessment for pupils with additional support needs, and poor record keeping. QuAG notes for March 2009 evidence that the ECS CP lead had reviewed and addressed the progress of the weaker schools in addressing these issues.

HMIe inspection of Early Years settings

HMIe online reports of pre-school inspections relating to the period January to March 2008 were reviewed to ascertain a grading level for QI 5.8, the relevant Quality Indicator for Child Protection and other areas of care and welfare. Of a sample of 20 Early Years' inspections, 17 centres (school nurseries and partner centres) had scored a level 5 very good and 3 centres had scored a level 4 good.

1.35 Review of Care Commission inspections of SW services: *Care Commission reports of children's units and fostering & adoption services provide good, very good and excellent reports of needs being met.*

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

Evaluative Summary	Evidenced in audit (ref.)
2.1 Every child and young person has a named person in health or education (depending on age) responsible for making sure that the child has access to the right help to support his or her development and well-being, and a lead professional where there is a multi-agency Child's Plan.	3 22 24
2.2 We have clear and effective systems in place to ensure information is shared to protect children from harm. The child concern process initiates immediate sharing about any concerns, including child protection concerns. The SCRA audit of 52 child concern forms from one police command shows the process and decision making to be effective.	3 4 5 22
2.3 The Edinburgh University evaluation report confirms that information is shared more quickly, and that it is of higher quality. It indicates that better information sharing is highlighting that an initial concern may not be the most significant one. Staff raising a concern about a child or young person also report that they are becoming more confident about giving reasons and evidence to support their concerns.	18
2.4 The integrated assessment framework has been introduced in children's services across all agencies. The child's record, assessment and actions are incorporated into a single Child's Plan. This has achieved a shared and standard means of describing and assessing need across the authority. This is based on the 2008 GIRFEC guidance and updated Child Protection Guidance, issued during the year. It was also intended to produce practitioners' guidance on GIRFEC, but this is still being refined.	4 5 6 9 22
2.5 More work requires to be done on the use of the assessment framework in adult services, albeit, adult services are reported to be more 'child focussed' than previously. A number of tools have been developed for supporting young people in transition, including a 'bridge' for the assessment and Child's Plan.	18 27
2.6 Staff are alert to and recognise signs that children may need help or protection from harm. If a concern about a child requires further exploration, we have the processes and skills to gather relevant information. When we receive child protection concerns about a child, we ensure someone has seen or sees them, reassures them and establishes the nature of the concern and any immediate risks.	3 6 9 18 22
2.7 When we assess the risks to and needs of a child, we gather information from all relevant sources, including from staff involved with other family members.	6 9
2.8 We communicate effectively to ensure the significance of shared information is fully understood by the recipient. We are clear about what is fact and what is opinion. We store information securely accessible to those who have a right of access. We have provided information to families about how the situation works, and about what information is held about them. We record consent about what information children and families are content to share in the Child's Plan. Their	3 6 9 18 21

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views are taken into account when we are deciding to share information without their consent and we give them reasons when this happens.	
2.9 A chronology of significant events is maintained, reviewed and analysed regularly to help us understand key milestones in children's lives.	6 9 12
2.10 Further to necessary evidence gathering from relevant agencies, particularly health and education, police and social work determine the requirement for child protection processes and what further action is required in the best interests of the child. We record our decisions clearly.	6 9 21
2.11 We agree on the form of any further enquiry. We give due weight to the welfare of the child and the gathering of evidence. We jointly plan all joint enquiries. Part of our assessment considers whether to refer a child to the Children's Reporter.	6 9 12 21
2.12 Based on all available information, including the views of the child and family, we make informed judgements about the needs of each child, including the family's capacity to protect the child and meet needs. This assessment takes account of the child's circumstances and his/her emotional, social and developmental needs in a holistic way as described by the 'my world' triangle and wellbeing indicators.	6 9 12 21 22
2.13 Where children may be at risk of harm, the social worker is required to ensure this is a truly integrated and multi-agency assessment, which is child-centred, and identifies personal and family strengths and pressures. This has been a maturing process – assessments continue to improve, and we seek to achieve a very high standard. We recognise that assessment is not a single action but an ongoing process and continue to assess each child's needs and risk of harm as circumstances change. The national evaluation notes a marked improvement in the consistency and quality of assessments.	6 9 12 18 22
2.14 We have made progress to ensure the seamless involvement of specialist health services in these processes, albeit staff still perceive waiting lists, and there is evidence of some inappropriate referrals. This activity requires to be consolidated.	3 22
2.15 Given the significant influx of new social workers, it is taking some time to get all these new staff trained in Joint Investigative Interviewing. Accordingly, the procedure has been temporarily amended to enable local Social Work and Police managers to agree investigations that do not require a worker that has completed this course. In the meantime, the number of Social Workers taking the course has been increased. All social work staff undertaking the child protection interviews will have had basic child protection training and are supported by their Team Manager.	29
2.16 The assessment is recorded in the single multi-agency Child's Plan. If a child is considered to be at risk of significant harm, this is known as a Child Protection Plan (and the meeting is known as a Child Protection Plan Meeting). Means continue to be pursued to share the Plan through the eCare framework via the Multi-agency Store (MAS)	12 21

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?	
2.17 We identify the lead professional, who has lead responsibility for ensuring the plan is implemented. Where the child is at risk of significant harm, this will always be a social worker. The plan identified the actions necessary to protect the child, including roles, responsibilities, monitoring and review arrangements. We carry out agreed action and provide any help or support to the child or the family that has been identified in the plan for as long as it is needed.	6 9 12 18 22
2.18 Plans evidence that the child's needs and risks are identified and analysed. However, it is also recognised that more needs to be done to continue to improve the quality of plans, particularly to get maximum value in the variety of key forums such as Children's Hearings.	6 9 12 22
2.19 The Plan is normally the single document that is presented to a Child Protection Plan Meeting, albeit it can be supplemented by further reports if there are relevant specialist assessments or alternative perspectives. The meeting considers the assessment and actions in the Child Protection Plan. It resolves issues and confirm consensus, considers the progress that is being achieved in reducing the risk to the child, and also whether the child continues to be at risk of significant harm and in need of a multi-agency protection plan to reduce that risk.	6 9 21 22
2.20 There is good quality input at Child's Plan Meetings from all agencies and relevant sharing of information between agencies. Families state they feel more engaged in the process, and this is supported by local audit. An electronic tool is under development to further engage children.	6 9 18
2.21 We make arrangements to ensure that children and families, including those with learning or communication difficulties, or for whom English is not their first language, are able to express their views and take an active part in meetings. We ensure that children and families are actively involved in making decisions about the help they need, unless this compromises their own safety or that of other children.	3 6
2.22 We make information available about how to express dissatisfaction or make a complaint. Albeit there is relatively little evidence of disagreement or conflict with families in assessment and planning processes, we take children and families' dissatisfaction seriously.	3 6 22
2.23 We support children and families to make a formal complaint where they choose, and have reviewed access to advocacy services to better help them through the process. We understand the links between the procedures for making a complaint, child protection and employee discipline. We investigate complaints thoroughly and objectively.	3 6 9 22
2.24 The Edinburgh University evaluation indicates that children and families welcome and say they benefit from effective communication with staff, and that as a consequence of <i>Getting it right</i> they feel better engaged with planning and decision-making processes. In particular, families say that they like the single team approach.	18
2.25 An ongoing audit of decision making and planning for children subject to a Child	9

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

Protection Plan Meeting, since November 2007 indicates there is well evidenced decision making, with core groups working collaboratively with children and families to monitor and help in progressing plans to meet needs.

2.26	Quality Assurance & Reviewing Officers (QAROs) confirm that discussion at Child Protection Plan Meetings evidences investigation of the child's views by partners to the Childs Plan. However, in some plans, there is no explicit evidence of that involvement. The QARO will routinely confirm involvement at Child's Plan Meetings, and note what is said by the Child & Family in the correspondence subsequent to the meeting. More detailed evaluation of child and family perspectives is taking place to follow this up.	3 6 7 18
2.27	When we plan for a child, we consider contingency actions which may help the child if our original decisions in the plan do not continue to meet the child's needs. If the level of risk changes or there is lack of progress, we review the arrangements made and take any actions to help the child, amending and updating the plan where necessary.	6 9
2.28	The Edinburgh University evaluation identifies further 'green shoot' indicators – evidence that practice is changing, which should ensure continuing improvements in outcomes. <ul style="list-style-type: none"> • There is greater trust across professionals and agencies. • Children and families no longer expect to attend several planning meetings, organised by different services for different aspects of their needs. • The language of tariffs, thresholds and levels has not disappeared altogether, but is much reduced. • Service users say they have a clearer idea of what is going on, what is intended, and when it will happen. 	18
2.29	Most staff confirm having more time for direct work with children. Staff in health and schools note a freeing up of time by not having to repeatedly write reports on the same children. Social Workers say they are no longer caught up in busy duty/intake systems, as most of their work comes through the system and with a plan already in place.	3 18 22
2.30	Requests for social work involvement are more appropriate, usually with an assessment and analysis completed. Desired outcomes have been recorded and social workers can build on the key information and actions come from health and education.	3 18 22
2.31	Public awareness activities have continued, with a particular focus on targeting young people to raise any concerns about the safety of themselves or their peers.	29
2.32	Members of the community appear to have a good awareness of local services to protect children. They say they know who to contact when they have concerns about a child. They make referrals to appropriate services, albeit there are still some concerns about the effectiveness of services. However, it is acknowledged that new ways need to be found of measuring public awareness, and the effectiveness of campaign activity to date.	1 6 9 29

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

Key developments since 2008 self evaluation

2.33 Implementation of *Getting it right for every child* addressed many key areas with regard to the delivery and management of services. The implementation of the September 2008 GIRFEC guidance has been rolled out and the focus has changed to consolidation. The planned publication of practitioner's guidance has continued to be put back as it is further refined.

Additionally, the 2008/9 self evaluation and related planning processes identified areas for improvement with regard to the delivery and management of services, as evidenced in the action plan and below.

2.34 Recognising and assessing risks and needs

Key issues: new assessment framework across all agencies.

The integrated assessment framework, incorporating use of wellbeing indicators, 'My World' triangle, resilience matrix and risk assessment, rolled out as critical aspect of GIRFEC, and in use in all agencies. A Child Protection Plan is developed where a child is at risk of significant harm. Ongoing work on this is required with staff from Adult Services.

Significant progress has been made to share the Child's Plan via the MAS, particularly in Social Work and Education. Means are also being pursued to provide key information to Public Protection Units and Raigmore General Hospital.

2.35 Involving children and their families in key processes

Key issues: ensuring that children and their families feel involved as participants in the process; provision of tools for engagement with children & families; ensure that guidance about advice & advocacy services is sufficient and accessible; extend Plans to Hearings Protocol to include guidance on preparing children and families; evidence that children's and families' views are listened to and recorded at all stages.

Child and family participation was integral to implementation of *Getting it right*. The process has been made simpler, in part to help achieve engagement. Families' views about this were collected from a small sample over 3 years and recommendations have been implemented. However, further work has been commissioned to get a more extensive perspective. Child's Plans include various sections where the views of children and families should be recorded. Further work is ongoing regarding an electronic tool. Administrative staff have reinforced systems to ensure that children are normally invited to Child's Plan Meetings. The Plans for Hearings Protocol has had a significant impact on ensuring that children and families benefit from documentation provided in good time before Hearings. There is a commitment within the Action plan to further extend the Protocol to improve preparation of the child and family for Hearings.

The annual conference focussed on working with families who are difficult to engage, with the intention of producing further guidance.

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

2.36 Information sharing and recording

Key issues: modernisation of all processes and information systems in relation to GIRFEC; compliance with timescales for data entry and submission of reports; implement and link agency information systems to the e-care framework.

New child concern forms are in use. In Social Work, the Child's Plan is integrated into the e-Management Information System, CareFirst. It is envisaged that this will connect to the Multi-Agency Store (MAS) after March 2010. Phoenix e1 is being introduced in schools, and should be able to view the plan in the Spring 2010. Later in 2010, school staff will be able to publish a Child's Plan into the MAS. While it will take longer to achieve Health and Police access to the MAS, there is a plan for limited access for the Northern Constabulary Public Protection Units, Raigmore A&E and Children's Ward to CareFirst, involving access to the child protection register. Multi-agency data sharing. Policy & Procedures in place across both Council Partnerships and due for review.

2.37 Planning, decision making and identifying responsibilities

Key issues: evidence of effective implementation of GIRFEC Child's Plan and core group processes; ensure Plans are presented to Children's Hearings timeously, including all necessary information.

The Child's Plan has been established. Further work is required to embed multi-agency plan within Health and Educations systems. The Child's Plan is the single document for review Hearings. The Plans for Hearings Protocol has had a very significant impact on ensuring prompt provision of reports for Hearings. Guidance has been agreed with specialist health services. Plans need to continue to improve, as fully integrated documents, including all perspectives and comprehensive actions, and being fit for purpose for all of the relevant decision-making forums.

2.38 Support from Adult Services

Key issue: Adult Services should be able to identify and act when a child is vulnerable and in need of support.

Joint training and collaborative working is taking place with regard to substance misuse and mental health services, violence against women, and young carers services, etc., to ensure that child protection issues are picked up in guidance and training. The new 'Safer Highland' governance structure also is intended to further promote collaborative working across service boundaries. The work to develop GIRFEC tools for adult services has not been completed. New tools and processes have been introduced to support better transitions.

2.39 Staff recruitment

Key issue: recruitment to Social Worker and specialist health posts.

Following a period of difficulties recruiting qualified social workers, a variety of measures, including implementation of job evaluation, have enabled vacancies to be filled. Senior Practitioner posts have also been consolidated at a more senior level with mentoring responsibilities to ensure the Service is able to utilise their experience and use this to support less experienced staff. There are fewer vacancies for Allied Health Professionals vacancies, but continuing delays filling consultant posts in paediatrics and child psychiatry.

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

2.40 Public confidence in services

Key issues identified: need to increase visibility of awareness materials; evaluation of effectiveness; increase confidence that young people do refer and self-refer when they should; increase confidence in the positive impact of public awareness campaign.

Leaflets and posters are refreshed across all agencies. Week-long awareness events were held at Eastgate Shopping Centre and Raigmore Hospital. Additional coverage on phone boxes and at the Vue Cinema. 20,000+ aide-memoirs were distributed and additional leaflets, posters, pens and fridge magnets were acquired for distribution via *Safe, Strong & Free* and other events. Local radio coverage was commissioned for school holidays and, in 2009 this included an advert targeted specifically at young people. Increased coverage as part of the national ChildProtectionLine and Action for Children campaigns. A number of public awareness events have been run in conjunction with Violence Against Women, Substance Misuse, and Care and Learning Alliance partnerships. Keeping Children Safe continued to train and support community groups. In addition, members of the training group have responded to requests for presentations to a number of community groups and voluntary agencies e.g. church groups, Air Cadet instructors, and Home Start volunteers.

Data is being collected from CPC website hits, use of yellow pages and yell.com. A tracking system is in place for calls coming via ChildProtectionLine and the central number and e-mail advertised on the CPC website. An audit has been undertaken of the first year's tracked calls. Highland Youth Voice has been invited to advise on the best approach for further awareness raising targeting young people, via the SPICE and HYV consultation events. Additional questions were added to the Highland Council and the Northern Constabulary performance questionnaires to establish public perception of child abuse and child protection services. An evaluation of the communications strategy will be undertaken in 2010–2011.

Areas for Improvement

2.41 The action plan has been updated to include the following areas for improvement in relation to the delivery and management of services:

- 1vii - Prepare guidance and further tools for work with families who are difficult to engage or who are from minority groups
- 3ii - Finalise and issue GIRFEC practitioners' guidance
- 3iii - Issue CP guidance to all external commissioned services
- 4i - Sustain practice change as a result of implementation of GIRFEC
- 4ii - Achieve the sharing of the Child's Plan through the eCare framework via the MAS
- 4iii - Achieve access to key information in CareFirst for Public Protection Units and Raigmore Hospital Accident and Emergency
- 5i - Complete and implement GIRFEC tools in adults services
- 6iii - Continued development and implementation of improved tools to support transitions into adult services
- 7i - Revise processes to measure referrals from young people
- 7ii - Further public awareness campaigns to focus on young people
- 8 i - Revise processes to measure public confidence

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

- 9i - Complete and act on work on GIRFEC tools for engagement with children & families
- 9ii - Complete guidance for children and families about range of support, advice & advocacy services, during planning processes
- 9iv – Improve preparation of children and families for Hearings
- 10ii - Ensure suite of training. Delivered to equip all staff involved in assessment for the task
- 10iii - Ensure child concern form system continues at full effectiveness, including progress of iACT as means of communication
- 10v – Implement GIRFEC guidance to ensure children with multi-agency needs who require specialist health assessments get these through explicit pathways
- 11i - Confirm and make use of 'fit for purpose' summary criteria for Child's Plans
- 11ii – Further improve quality of written Plans submitted for Hearings

Other supporting evidence

2.42 *The child protection guidance launch self evaluation highlighted the following strengths:*

2.42.1 *Support*

- *Range of emotional and practical support, both voluntary and statutory, available to young people and their families*

2.42.2 *Systems for briefing children and families and resolving disputes*

- *Social workers advise parents and ensure information is given to children, families etc. Where possible the process is explained to the child - beneficial to discuss appropriateness of investigation/concern for benefit of young person - an attempt is made to take time to explain reasons/implications - told in writing or verbally of appeal process, if old enough to understand.*
- *Individual time for children and families with QARO before meetings.*
- *Who Cares? Scotland.*
- *Recognising age appropriate explanations are given to help child understand.*
- *Range of support services for families: Citizens Advice Bureau, direct access to Head Teacher/Team Manager*

2.42.3 *Opportunities for young people to raise issues of concern*

- *Within Education – a strength in variety of adults who children feel secure with – opportunities provided in school curriculum - methods of approaching difficulties, PSE, class discussions; guidance teachers proactive, clear relationship - every day at registration plus procedure for appointments; drop-in zone daily, mentoring/buddying schemes, pupil referral form, etc.*
- *Children's views asked for in assessment and making a Child's Plan.*
- *Child language and respect for child's view. All agencies respond seriously and respectfully to child/young person.*
- *Children encouraged to attend meetings and submit their views through written reports, e.g. the 'Having your Say' document.*

2.42.4 *Supporting children with communication difficulties*

- *Skilled, direct observation, regular meetings and exchange of information, e.g. social work/health/school.*

2. HOW GOOD IS THE DELIVERY AND MANAGEMENT OF SERVICES?

- *Good communication with care-givers/parents.*
- *Access to specialist learning difficulties team.*
- *Equality worker.*
- *Advocacy service available.*
- *A recent survey of children from ethnic minority groups confirms that they feel supported with communication difficulties.*

2.42.5 Engaging parents:

- *Lead Professional role - helps communication, preparation for meetings, arranging transport.*
- *Education - good, established relationships with families – parents'*
- *Voluntary sector self evaluations show particularly strong evidence of engagement with parents.*

*2.43 **Women's Aid evaluations:** Good use of feedback forms with children and mothers. These provide evidence of outcomes in terms of being listened to; increased social and leisure opportunities; increased confidence and self esteem. Good recording of children's views. Recording of mothers' views not quite so good. Good reflective practice. Evidence of child's input to and ownership of support plan and empowerment to make informed decisions.*

*2.44 **Public awareness:** Web hits, Yell.Com hits, Calls to central number & e-mails to central admin; Public Performance surveys; numbers of pens, cards, etc. given out. Ongoing demand for promotional goods; audit of appropriateness and outcome of calls. Evaluation of Raigmore awareness raising week. Feedback from councillors, public and HYV re publicity; Convener input to radio script.*

*2.45 **Risk Assessment Training with Social Work staff:** Details of model, evaluations, and identification of plans for multi-agency continuation.*

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

Evaluative Summary	Evidenced in audit (ref.)
3.1 Previous evaluations and inspections have highly rated leadership and direction. The HMIe inspection in 2008 rated leadership as very good.	1
3.2 We ensure as partner organisations that there are clear links between the vision, values and aims of our own organisations, those contained within national priorities, the Children's Services Plan and the Child Protection action plan. Our vision, values and aims in relation to protecting children are shared and clearly stated. Our work is directed by the clear statement of these, as evidenced by Chief Officers in partnership forums, staff training events, and within our own organisations.	2 19 20 22 25 29
3.3 The CPC involves senior managers to ensure that highly effective services are delivered to protect children and keep them safe. We consider local trends relating to children in need of protection. We jointly identify areas where services are insufficient or ineffective and use this information to develop and implement plans to make improvements.	2 22 26 29
3.4 As part of an ongoing process involving audit and consultation, formal annual review, and linked to other Children's Plan processes, we revisit and reinforce our vision, values and aims with staff and other stakeholders. This results in a strong sense of common purpose throughout all partner organisations.	1 2 22 25 26 29
3.5 Our political leaders, the CPC, Chief Officers and senior managers have a clear understanding of the local and national context and provide strong leadership and direction in developing services to protect children. Each administrative area of Highland has a political children's champion, and each CHP has a Children's Champion. The Council has also recently agreed to create a political champion for child protection.	1 2 3 22 28 29
3.6 Further to a series of consultations, including the Scottish Government, Chief Officers decided that integrated working and effective safe, systems could be better supported by a better joined up strategic structure across all public protection arrangements. Accordingly, a restructuring of strategic groups has recently taken place to support this. Also, the minutes of these groups are now included, along with CHP minutes, on the agendas of the Council's strategic committees and the Joint Committee on Children & Young People. As the new Safer Highland structure only came into being in October 2009 it is too early to evaluate its strengths.	28
3.7 We have clear and appropriate policies and procedures and systems that protect children and keep them safe. The Highland Child Protection Guidance was updated and launched across all agencies in the last year, taking account of the most recent national guidance.	1 3 21 29
3.8 Accordingly, staff have a good knowledge and understanding of relevant legislation, guidance and codes of practice relating to protecting children. Across services, we work closely together to ensure that our staff are effectively	1 3 21 22

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

<p>deployed to protect children. Across services, we have established a collaborative and collegiate approach to our work.</p>	
<p>3.9 While staff in adult services have an awareness in these areas, and were involved in the launch of the guidance, more still requires to be done to introduce <i>Getting it right for every child</i> tools in adults services.</p>	<p>3 22</p>
<p>3.10 Senior officers in Highland contribute significantly to the national children's services and child protection agenda. Members of the CPC and LOG are actively engaged with the revision of the 1998 guidance and guidance to support new legislation. This is through the main group, guidance work streams and via ACPOS, ADSW and the Scottish Child Protection Nurse Advisors Forum. Members of the CPC and LOG are actively engaged in contributing to the development of new legislation to govern the Children's Hearings System.</p>	<p>22 26 29</p>
<p>3.11 We identify and share resources and make transparent and evidence-based decisions on the allocation of resources to protect children. There is a structure for joined up decision making from the governance at the Joint Committee, through strategic leadership at the CPC and the Chief Officers Group (COG) to area level with Service Managers Groups (SMG), involving monthly meetings of the lead local agency managers to co-ordinate integrated children's services. Hence, we seek to ensure that all resources are targeted appropriately to meet needs. Service Manager Groups suggest that more work needs to be done with staff and other managers to make clear the links between local Liaison Meetings, SMG and COG.</p>	<p>2 19 20 22 26 29</p>
<p>3.12 The implementation of <i>Getting it right for every child</i> has involved the promotion of an empowering culture where staff at all levels in all partner organisations understand and deliver their contribution to protect children. Lines of accountability are well understood and our staff are clear about their respective roles and responsibilities.</p>	<p>21 22 24</p>
<p>3.13 We value the views of children and families and use these to plan and improve services to protect children. Dedicated organisations have been commissioned and supported to play an active part in these processes. There are critical and valued roles for the Youth Convenor and Highland Children's Forum. We are working to ensure that this is reflected in all aspects of service and policy development.</p>	<p>7 15</p>
<p>3.14 Within and across services, we have safe recruitment procedures in place, including vetting of staff who have contact with children. We have robust arrangements in place to ensure that these are applied consistently. There are some issues about how personnel information is stored within the Highland Council, which are being pursued.</p>	<p>13</p>
<p>3.15 We ensure that our staff are supported, supervised and accountable in their work to support children in need of protection. We offer help and advice when they need it but they are allowed to exercise appropriate initiative and professional judgement.</p>	<p>1 3 17 21 22 24</p>
<p>3.16 We plan and deliver a high quality child protection training programme to meet</p>	

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

the needs of our workforce. This takes account of local and national priorities for improving services for protecting children and meeting their needs. We have opportunities to meet and share training across services. We have been integrating, and will continue to integrate, child protection and GIRFEC training, including as part of a co-ordinated approach to training across all children's services.

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- 3.17 We systematically evaluate training. There is sound evidence of strengths in multi-agency training, including delivery, linkage to PDPs (more can be done in some agencies) and staff awareness of strengths and skills and own development needs.

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Key developments since 2008 self evaluation

- 3.18 The 2008/9 self evaluation and associated processes identified areas for improvement with regard to leadership and direction, as evidenced in the action plan and below.

- 3.19 Promotion of positive attitudes to social and cultural diversity
Key issues: information and reflect the needs of inward migrants.

Links have been made with both the Highland Polish Association and the Highland Russia Connection to address the information needs of migrants. 'Who can I tell?' leaflets, basic information for parents, substance misuse and domestic abuse leaflets have been translated into Polish. These will be promoted through the Polish Association newsletter and their website. Preparations are in hand for translation of further information leaflets as these are updated in line with GIRFEC. There are also 6 support teachers with additional language skills in communities with high migrant influx, and CALA has employed a bi-lingual co-ordinator to bridge the gap between Polish families and community groups and services.

- 3.20 Joint Leadership within and across agencies
Key issue: establish robust governance arrangements to cover Public Protection.

Governance arrangements have been reviewed and new structures put in place from October 2009.

- 3.21 Managing, disseminating, evaluating and updating policies
Key issues: interagency guidance needs updating; system to ensure that as procedures develop they can be updated timeously.

Guidance has been updated and disseminated. An updateable electronic version is available and a cascade system is in place for updates.

- 3.22 Involving children, young people and families in service and policy development
Key issue: systems to engage children, young people and families in service and policy development.

The Children's Plan has been remodelled as an ongoing tool, with a three year cycle of consultation with all stakeholders. A Youth Participation strategy has been agreed

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

and all elements are now in place. Inspection reports evidence effectiveness. The former Youth Convener, HCF, Young Carers and LAC were given the opportunity to participate in the 2008 self-evaluation and to contribute to the setting of priorities for the updated CPC action plan for 2009-12. The Director of ECS hosted successful conferences with representatives of almost all secondary schools in Highland, in September 2008 and 2009, to ascertain young people's views on a range of issues including child protection. A report will be published shortly. The Youth Convener is now a member of CPC and the CPC took key elements of its action plan to consultation with Highland Youth Voice in November 2009.

3.23 Staff development and training

Key issues identified: PDP process was not informing all strategic training plans; effective supervision of social workers; need for systematic induction; challenge of training unqualified SWS staff; insufficient provision for SWS staff on JIIT; quality assurance of training.

Northern Constabulary has a system in place for PDP planning to inform strategic training plans. NHS Highland has a system for Nursing staff and Allied Health Professionals but not for other staff. Work is ongoing with GPs and DGPs to identify training needs and incorporate training into protected learning time. ECS has a system in place for teaching and CLL staff. The SWS system has yet to be developed. SW supervision continues to be a high priority, has been monitored, and further system improvements put in place.

Core content has been developed for the Child Protection element of induction. NHS Highland delivers Child Protection awareness as part of all induction programmes, whereas The Highland Council delivers this element in inductions for qualified social workers, teachers and some CLL and Housing staff. A major programme of basic awareness training was implemented during the winter of 2007/8 and 686 unqualified staff in social work services received training. Significantly increased places have been provided for social workers on JIIT courses, but the number of new workers in post has required an amendment to procedures to be put in place.

Plans are in hand to amalgamate the Child Protection and GIRFEC Named Person/Lead Professional training in 2010. Staff handbooks are being developed for each module to ensure that all staff who receive training have access to further information resources.

Training is also being identified at the full range of national levels. Master classes have been developed, drawing on local practitioner skills and on external expertise. A course has been developed and has just been piloted with Stirling University, for Lead Professionals in advanced practice.

Evaluation of training is well established and a model has been developed for internal verification of quality of delivery. There is provision for follow-up at 6 months to see how training has impacted on practice but this has yet to be implemented. There is also a need to follow up on individual staff who have been involved in incidents and to check whether the training they had helped them to feel confident to deal with the situation. The Training Forum has undertaken a self-evaluation exercise against the key QIs for training.

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

Areas for Improvement

- 3.24 The action plan has been updated to include the following areas for improvement in relation to how well needs are met:
- 8ii - Roll out of revised voluntary sector GIRFEC programme for community groups.
 - 10vi - Ensure that staff are clear about the respective roles and linkage of the Liaison Meeting, SMG and COG
 - 12i – The 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.
 - 12ii – A fully comprehensive youth participation strategy.
 - 13i - Ensure each agency has a system to identify and record professional development needs and to feed these back into the planning mechanisms for training
 - 13ii – Continue to ensure an integrated approach to training across children's services, including fully combining CP and GIRFEC

Other supporting evidence

3.25 **The guidance launch self evaluation highlighted:**

3.25.1 Guidance - Staff considered both the GIRFEC guidance and the inter-agency child protection guidance to be clear and well implemented. Procedures, protocols and pathways are effective and adhered to. Responsibilities are clear.

3.25.2 Training and staff supervision were repeatedly cited as key strengths:

- *Training for Social Workers/Police and core services is good.*
- *Advanced, multi-agency Child Protection training – regularly updated.*
- *Professionals are being trained to recognise the need for communication with children and families to meet their needs.*
- *Designated person to contact.*

3.25.3 Staff Morale – staff expressed positive feelings about their role in supporting children and their families:

- *Motivated, well-trained staff who know what to do and that they have a role.*
- *Individual staff commitment and commitment from senior management in all agencies to multi-agency working.*
- *A range of specialist workers – knowledge combined with values of team/organisation.*
- *Good inter-agency working and good informal communication.*
- *Consistency of staffing in 'small' geographical areas develops trust.*

3.26 **Annual Report and associated management data.**

Evaluation of Child Protection Training; Evidence of requests to raise items on agenda; Evidence of discussion of Public Protection and Governance issues and involvement of Scottish Government reps; Evidence of action on issues raised at National level; Evidence of Chief Officer input to training; Evidence of Chief Officer input to Review Day planning; Evidence of development of leadership action learning sets; Evidence of review of external training provider; Evidence of local in-house

3. HOW GOOD IS LEADERSHIP AND DIRECTION?

strategic CP groups e.g. CPAG, ECS, etc.; QuAG minutes and reports.

Chief Officer responses to National consultations; Feedback on annual report to JCCYP; Arrangements for representation of other local strategic groups and exchange of views;

3.27 *Managing, disseminating, evaluating and updating policies.*

Protocols, procedures, guidelines and pathways with evidence of impact assessment, reviews and updates. Evidence of consultation during drafting of protocols and guidance, including consultation with CPC members on other strategic areas e.g. domestic abuse, substance misuse, young carers, etc.

3.28 *Seeking views and involving children, young people and families in developing services.*

Responses to SPICE and Youth consultation. Review of recommendations of Calman Trust research and activity undertaken to implement these.

3.29 *Staff development and training.*

Training figures; feedback from training and Training Forum Self-evaluation.

4. HOW ARE SERVICES IMPROVING?

Evaluative Summary	Evidenced in audit (ref.)
4.1 As evidenced by our action plan and evaluation and audit processes, and particularly by the redesign of systems and business processes, it is evident that we are committed to planning and implementing approaches and strategies to continuously improve services to protect children.	1 2 3 21 24 25
4.2 We have a strong strategic overview of what constitutes best practice in services to protect children. We play a strong role in leading improvement and innovation in services to protect children with a constant focus on outcomes for children and their families. Services had taken careful and considered action to implement the recommendations in the inspection reports published in July 2005, January 2007 and May 2008.	18 22 25
4.3 We understand the need to support and challenge our staff and set demanding but realistic targets to secure improvement. An annual process of self-evaluation, review and prioritisation of issues in the rolling work plan has been established and embedded over the past three years.	22 25
4.4 We lead and manage strategic change effectively by identifying and focusing on a manageable number of high priority initiatives. We routinely explore, research and adopt best practice being taken forward in other areas, and being led in Highland as a pathfinder authority for <i>Getting it right for every child</i> .	18
4.5 We have worked to embed quality assurance processes into our systems and mainstream practice. Managers at all levels consistently promote self-evaluation and review, and support staff to do this effectively. The CPC and Integrated Children's Services QA groups have merged (as QuAG) to ensure a comprehensive and integrated approach. Mechanisms for self evaluation and continuous improvement have been reviewed, new sources of data have been identified and a strategic framework is being constructed to maximise effective use of information, including impact of child protection activities on outcomes for children. Posts have been created or redesigned to mainstream these processes into operations. Multi-agency Practitioner Forums meet at strategic, management and operational level to share and reflect on practice. A formal written strategy is being developed to reflect this more comprehensive approach to Quality Assurance.	1▶ 18 22
4.6 The CPC commissions and considers case reviews whenever it is apparent that there are strategic lessons to be drawn from individual cases. Close attention is also paid to reviews and enquiries from elsewhere in the UK, and to the deliberations of national groupings, such as meetings of the National Child Protection Chairs and developments such as the Multi Agency Resource Service.	29
4.7 Our self-evaluation focuses on key aspects of the wellbeing of children in need of protection. It draws on a wide range of evidence. We reflect on current practice and evaluate any initiatives or changes we have introduced. We identify strengths and areas for improvement and we share good practice.	1▶ 18

4. HOW ARE SERVICES IMPROVING?

4.8 We continue to develop systems to gather the views of service users who have been involved in child protection processes about the quality of our work. To date, we have not been successful in getting the views of significant numbers of people with experience of child protection processes, and further work is taking place regarding this.

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Key developments since 2008 self evaluation

4.9 The 2008/9 self evaluation and associated processes identified areas for improvement with regard to how services are improving, as evidenced in the action plan and below.

4.10 **Monitoring, development and building capacity for improvement.**

Key issue: need for a strategic and deliverable approach to quality assurance across children's services; build in the involvement of children and families.

Individual partner agencies continue to embed the use of QA tools and processes. Posts have been created or redesigned to mainstream these processes into operations, such as Integrated Services Co-ordinators (ISCs), Integrated Services Officers (ISOs) and Quality Assurance & Review Officers (QAROs). Multi-agency Practitioner Forums meet at strategic, management and operational level to share and reflect on practice.

The CPC and Integrated Children's Services QA groups have merged to ensure a comprehensive and integrated approach. Mechanisms for self evaluation and continuous improvement have been reviewed, new sources of data have been identified and a strategic framework is being constructed to maximise effective use of information, including impact of child protection activities on outcomes for children.

Additional improvement plans have been produced in response to specific pieces of self evaluation. These include evaluation of protocols and policies, audit of records and practice, learning from local case reviews and evaluation against the recommendations of high profile significant Scottish and UK case reviews.

The QuAG workplan for 2008-2011 lays out plans for in-house and joint quality assurance. Early priorities have been the annual CPC self-evaluation (involving a comprehensive and aligned series of audits) and the Through Care and After Care joint evaluation.

Areas for Improvement

4.11 The action plan has been updated to include the following areas for improvement in relation to how well needs are met:

- 9iii – Complete a clear formal strategic framework for monitoring and QA across the range of interventions
- 14i – Continue annual review by chief officers to identify improvement priorities for the coming year.
- 14ii - Develop new sources of data as part of a framework to maximise effective use of information, including impact of child protection activities on outcomes

4. HOW ARE SERVICES IMPROVING?

for children.

14iv – Ensure continued mainstreaming of QA tools into operational management and practice

14v – Continue to build a reflective practice approach to Quality Assurance, providing staff with tools and positive support to build QA into normal business processes

Other supporting evidence

4.12 Learning from Case Reviews:

Evidence of inclusion in training and learning sets.

- **Baby B, G, KK action plans:**
Evidence activity to address issues raised by local case reviews and to monitor this. Progress is monitored against these action plans .
- **Baby P action plan:**
Evidences learning from other area issues.

4.13 NHS audit - Clinical Supervision: A Debrief Model for Staff Involved in Complex, Challenging, Child and Family and /or Child Protection Cases. (Feb 2008) - Peer Review Process:

Evidences learning from multi-agency peer review of complex cases, including evaluation of the process.

4.14 Procedure for the Communication and Handover of Health and Social Information at School Entry Between Health Visitors and School Nurses with Appendix 1 Home Educated Children

Issued - May 2004; reviewed and updated in June 2006 and again in March 2009.

4.15 Development of electronic tool to audit Public Health Records against standards and HMIe QIs. – being taken forward at CPAG.

4.16 Protocols and Pathways:

Evidence of numerous new and reviewed protocols and pathways, including Equalities Impact Assessment:

- *Amended NHS DNA policy following review.*
- *Amended procedure for handover from Midwife to Health Visitor.*
- *Revised Inter-agency Child Protection Guidance.*
- *GIRFEC Risk assessment guidance.*
- *Management of Sex Offenders*

4.17 Protocols for Hearings:

Plans for Hearings Protocol - was updated in November 2008 – includes arrangements for monitoring/ evaluation, to promote effective hearings by ensuring that papers for every child's Review Hearing:

- *are sent by SCRA to participants in one mailing;*
- *contain a single, up to date Child's Plan, containing information necessary for an effective hearing;*
- *arrive with children, relevant persons and panel members in good time*

4. HOW ARE SERVICES IMPROVING?

Children's Panel Members, Social Work Team Managers and SCRA staff were informed via briefing sessions held in the three areas. Roll out was supported by the dissemination of Child's plan – Guidance for Social Work Staff and a single page Plans for Hearings Checklist – the essentials for an effective hearing.

4.18 SWS - Staff Development and Training Strategy and Plan 2009-2012 - Investing for a professional social service workforce:

Evidences consideration of the legislative context and the continuous improvement agenda. Establishes clear priorities for staff development and training.

4.19 CAMHS referral pack

Evidence of service user involvement in renaming service, service improvements, development of Phoenix Centre – and clear referral pathway for CAMHS services.

4.20 Family dynamics and engagement issues

Master class with David Howe. Conference with workshops to share good practice and discussion groups to inform the development of good practice guidance.

Appendix 1**References**

Ref.No.	Audit, Review or Quality Assurance Exercise (lead person)
1.	Compilation of information from previous evaluations and inspections (Pene Rowe)
2.	Evidence of activity against the 2008/09 action plan (Pene Rowe)
3.	Roadshows consultation (Pene Rowe)
4.	Audit of child concern processes, in relation to reports to SCRA (Tom Boyd)
5.	Audit of child concern processes in two Areas (Valerie Gunn)
6.	Audit of Child's Plans with a Social Work Lead Professional, focussing on engagement with children & families and assessment of risk (Margaret Kinsella)
7.	Interviews with children and families with multi-agency plans (incomplete) (Gillian Newman)
8.	Learning from case reviews (Pene Rowe)
9.	Ongoing review of Child's Plans (Linda MacLennan)
10.	Throughcare QA report (Sandie Young)
11.	Evaluation of CP training (Donna Munro)
12.	Evaluation of Plans for Hearings (Tom Boyd)
13.	Review of findings in SWIA and Care Commission inspections (Ian Thomson)
14.	Women's Aid evaluations (Margaret Kinsella)
15.	Youth Voice and SPICE consultations (Pene Rowe)
16.	Police and THC Public Surveys (Pene Rowe)
17.	SCRA decision-making self-evaluation (Tom Boyd)
18.	National GIRFEC evaluation (Bill Alexander)
Other documents referenced in the self evaluation	
19.	For Highland's Children 2 (Innis Mitchell)
20.	For Highland's Children 3 (Innis Mitchell)
21.	Highland Child Protection Guidance (Bill Alexander)
22.	Chief Officer Group & Service Manager Group minutes (Bill Alexander)
23.	Highland Children's Forum: Are we there yet - analysis of the views of children and young people about the impact of the Children's Plan (Gillian Newman)
24.	GIRFEC guidance (September 2008) (Bill Alexander)
25.	CPC Action plan (updated version since Dec. 09 review) Actions are cross-referenced in the self-evaluation (e.g. 25:1i = action number 1i) (Pene Rowe)
26.	Annual Report 2008/09 (Pene Rowe)
27.	NHS Highland and Highland Council Transitions Guidance (Marlyn Campbell)
28.	Guidance on strategic arrangements for public protection (Bill Alexander)
29.	CPC meeting reports or minutes (Pene Rowe)

Final

Appendix 2

HIGHLAND CHILD PROTECTION COMMITTEE ACTION PLAN 2009-2012 (v15)

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;

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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.

Legend For Action Plan:

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

ACTION PLAN 2009-2012 HIGHLAND CHILD PROTECTION COMMITTEE

PRIORITY	ACTIONS	TIMESCALE	RESPONSIBILITIES	PROGRESS	RAG
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	Guidance will include this.	A
	ii - Every plan specifically identifies named person or lead professional	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.	A
	iii - Lead professional changes identified in chronology	April 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.	A
	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	Social Worker vacancies addressed. Continuing challenge in specialist health service.	A
	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		

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	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	Conference held, and materials being collated.	G
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
	ii - Rollout training programme through schools	2009 – 2010	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. S2 target 2,594 pupils to receive e-safety education – 2,542 have now received this. Support also provided to LAAC.	G
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. Consideration to be given to reforming Highland group when guidance available. Consultations taken place with HYV.	
	ii - Finalise and issue GIRFEC guidance	April 2010	Head of CS & GIRFEC Team	Final revised guidance was due in September 2009, but delayed.	A
	iii - Finalise and issue CP guidance	June 2009	Head of CS with guidance task group.	CP guidance published and process of dissemination almost complete. External commissioned services are the final agencies being circulated.	G

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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 multi-agency Early Intervention Plans led by Lead professionals based in Health or Education	G
	ii. Share the Child's Plan through the eCare framework via the MAS	April 2010 and ongoing	eCare GIRFEC stakeholder Group	Work being co-ordinated via project implementation plan. CareFirst and e1 largely on track. Investigation of fast track in MIDIS. Business requirements and usage of iACT being confirmed.	A
	iii. Achieve access to key information in CareFirst for PPU's and Raigmore	June 2010	eCare GIRFEC stakeholder Group	PID being finalised and implementation schedule detailed.	A
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	Transition tools developed, and work on 'the Bridge' for the Child's Plan close to completion. Work on tools for use with adults in contact with children not progressed as yet – still in discussion with Scottish Government.	R
6) Effective provision and co-ordination of long-term counselling and support services	i - Strategy for counselling and support services	2010 -2011	Head of CS	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 long term planning, but higher standard is sought.	A

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	iii - Support effective transition into adult services	March 2011	Transitions COG	Transition guidance in use. COG and workstreams being progressed. 'More Choices, More Chances' – significant activity re; what should be in the plan at the point of transition. Self directed support project also being progressed. Protocols in place between Housing and CJS and Children's Services for throughcare arrangements.	A
	iv - Training of foster carers	March 2010 and annually ongoing.	CPTO with Manager Adoption & Fostering	Dates have been added to the training calendar.	G
7) Confidence that young people do refer and self-refer when they should	i - Revise processes to measure referrals from young people	2010 -2011	CPDO	Outstanding.	
	ii - Public campaigns to focus on young people	009 - 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.	G
8) Confidence in the positive impact of public awareness campaign	i - Revise processes to measure public confidence	April 2010	CPDO	THC results and Northern results now available. Refresh approach to measurement of public confidence.	G
	ii - Roll out of revised voluntary sector GIRFEC programme for community groups.	Ongoing from April 2009	KCS	8 x 1 day sessions rolled out to vol. sector EYs groups and more planned. New format much more effective.	G
9) Involvement of children & young people in their own planning	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 being audited.	G

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and decision making	ii - Guidance for children and families about range of support, advice & advocacy services, during planning processes	April 2010	GIRFEC Team with CPDO	All existing leaflet reviewed and refreshed. Publication delayed. Further minority language translations to be commissioned. Who Cares? Scotland being commissioned re one-stop children's rights service.	A
	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.	G
	iv - 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	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 G
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	G
	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.	G
	iii - Ensure child concern form system is working	March 2010	Service Manager's Groups/QuAG	Audits ongoing. Use of iACT as means of communication being pursued.	G

	iv - Full rota of paediatric support	June 2009	NHS - Director Community Care	Clear improvements with rota in place, and system well embedded regarding physical abuse.	B
	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	However, given local and national staffing constraints, there is no 24/7 coverage for sexual abuse – options continue to be explored.	R
		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 - Quality	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
		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.	A

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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 Convenor membership of CPC. September SPICE event included CP issues and HYV conference plans to include CP issues.	G
	ii - Fully comprehensive youth participation strategy.	March 2010	Head of CLL.	Strategy has been to Committee. Actions being followed through.	G
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.	A
	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	G
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 th and action plan updated – to be reviewed further following HMIE inspection.	G

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