

# **Annual Report**

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

**April 2007 – March 2008**

**Highland Child Protection Committee Annual Report  
April 2007– March 2008**

**Annual Report on Protecting Children and Young People in Highland CPC area  
2007-08**

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**Annual Report on Protecting Children and  
Young People in Highland CPC area.  
2007 - 08**

**Preface from Chair and Chief Officers:**

We present the 2007/08 Annual Report of the Highland Child Protection Committee. This is the fourth report submitted to the Scottish Government in line with the Guidance for Child Protection Committees published in January 2005.

2007 was another productive year for the Committee, continuing the implementation of the action plan that was produced in response to the HMIe pilot inspection of Child Protection Services, published in June 2005 and further recommendations from the interim follow-through inspection in June 2006. A Quality Assurance Framework was adopted during 2005 and evidence of continuing improvement against the action plan was presented to HMIe inspectors during their final follow-through inspection, which was conducted in February 2008. The report of their findings was published in May 2008. The report concluded that the culture of continuing improvement is sufficiently embedded in Highland to make further inspection unnecessary

This endorsement of continuous improvement is hugely rewarding, and a tribute to staff across all of the agencies. It is confirmation and acknowledgement that we have good services for children and good joined up working in Highland. The report evidences the excellent work being done by staff to promote the protection of Highland's children. It also shows the significant awareness of the public's responsibilities to work with agencies to help keep children safe.

We wish to acknowledge the hard work of staff across all partner agencies working in this complex area and to commend this report as testimony to a busy year which has seen sustained progress and the further strengthening of many areas of practice.

Signed:

Alistair Dodds (Chair),  
CE Highland Council

Ian Latimer,  
Chief Constable

Roger Gibbins  
CE NHS Highland

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### Introduction:

The guidance for Child Protection Committees, published in January 2005, was implemented in Highland during that year and we continue to refine the mechanisms necessary to the effective functioning of the Committee.

The management of child protection services in Highland continues to be a priority across all public agencies. This responsibility is led and owned by all agencies, as evidenced by the involvement of Chief Officers on the Committee, representing the Highland Council, Northern Constabulary, NHS Highland, Procurator Fiscal and Scottish Children's Reporters Administration. The Chairperson is presently the Chief Executive of Highland Council, who took up the position in July 2006. The Vice-chair is the Director of Social Work Services.

The priority given to these matters is further evidenced by the involvement of senior managers in the Lead Officers Group that supports the Committee, which also includes involvement from the armed forces and the voluntary sector. Strong links with the Committee are maintained via the Director of Social Work Services, who chairs the Lead Officers Group.

The Committee employs a Development Officer, a Training Officer and an Administrator. In addition, dedicated officers are employed in each of the lead agencies to support management and training in child protection processes. This includes a jointly funded post for the voluntary sector, steered by 'Keeping Children Safe', a multi-agency forum.

During 2005/6 the Committee produced a 3-year action plan, which forms the first 15 action points of the 'Safe' section in the Integrated Children's Services plan '*For Highlands Children 2*'. This is kept under review by the CPC and used to inform the annual workplan. Each agency has an action plan with specific objectives and key deliverables which contribute to the delivery of the Committee's workplan. The standing agenda for Lead Officer Group meetings is based on the key elements of the action plan and allows for detailed monitoring of progress. The Quality Assurance group has developed a framework to record evidence of progress and evidence is collated and reviewed at regular intervals.

The Child Protection Development Officer sits on the Integrated Children's Services Lead Officer Group and reports accordingly. Highland Council was restructured during 2007 and, from April 2008, the CPC's core staff will be located with other strategic leads within the framework of Integrated Children's Services.

The national guidance has supported the continued and sustained implementation of actions and processes to ensure effective joint working and the protection of children in Highland. This was reflected in the pilot child protection inspection (2005), the subsequent interim follow-through inspection (2006) and the final follow-through inspection which took place in January 2008. It has also been reflected in the ongoing

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evaluation of key outcomes for children in Highland, both through external consultation and through the ongoing development of in-house and multi-agency quality assurance processes.

Highland is a pathfinder area for the implementation of '*Getting It Right For very Child*'. The pathfinder, which was initially limited to the Inverness area of Highland, began a phased roll-out to the rest of Highland during 2007/08. It is expected that this will be complete by March 2011. This continues to present some unique challenges for the CPC:

1. The integration of child protection processes into the emerging holistic framework of assessment and support and the re-writing of guidance to reflect this.
2. The development of training to reflect the new framework and procedures.
3. The need to operate two systems until transition is complete across Highland.

These challenges have, of necessity, impacted upon the speed of progress in implementing the CPC workplan; a fact that has been acknowledged in the last two HMIe follow-through inspections.

### Evaluation and Inspection:

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

During the year, a number of audits and reviews have been conducted within services, and appropriate reports have been presented to the Committee. A complete listing is noted under the 'Quality Assurance' heading (below).

**Comparative Analysis** – During 2008 an attempt was made to undertake a comparison of trends against both national trends and against trends for 3 areas considered to have roughly similar demographics to Highland – Argyll & Bute, Scottish Borders and (rural) Aberdeenshire.

#### Comparative numbers of referrals, case conferences, CPR registrations and de-registrations, and numbers on CPR, by CPC area 2006-7 (compared to 2005/6)

CPC	Referrals / 1,000 pop	(Referrals / 1,000 pop)	CC's / 1,000 pop	(CC's / 1,000 pop)	CPR Reg / 1,000 pop	(CPR Reg / 1,000 pop)	CPR de-reg / 1,000 pop	(CPR de-reg / 1,000 pop)
HIGHLAND	7.73	(7.92)	1.90	(2.24)	1.50	(1.88)	3.20	(0.71)
Aberdeenshire	20.06	(18.00)	1.45	(2.54)	1.35	(2.37)	2.06	(2.35)
Argyll & Bute	10.64	(12.00)	6.22	(6.50)	3.59	(4.46)	5.00	(2.93)
Borders	12.55	(15.07)	4.18	(3.63)	3.55	(3.01)	2.87	(2.91)
SCOTLAND	11.67	(11.50)	4.50	(4.37)	3.07	(3.05)	3.01	(3.03)

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CPC	On CPR / 1,000 pop	(On CPR / 1,000 pop)	Case Conferences as % of Referrals	(Case Conferences as % of Referrals)	CPR registrations as % of Case Conferences	(CPR registrations as % of Case Conferences)
<b>HIGHLAND</b>	3.2	(2.80)	24.6%	(28.16%)	79.0%	(84.36%)
<b>Aberdeenshire</b>	1.5	(2.20)	7.2%	(14.53%)	92.6%	(93.79%)
<b>Argyll &amp; Bute</b>	2.2	(3.50)	58.0%	(50.35%)	57.7%	(73.50%)
<b>Borders</b>	3.1	(2.30)	33.3%	(24.14%)	84.9%	(83.19%)
<b>SCOTLAND</b>	2.8	(2.50)	38.5%	(37.96%)	68.3%	(83.73%)

Whilst Highland has a higher number of Child Protection registrations per 1,000 population than the national average this would appear to be the product of a low rate of de-registration rather than of new registrations. It is surmised that this is partly due to the small number of families involved and the fact that a number of families of greatest concern happen to be larger than average. However, the quality of decision making may also have been a factor. To address this, training has been developed around a new risk assessment and evidence based decision making model which was introduced as part of the *'Getting It Right For Every Child'* pathfinder. The significant impact of this will become apparent in the submission for 2008/9, which has seen a significant increase in de-registration supported by ongoing multi-agency Child's Plans.

During 2007/8 the Quality Assurance Group audited the reviews of all cases where children have been on the register for more than 12 months to ensure that decisions were clearly evidence based. The audit found that, in the majority of cases, there was good justification for retaining the children's names on the register.

The level of referral remains lower than in comparable areas. This is believed to be a product of moves to intervene early, at a point where the concern has not reached the threshold for recording as a child protection referral. The implementation of *'Getting It Right For Every Child'* is increasing the number of cases identified at the child 'in need' stage and it is believed that the awareness campaign has encouraged early referral to the child-care professionals in Health and Education. The evidence is currently anecdotal as no formal evaluation of the campaign has yet been undertaken. These two factors should decrease the number of children accessing support in crisis and 'at risk'.

**Inspections** – Highland was subject to a number of inspections, which included reference to Child Protection links, during 2007/08. These included Care Commission inspections of Fostering & Adoption, Throughcare & Aftercare and inspection of Women's Aid Refuges and early years provision.

Highland participated in the pilot child protection inspection programme, which reported in June 2005 and was followed by an interim follow-through inspection June 2006. The final follow-through inspection took place in January 2008 and reported in May 2008.

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The report concluded that:

*Services had taken careful and considered action to implement the recommendations in the inspection reports published in July 2005 and January 2007. 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. As a result of the effective performance shown by services in taking forward improvements, HMIE will make no further visits in relation to the inspection reports published in July 2005 and January 2007.*

In respect of continuous improvement the report notes that:

*Services in the Highland Council area had continued to work well together to improve services to protect children and young people. They had improved aspects of quality assurance and management of services. Policy and guidance to direct staff in their work to protect children had been further developed. Staff within Inverness had begun implementation of the 'Getting it right for every child' (GIRFEC) approach. New procedures to support more integrated delivery of child protection services were being introduced.*

*Local authority structures had been revised. There were now three administrative areas with similar boundaries to the Community Health Partnerships (CHPs). Police structures were in the process of being aligned resulting in more effective management of integrated services for children. The delivery of services for children and families had been reorganised into these three new areas. These arrangements had already been established in Inverness and were in the process of being established in the other two areas.*

*There was effective leadership of the CPC as evidenced by the involvement of chief officers who provided guidance and direction to the Lead Officers Group (LOG). The LOG took forward and monitored the implementation of strategic decisions made by the CPC. Within services, a culture of continuous improvement and reflection was developing. A self-evaluation exercise had been undertaken on an inter-agency basis. Chief officers and elected members demonstrated a commitment to their responsibility as corporate parents for children looked after by the local authority.*

*Services had improved outcomes for vulnerable children and their families. Improved risk and comprehensive needs assessment, had led to clearer identification of what was required to support the family and meet the needs of children. Increased provision available to support young children included the Merkinch family centre. Effective joint working was promoted by strategic leaders and established across services at all levels.*

Despite concluding that further inspection is unnecessary, the report hi-lights a number of areas where additional improvements could be made:

- *There was no paediatrician available to undertake sexual abuse examinations during weekends or evenings.*

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- *Progress towards meeting children's longer term needs was good although provision of some services across wide rural areas was inconsistent.*
- *There were ... limited recovery services for children who had been abused.*
- *There were inconsistent approaches to supporting children not in mainstream education.*
- *Some staff were unaware of the full range of services available to protect children within their area.*
- *Despite a wide distribution, publicity materials were not on display in some key premises.*
- *The data analysis was not sufficiently sophisticated to allow clear conclusions to be drawn on the impact and effectiveness of specific aspects of the [public awareness] campaign. A systematic approach to evaluating effectiveness had yet to be developed.*
- *Education plans, including Co-ordinated Support Plans, were not yet integrated into the new assessment framework applied by social work or health staff.*
- *Not all social workers received regular supervision and support from their managers... The procedures that had been put in place were applied inconsistently across the social work service.*
- *There were insufficient opportunities for social work staff to undertake the Joint Investigative Interviewing course.*

These recommendations have informed the review of the CPC's action plan and the development of a new 3 year workplan for 2008/11, which will be incorporated into the Integrated Children's Services Plan.

### **Fulfilling Functions**

#### **• Public Information:**

During 2005 the CPC reviewed its approach to public awareness. Questions were included in the Highland Council's Public Performance Survey which asked about awareness of Child Protection, confidence in the system, knowledge of who to contact with concerns and preferences with regard to awareness raising media. The results were analysed by age-group, gender and other demographic factors. This exercise was repeated in 2006 and demonstrated that 15% more respondents claimed to be aware of Child Protection Services than in 2005.



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The information from the two surveys was used to inform a new communications strategy. It was originally intended to implement a coordinated awareness campaign during the autumn/winter of 2006. However, the announcement of Ministers' intentions to launch a new national telephone sign-posting service and website led to a decision by the CPC to postpone the campaign and seek, instead, to be part of the first phase roll-out of the national initiative in February 2007. Highland benefited from wide-ranging national and local media coverage during the launch of the telephone line and website and also during the subsequent launch of information booklets/fridge magnets in Scotmid stores throughout the region. In addition, approximately 4,000 posters were distributed to public buildings and service providers across Highland.

In September 2005 the Protecting Highland's Children website was launched as a stand alone but linked section of the Integrated Children's Services 'For Highland's Children' website. The website displays information about the Child Protection Committee, its membership and its work, including access to the Interagency Procedures, publications and downloadable information leaflets, and key contacts. The site has links to partner agencies and to relevant publications such as the National Standards Framework, the HMIe report and critical incident reviews. It also includes links to other relevant childcare and Highland websites e.g. For Highland's Children 2.

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

Further publicity materials were developed for Highland CPC's '*See It, Hear It, Share Your Concern*' campaign, which was launched in August 2007. It built on the national campaign and continues to promote the ChildProtectionLine number. In addition, it promotes the ethos of the '*Getting It Right For Every Child*' by encouraging members of the public to confide in any childcare professional. The campaign has included: radio advertising; a pull out supplement in all local newspapers; posters in public buildings and on buses on all major routes in Highland; a week-long big screen campaign in the central concourse of the biggest shopping mall in Highland; adverts on small screen public information points and in Community activity programmes produced by Caledonian Thistle FC to go into the homes of all school children.

Monitoring systems have been established to identify child protection referrals generated by the campaign and to track outcomes.

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

The Committee oversees the development of all policies and procedures related to child protection to ensure that the needs and risks for a child remain at the centre of decision-making. Policy development is influenced by a range of factors including national guidance, reform programme initiatives, research recommendations in respect of good practice, local and national recommendations from Critical Incident Reviews and HMIe

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findings. These are progressed through the Highland Child Protection Committee in respect of multi-agency and interagency recommendations.

Highland CPC has comprehensive inter-agency policies and procedures, which were launched and distributed widely in the winter of 2003/04. The Guidelines are also accessible on the NHS intranet, the Local Authority intranet and via the CPC website. The guidance was reviewed in 2006 and it was recognised that the impact of the implementation of '*Getting It Right For Every Child*' would need to be determined before a new edition of the guidance could be produced and disseminated. In the interim it was agreed to update the existing guidance electronically by bundling revisions and additions in downloadable format on the CPC website. A number of new pieces of guidance have been re-drafted to facilitate the changes resulting from the pathfinder and it is anticipated that the guidance will be updated during 2008/09. These include:

- Education Culture and Sport guidance on audit of Child Protection Policies for community groups using Highland Council owned or sponsored community facilities. It is a requirement that organisations using these facilities have adequate Child and Adult Protection policies as appropriate to their membership.
- Education Culture and Sport corporate Child Protection policy.
- SWS Staff Supervision protocol
- NHS debrief model for staff involved in complex or challenging child & family and child protection cases.
- NHS pathways for peri-natal mental health and for pregnant substance misusers.
- Updating of Northern Constabulary Crime Management Handbook for child Protection.
- Re-design of the Child Concern form and re-writing of policy and procedure in relation to Reporting of concerns, Referral, Risk Assessment, Record Keeping and Planning in line with *Getting It Right For Every Child*. Additionally CPC staff have been involved in consultation on the production of GIRFEC guidance.
- Transitions from Child to Adult Protection.
- Revision of the Pan Highland Information Sharing Policy.

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

### **• Management Information:**

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

Social Work Services' new Carefirst information management system was implemented in September 2007 and all staff have been trained in its use. This has enabled closer monitoring of record keeping and facilitated audit work.

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

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

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

### Statistics:

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

Provisional Figures	Male	Female	Total	%	Male	Female	Total	%
	2007/08				2006/07			
1 The No of Referrals	115	167	<b>282</b>		138	191	<b>329</b>	
2 The No of Children with the outcome of no further action			<b>225</b>				<b>248</b>	
3 The No of Children subject to a Case Conference (new)			<b>57</b>				<b>81</b>	
4 The No of Children Registered as a result of the Case Conference			<b>31</b>				<b>64</b>	
			Physical Injury	<b>16</b>	Physical Injury		<b>25</b>	
			Sexual Abuse	<b>1</b>	Sexual Abuse		<b>3</b>	
			Emotional Abuse	<b>3</b>	Emotional Abuse		<b>13</b>	
			Physical Neglect	<b>11</b>	Physical Neglect		<b>19</b>	
			Not known	<b>0</b>			<b>4</b>	
			<b>TOTAL</b>	<b>31</b>	<b>TOTAL</b>		<b>64</b>	
5 The No of Children not Registered as a result of the Case Conference			<b>26</b>				<b>17</b>	

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<b>2: Child Protection Referrals as a rate per 1000</b>		
	<b>2007/08</b>	<b>2006/07</b>
	6.6	7.7
<b>3: Rate of Case Conferences per 1000 Population 0 – 15 yrs</b>		
	<b>2007/08</b>	<b>2006/07</b>
	1.3	1.9
<b>4: Number of Children on the Child Protection Register</b>		
	<b>March 31 2008</b>	<b>March 31 2007</b>
	60	125
<b>5: Number of Children on the Child Protection Register as a Rate per 1000</b>		
	<b>March 31 2008</b>	<b>March 31 2007</b>
	1.4	2.9
<b>6: Rate of Registrations per 1000 population 0 – 15 yrs</b>		
	<b>March 31 2008</b>	<b>March 31 2007</b>
	1.5	3.2
<b>7: Registrations</b>		
	<b>March 31 2008</b>	<b>March 31 2007</b>
Emotional Abuse	11	52
Physical Injury	27	22
Physical Neglect	20	39
Sexual Abuse	1	12
Failure to Thrive	1	0
<b>TOTAL</b>	<b>60</b>	<b>125</b>

**• Quality Assurance:**

The committee recognises that quality assurance has to be at the heart of its work if Highland’s children are to be afforded the best possible protection. The recommendations of the HMIE pilot inspection, together with the publication of HMIE guidance on Self Evaluation, prompted the establishment of a standing Quality Assurance Group (QuAG) in March 2006. The QuAG was tasked with the production of a robust framework based

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upon the HMIE guidance, appropriate tools and a strategy for joint audit. In addition, protocols were developed to enable joint review of selected child protection cases. in April/May 2006. This enabled the testing of the framework and informed the further development of tools for such reviews. The model also informed the formation, during 2007 of an overarching Quality Assurance Group for Integrated Children's Services, of which the CPC QuAG became a specialist sub-group.

Most agencies in membership of the CPC have at least one member of staff trained as an associate inspector for HMIE inspections and are working towards embedding quality assurance via staff supervision at individual agency level. All agencies have internal systems to sample reports and case files on a regular basis. SWS reviewing all CPDoc initial referrals, Review reports and sampling case files; Police daily assessment and audit of all CP cases referred at local level and HQ via daily 'Tactical' meetings and peer review on a quarterly basis; NHS rolling audit of CP Advisor activity. During 2007 training in the use of the self-evaluation framework was delivered to other managers and Voluntary Sector child protection leads.

Work undertaken this year under the quality assurance banner included:

- Revision of audit tool for Community Group Policies.
- Scoping for expanded QuAG for Integrated Children's Services.

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

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

- Audit of decision making processes for 6 cases where children had been on the CPR for more than 12 mths.
- Audit of Hidden Harm recognition, assessment and planning activity.
- CPC self-evaluation exercise – this involved initial single agency self-evaluations contributing to a joint evaluation exercise to inform the CPC review day.
- Audit of two complex cases.

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

- Audit of use of new SWS staff supervision protocol and contracts

#### **Education:**

- Evaluation of 'Who Can I tell' Leaflet by 63 school residence pupils.

#### **Health:**

- Audit of all Child Concern Forms by the Named Paediatric Consultant to and quality assure identification of children who may require comprehensive, non-forensic, medical follow up.
- Audit of information sharing between NHS24 and NHS Highland in respect of out of hours child contacts.
- Audit of GP to Health Visitor communication in respect of newly registered families with pre-school aged children.
- Audit of the impact of having GP Child Protection Advisors.

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- Audit of Raigmore Hospital Health staff referrals to, and responses from, the Child Health Social Work Team.
- Re-audit of practice standard and protocol for the handover from Health Visitor to School Nurse.
- Evaluation of clinical supervision debrief model for complex and challenging child & family and child protection cases.

### **Northern Constabulary:**

- Ongoing audit of the new Child Welfare Concern forms
- Audit of all joint investigations involving a medical examination.

### **CPC Staff:**

- Review of Social Work CP DOCs (Referrals).
- Review of Police CP referral data and trends analysis.
- Review of HMIE Inspection reports for National CP Leads Forum and identification of best practice examples.
- Audit of QIs 4.5 (Staff Development) and 5.1 – 5.4 (Leadership) against best practice examples.

### **Commissioned Work:**

- Research into the views of children and families in respect of their experiences of initial and review case conferences. (I. Grigor – Independent Researcher)
- ‘Are We There Yet?’ Second year report of a 3 year study obtaining the views of children and young people on the impact of the Second Integrated Children’s Services Plan on the key areas: Safe, Healthy, Achieving, Nurtured, Active, Respected & Responsible, and Included. (G. Newman – Highland Children’s Forum.) It should be noted that Highland CPC action plan forms the major part of the ‘Safe’ element.
- ‘Delivering Integrated Services for Children in Highland: an overview of challenges, developments and outcomes’, (R. Stradling and M. MacNeil – UHI)

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

Additionally, the CPC reports progress to the Joint Committee on Children and Young People through the Integrated Children’s Services Lead Officer Group and will participate in its quality assurance processes as these develop.

### **• Promotion of Good Practice:**

Good practice findings from national inspection, audits and critical incident reviews are brought to the attention of the CPC through the CP Development Officer and incorporated into guidance updates and inter-agency training. During 2007/08 the CPC reviewed progress against best practice examples emerging from published HMIE

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inspection reports. In addition the Development Officer takes a proactive approach to circulating information regarding research, guidance and legislative changes.

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

During 2007/8 there has been ongoing networking between CP leads in different agencies and the establishment of a National CP Training Co-ordinator's Forum. In addition, Local Area Children's Forums continued to engage with the CPC to develop occasional training for staff across a range of children's services and, during 2007 a conference was held for grass roots workers on the topic of Communicating with Children and Young People around Child Protection.

Other developments in 2007/08 include:

- Aftercare support for sexual abuse cases has been improved with ring fenced appointment access to sexual health clinics.
- Sexual Health Services and Police produced an advice leaflet for victims in respect of support and STIs.
- A Risk Assessment Framework was finalised and guidance was produced and launched as part of the Getting It Right For Every Child pathfinder. The development or adoption of further risk assessment tools is being explored.
- As part of the drive to improve record keeping and reporting, training was commissioned from for Children's Planning Meeting Chairs and Minute takers. Further modules are to be developed.
- One Medacs doctor has undertaken paediatric training to provide corroborative support at CSA examinations.
- To ensure active consideration of general medical welfare needs alongside the need for forensic evidence, an audit of all OP/48/1s and Children of Concern Forms (GIRFEC) was undertaken by the Named Paediatric Consultant. This identified children who might require comprehensive, non-forensic, medical follow up and quality assured the screening and referral system.
- The Missing Children and Families task group expanded its remit to encompass a range of issues, including:
  - o Children missing from the Looked After system – a new traffic light system has been established with the police to distinguish between late returners, absconders and children thought to be vulnerable to grooming or trafficking.
  - o Runaways – the group participated in national research on this topic and considered the findings of the Aberlour report.
  - o Trafficking – the group considered advice coming from Operation Pentameter. To date there have been no confirmed incidents of child trafficking in Highland.
  - o Travellers and migrant workers – a section has been added to the Children Missing from Education system to identify traditional traveller families, whose movements are generally predictable. This helps to prevent

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unnecessary CME investigations as a simple check can be made with Education or Social Work traveller support staff at the appropriate site. Migrant workers pose more of a problem as there is often no means of checking whether they have returned to their country of origin.

- Children missing temporarily or permanently in relation to religious or cultural practices such as under-age marriage and female genital mutilation. Whilst the group encompasses this within its remit there have been no reported cases in Highland.

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

#### **Staff Supervision and Safety:**

During 2007/08 Social Work Services introduced the CareFirst workload management tool along with an updated staff supervision protocol, with quarterly monitoring and progress reporting to the Chief executive of the Local Authority. This is still bedding in and it is intended that the annual personal development plans will inform training needs assessment in future years.

Within the NHS, in addition to Clinical Supervision for individuals, a new model has been piloted to de-brief staff involved in significant incidents or complex cases. Consideration is being given to the adoption of this model by partner agencies.

Within the voluntary sector personal safety training is being rolled out to staff involved in lone working.

#### **Training Provision**

2007/08 has seen more of a focus on planning and development than delivery of interagency training programmes. This was to allow for the development of Getting It Right For Every Child (GIRFEC) programmes to ensure consistent messages were being delivered to staff within (and outwith) the Pathfinder area. Although they recognised the gap in interagency delivery, Highland's training provision was praised by the HMIE Follow Through Inspection, particularly with regards to our innovative approaches to training provision.

The majority of training delivery has taken place within Tier 1 single agency provision, with all services now having access to Introductory Child Protection Training. This has been adapted to include awareness raising around the implementation of Getting It Right For Every Child and is now standard across all agencies. In particular, 35 basic awareness sessions were delivered to all unqualified staff in Social Work Services and Children's Champions have been trained across Education and Community Leisure and Learning.

Training within Tiers 3 and 4 of the National Training Framework was also made available to staff. Reconstruct were commissioned to deliver a number of training courses in relation to Charring Meetings and Minute Taking. The Joint Investigative



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Interviewing Training course has continued to roll out, with further Social Work and Police trainers being trained nationally to ensure continued delivery of this course.

The Committee also supported 10 staff to attend an Introduction to British Sign Language course. This was provided free of charge by the Deaf Communication Project and was delivered over 2 days. The course provided basic sign language skills but also highlighted issues for trainers and child and family practitioners in working with deaf people, particularly where child protection issues arise.

A Trainer's Forum has also been established to offer support, training and information to trainers delivering any training in relation to work with children and young people. 25 people attended the first meeting of the Forum and it has been agreed that future events will focus more on training skills and support. The Forum will meet twice per year.

Links continue to be developed with STRADA, the Gender-based Violence Forum, Disability and Mental Health services and a number of new joint modules have been piloted.

### **Communicating with Children and Young People Conference**

This event was held on the 5<sup>th</sup> September 2007 in the Drumossie Hotel, Inverness with 118 delegates attending. The delegates were specifically invited as front line practitioners directly working with children and families. The day was very successful with 95% of respondents reporting that they felt 'more confident' in communicating with children and young people at the end of this event. The networking opportunities, along with the marketplace highlighting examples of good practice across Highland were well received by the delegates. As a result of the evaluations received, and subsequent feed back, the Child Protection Committee has now committed to supporting one major event per year, highlighting the work of services and the Committee, as well as improving staff skills, knowledge and confidence wherever possible.

### **External Links**

In order to address the key priorities, the CPC Training Officer has made links in with a number of other strategic groups including the Child and Adolescent Mental Health Training Group and the GIRFEC implementation team. A paper outlining the delivery of training within an Integrated Children's Service Training Framework was produced to include all relevant strands of training relating to work with children and families. All elements of the National Training Framework for Child Protection are included within this document.

During 2007 the CPC Training Officer also participated in re-establishing the National Child Protection Trainers Forum and attended the NSPCC PIAT (Promoting Inter-Agency Training) event and explored the potential for establishing a Scottish regional PIAT group.

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**Inter Agency Child Protection Training and Awareness Raising**

<b><u>1<sup>st</sup> April 2007-31<sup>st</sup> March 2008</u></b>	<b>Number of Participants</b>
<b>Training Level:</b>	
<b>Tier 1</b>	
Essentia Group Ltd – Know the Score and National Child Protection Helpline Staff Training	18
Merkinch Training Session – Interagency Awareness Raising	15
Awareness Raising Session for hearing impaired school leavers	24
<b>Total Number:</b>	<b>57</b>
<b>Tier 2</b>	
Hidden Harm Training – Parental Substance Misuse and CP	40
Self Harm and Suicide Training Consultation Day	14
Day 1 Mentoring Project Training: 2 training sessions	32
Protecting Children: A Shared Responsibility Pilot Course	27
Violence Against Women and Children Course – 1 day	28
<b>Total Number:</b>	<b>141</b>
<b>Tier 3</b>	
Communicating with Children and Young People Conference	118
An Introduction to British Sign Language	10
<b>Total Number:</b>	<b>128</b>
<b>Tier 4</b>	
Chairs of Child’s Plan Meetings Training – 2 days	44
Training for Minute Takers – 1 day	18
Violence Against Women Training for Trainers – 1 day	14
Trainers Forum – Training for Trainers Day	25
Graduate Certificate in Child Protection	8
Post Graduate Child Protection Certificate	3
MSc Child Protection	3
<b>Total Number:</b>	<b>115</b>
Total Trained – Interagency	441
Total Trained - Single Service (breakdown on following page)	3544
<b>Total Number of Staff trained in 2007/08</b>	<b>3985</b>

**Single Agency Training Provision**

**Northern Constabulary**

<b>Training</b>	<b>Number of Participants</b>
Joint Investigative and Interviewing Training	89*
<b>Total</b>	<b>89</b>

\* Breakdown: 47 – Police and 42 – Social Work

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**Training Provided by HCPC Training Officer/Social Work Service**

<b>Social Work Training</b>	<b>Number of Participants</b>
An Introduction to Child Protection for Social Work Staff	686
Foundation Course in Child Care and Protection Studies: An Introduction to Child Abuse and Neglect – Trainer: Maureen Devlin	12
An Introduction to Child Protection for Housing Staff	24
Foster Carers Child Protection Training Sessions	88
Mental Health Training Group – Awareness Raising Presentation	13
<b>Total</b>	<b>823</b>

**Highland Council Education Culture and Sport Training Officer**

<b>Training</b>	<b>Number of Participants</b>
Basic Awareness in Child Protection – Education Staff	1226
Basic Awareness in Child Protection – CLL Staff*	260
<b>Total</b>	<b>1486</b>

**Keeping Children Safe Training and Development Co-ordinator**

<b>Training</b>	<b>Number of Participants</b>
Basic Awareness Raising and POCSA – Childcare and Family Support Staff	311
Basic Awareness Raising and POCSA – CLL Staff*	274
Basic Awareness Raising and POCSA – Private/Other	36
Personal Safety Training	16
<b>Total</b>	<b>637</b>

\* CLL - Community Learning and Leisure

**NHS Highland**

<b>Training</b>	<b>Number of Participants</b>
An Introduction to Child Protection/Child Protection Awareness Training	417
Student Nurses	73
Student Midwives	19
<b>Total</b>	<b>509</b>

**Total Trained – Single Agency Training: 2007/08**

**3544**

## **Highland Child Protection Committee Annual Report April 2007– March 2008**

### **• Communication and Co-operation:**

The Highland Child Protection Committee facilitates essential communication, working and co-operation across agencies and provides an annual and topic specific reports to member agencies and their committees. The CPC membership is at chief officer level, which ensures appropriate communication with local authority elected members and non-executive directors of the Highland Health Board.

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

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

During 2007/08 a multi-agency training forum was established to promote further networking between Child Protection Advisors and trainers. The advisors are well respected and valued within their localities and provide access for all agencies and voluntary organisations to appropriate agency personnel within those localities. The ability to communicate and co-operate with others within and outwith their agency is requisite to an advisor appointment. HMIe inspections have commended the efficacy of this framework.

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

Members of Highland CPC participate in a wide variety of national forums and have engaged in collaborative work on many topics including: the national telephone signposting service, training, information sharing, single shared assessment, missing children and Hidden Harm, etc. Highland endeavours to work closely with neighbouring CPCs and has collaborated on training on a number of occasions, hosting, facilitating or attending events involving staff from Orkney, Shetland, Western Isles, Moray, Aberdeen and Argyll & Bute. Members of CPC staff also have involvement in National CPC Lead Officer Forum and the National CPC Training Co-ordinator Forum. Highland's early experience of HMIe inspection and its role as a pathfinder for Getting It Right For Every Child have also led to the sharing of experience with other CPCs.

## Highland Child Protection Committee Annual Report April 2007– March 2008

### Planning and Connections:

During 2005, the structure and membership of the CPC, its Lead Officer Group and sub-groups was reviewed and amended to ensure appropriate representation that would enable the dissemination of policy decisions within partner agencies.

The CPC produces a rolling 3 year work plan which forms the major part of the ‘Safe’ element of Highland’s Integrated Children’s Services Plan. From April 2008 the plan will be structured around the key Quality Indicators contained within the HMIe self evaluation and inspection framework. It forms the basis for the annual action plan which is reviewed on an ongoing basis using a traffic light system to track progress.

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

In 2007 this process was further enhanced by the introduction of an annual review and forward planning day, supported by a full scale self-evaluation exercise. This resulted in a new structure for the rolling three year plan

Being a Chief Officer Group, members of the CPC take responsibility for reporting to and from a wide variety of committees and for keeping elected members and non-executive directors informed about CPC issues and progress.

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



Specific links are maintained with the Domestic Abuse Forum, Highland Children’s Forum, Highland Young Carers and Highland Drug & Alcohol Action Team in respect of progressing national guidance and developing joint consultation and training.

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

In addition to the national links detailed in the 'Promotion of Good Practice' section of this report, the CPC Chair and Development Officer are active participants in the National Chairs' and Co-ordinators' group which meets with the Scottish Executive several times a year. This forum has developed a number of national task groups to progress common issues. Additionally, the Development and Training Officers belong to appropriate national peer forums and co-operate on a number of joint pieces of development work as well as representing Scotland at the UK PIAT (Promoting Inter Agency Training) group.

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

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

In September 2007 the CPC held a conference for grass roots workers on communicating with children. This involved a series of key-note presentations on the reasons why children may be reluctant to disclose abuse and other barriers to communication, followed by a variety of workshops on techniques to overcome these barriers.

63 pupils, resident in school hostel accommodation, were involved in designing and evaluating a leaflet 'Who Can I Tell?' offering advice to school children on where they could take concerns about themselves or fellow pupils.

The CPC Quality Assurance Group has a remit to audit cases for evidence of the impact of guidance on involvement of children and young people. The evidence confirms that, in the majority of cases, children and young people are involved when it is appropriate to do so. In one case this even involved the young person chairing the case review meeting.

The perspectives of children and young people and their families have been taken account of in a number of ways. During 2007/8 a number of questionnaires have been developed to elicit the views of both children and parents in respect of initial child protection case conferences and review meetings. Guidance and training has been provided to chairs of case conferences and children's hearings on the involvement of children.

A final report on the research, undertaken by Isobel Grigor, an independent researcher, into the views of children and families in respect of their experiences of initial and review

## **Highland Child Protection Committee Annual Report April 2007– March 2008**

case conferences, was presented to the CPC. The research was undertaken after the child's plan had been implemented. With hindsight, respondents felt that the process had been helpful. Social Workers had explained the process, before the meeting, and resulting plan and commitments, following the meeting. This had been reinforced by the reviewing officer on the day of the meeting. However, briefings were often verbal and written reports were not always available prior to the meeting, leaving participants little time to absorb information or prepare challenge/responses to stated facts. Although meetings were held at times and locations convenient for families, the locations were not always neutral or family friendly. A number of recommendations for improvement were made and these will be taken forward in 2008/09.

During 2005, the JCCYP approved 3 year funding for a research proposal from the Highland Children's Forum. In 2007 this resulted in the production of an interim report of '*Are We There Yet -2<sup>nd</sup> Interim Report 2007*', a consultation that gathered young people's views on the progress of the Integrated Children's Plan. A representative sample of 257 children aged 9 – 16 years, from across Highland, were consulted on all facets of the plan.

Also commissioned from Highland Children's Forum was a report representing the views of children 'in need' in Highland - '*What Difference Would There Be If Children's Experience Framed Policy?*'

The findings from these reports were used to inform the CPC Annual Review Day.

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

There has been an ongoing contribution from local children's rights and advocacy services. The Children's Rights Officer produces an annual report, which highlights the issues and complaints that young people have raised with him.

The Children in Highland Information Point (CHIP) provides information on a variety of issues of interest to children and young people. In addition, Northern Constabulary's Community Safety Department works in partnership with other agencies and has a large amount of positive contact with children and young people across the area. 3,000 visited the 'Safe Highlanders' event in 2007/08 and received information on a wide range of safety issues including child protection materials.

All secondary schools have a youth forum that sends representatives to Highland Youth Parliament. In addition, following the change of administration in 2007, the post of Local Authority Youth Convenor was created. The Youth Convenor was co-opted onto the Education, Culture and Sport Committee, with full voting power and provides further capacity and targeted ability to consult with young people in appropriate ways.

## **Highland Child Protection Committee Annual Report April 2007– March 2008**

Another innovation is Highland Apprentice Day, when young people are encouraged to shadow officials across the Wellbeing Alliance.

### **Future Planning:**

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

<http://www.forhighlandschildren.org/htm/integrated-planning/integrated-planning-fhc2-updates.php>

The rolling work plan is a sizable document, which would make a cumbersome appendix. Copies can be downloaded from the Highland Child Protection Website:

[http://www.protectinghighlandschildren.org/htm/documents\\_publications.php](http://www.protectinghighlandschildren.org/htm/documents_publications.php)

### **Conclusion:**

Once again, 2007/08 has seen significant progress against the CPC workplan and the majority of the 69 actions originally agreed for 2005 – 2008, have been completed. There continue to be some constraints in connection with the pace of development of the '*Getting It Right For Every Child*' pathfinder, national initiatives e.g. the Telephone signposting service, organisational restructuring and servicing the requirements of inspection, and actions affected by these were reviewed and rolled forward with modified target dates where appropriate.



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**Appendix 1  
CPC Membership:**

**Highland Child Protection Committee membership**

1. Mr Alistair Dodds, Chief Executive, The Highland Council (Chair from July 2006)
2. Ms Harriet Dempster, Director of Social Work, The Highland Council (Vice Chair)
3. Chief Constable Ian Latimer, Northern Constabulary (Chair to July 2006)
4. Mr Roger Gibbins, Chief Executive, NHS Highland
5. Mr Andrew Laing, Procurator Fiscal, Inverness
6. Mr Tom Boyd, SCRA, Children's Reporter
7. Ms Jan Baird, Director of Community Care, NHS Highland
8. Mr Hugh Fraser, Director of Education, The Highland Council
9. Mr David Goldie, Acting Director of Housing, The Highland Council
10. Mr Bill Alexander, Head of Service, The Highland Council & NHS Highland
11. Ms Leslie Johnstone, Legal Manager, Litigation and People Services, The Highland Council
12. Ms Fiona Malcolm (Depute to Ms Leslie Johnstone)
13. Ms Pene Rowe, Development Officer

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

<b><u>BUDGET 2007/08</u></b>			
<b><u>CHILD PROTECTION COMMITTEE (18JA011)</u></b>			
		£	£
	<b><i>Budget as assigned:</i></b>		
	Staffing & Administration costs	109,860	
	Training Courses & Other Activities	25,000	
	Awareness Raising	33,385	
	Publications (Guidance & Publicity updates)	10,000	
	<b>Total:</b>	<b>178,245</b>	
	<b><i>Income</i></b>		
	Underspend Rolled Forward from 2006/7 budget		42,850
	CCSF contribution		10,000
	Education Service		30,095
	Northern Constabulary		30,095
	Highland Health Board		27,609
	Social Work Contribution		35,110
	<b>Total:</b>		<b>178,245</b>
	<i>Some underspend is anticipated in relation to awareness and publicity. This will be rolled forward as 'committed' funds against these activities in 2008/9.</i>		
	<b><i>Staffing:</i></b>		
	Development Officer	POA	1.0
	Training Officer		1.0
	Senior Clerical Assistant	GS3	0.8
			<b>2.8</b>

## Highland Child Protection Committee Annual Report April 2007– March 2008

### Appendix 3: Sub group/working groups

#### Highland CPC Lead Officer Group:

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

#### Outputs:

The outputs are recorded against the 15 action plan headings in the 'Safe' section of the Integrated Children's Services Plan. This is updated at regular intervals and is published on: <http://www.forhighlandchildren.org/hm/integrated-planning/integrated-planning-fhc2-updates.php>

#### Membership 2007/08:

1. Ms Harriet Dempster, Director of Social Work, The Highland Council (Chair)
2. Mr Bill Alexander, Head of Integrated Children's Service, The Highland Council & NHS
3. Mr Stephen Ileffe, Acting Head of Service (part of year)
4. Ms Alison Wylie, Procurator Fiscal, Fort William
5. Ms Rhona Morrison, Chair, Highland Children's Panel
6. DI Mhairi Grant, Child Protection Unit, Northern Constabulary
7. Mr Ian Murray, Head of Community Learning & Leisure Services, The Highland Council
8. Captain Alan Kennedy, Army Welfare Services Highlands
9. Mr David Goldie, Head of Housing Strategy, The Highland Council
10. Ms Ann Brady, Voluntary Sector – Director Keeping Children Safe
11. Mr Laurence Young, Area Education Manager, The Highland Council
12. Ms Leslie Johnstone, Legal Manager, Litigation and People Services, The Highland Council
13. Ms Kate Birch, Head of Operations (Children & Families) Social Work Services, The Highland Council
14. Dr Deborah Shanks, Consultant Paediatrician
15. Mr Tom Boyd, SCRA, Children's Reporter
16. Ms Sandie Young, Child Protection Advisor, NHS Highland
17. Mr Liam O'Neill (Depute to Ms Rhona Morrison)
18. Ms Claire Collins (Depute to Ms Ann Brady)
19. Ms Fiona Malcolm (Depute to Ms Leslie Johnstone)
20. Ms Doreen Bell (Depute to Ms Sandie Young)
21. DS Eddie Ross (Depute to DI Julian Innes)
22. Ms Suzy Calder, Co-ordinator, Highland Drug & Alcohol Action Team
23. Ms Pene Rowe, Development Officer & chair of Quality Assurance Group.
24. Ms Donna Munro, Training Officer & chair of Training Sub Group.

## **Highland Child Protection Committee Annual Report April 2007– March 2008**

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

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

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

### **Outputs:**

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

### **Membership 2007/08:**

1. Ms Donna Munro, CPC Training Officer (Chair)
2. Ms Cath Neill, Education, Child Protection Training Co-ordinator, The Highland Council
3. Ms Sandie Young, Child Protection Advisor, NHS Highland
4. Ms Doreen Bell, Depute Child Protection Advisor, NHS Highland
5. Ms Claire Collins, Voluntary Sector, Training and Development Officer (Keeping Children Safe)
6. Ms Mairi Gillies, Training Officer, Social Work Services, The Highland Council
7. DS Eddie Ross, Child Protection Unit, Northern Constabulary
8. Mr Kevin Thomson, Sports Development Co-ordinator, The Highland Council
9. Ms Pene Rowe, Child Protection Committee, Development Officer
- 10 Lisa McClymont, Clerk to the Child Protection Committee (Minutes)

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

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

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### **Quality Assurance Group:**

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

### **Outputs:**

The outputs of this group are described in the Quality Assurance Section of this report.

### **Membership 2007/08:**

1. Ms Pene Rowe, Child Protection Committee, Development Officer (Chair)
2. Mr Tony McCulloch, Quality Development Manager, Education, The Highland Council
3. Ms Janet Spence, Programme Manager for Modernisation, Social Work Services, The Highland Council
4. Ms Mirian Morrison, Quality Assurance Officer, NHS Highland
5. Ms Stephanie Bruce, Quality Assurance Officer, HPS (Representing Highland Connections – a Voluntary Sector Kite-marking project)
6. Ms Mhairi Grant\*, Detective Inspector-Child Protection, Northern Constabulary
7. Mr Laurence Young, Area Education Manager, The Highland Council
8. Ms Linda MacLennan\*, Principal Officer (Looked after Children and Child Protection)
9. Mr Tom Boyd, SCRA, Children's Reporter
10. Ms Sandie Young, Child Protection Advisor, NHS Highland
11. Ms Claire Collins, Voluntary Sector, Training and Development Officer (Keeping Children Safe)
12. Mr Kevin Thomson, Community Learning & Leisure Services

\* *Associate HMIe inspectors*

## **Highland Child Protection Committee Annual Report April 2007– March 2008**

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

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

### **Outputs:**

During 2007/8 the group has continued to work on Health, Social Work and Early Years mechanisms for monitoring and responding to missing children and families; developed a protocol for use with Looked After children, responded to information requests in respect of child trafficking and runaways, considered the evidence for street prostitution involving exploitation of children, and broadened its remit to consider issues of children from minority ethnic groups travelling between countries for economic, religious and cultural purposes, including potential FGM and forced marriage .

### **Membership 2007/08:**

Mr Bill Alexander, Head of Service, The Highland Council & NHS Highland  
Mr Laurence Young, Area Education Manager, The Highland Council  
Ms Sandie Young, Child Protection Advisor, NHS Highland  
Ms Doreen Bell. Depute Child Protection Advisor, NHS Highland  
Ms Ann Brady, Director, Highland Preschool Services  
Ms Claire Collins, Keeping Children Safe  
Ms Samantha Brogan, Senior Childcare and Family Resource Officer, The Highland Council  
DI Mhairi Grant, Child Protection Unit, Northern Constabulary  
Ms Linda MacLennan, Principal Officer (Looked after Children and Child Protection)  
Ms Pene Rowe, Child Protection Committee, Development Officer  
Mr David Goldie, Head of Housing Strategy, The Highland Council

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**Further Information:**

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

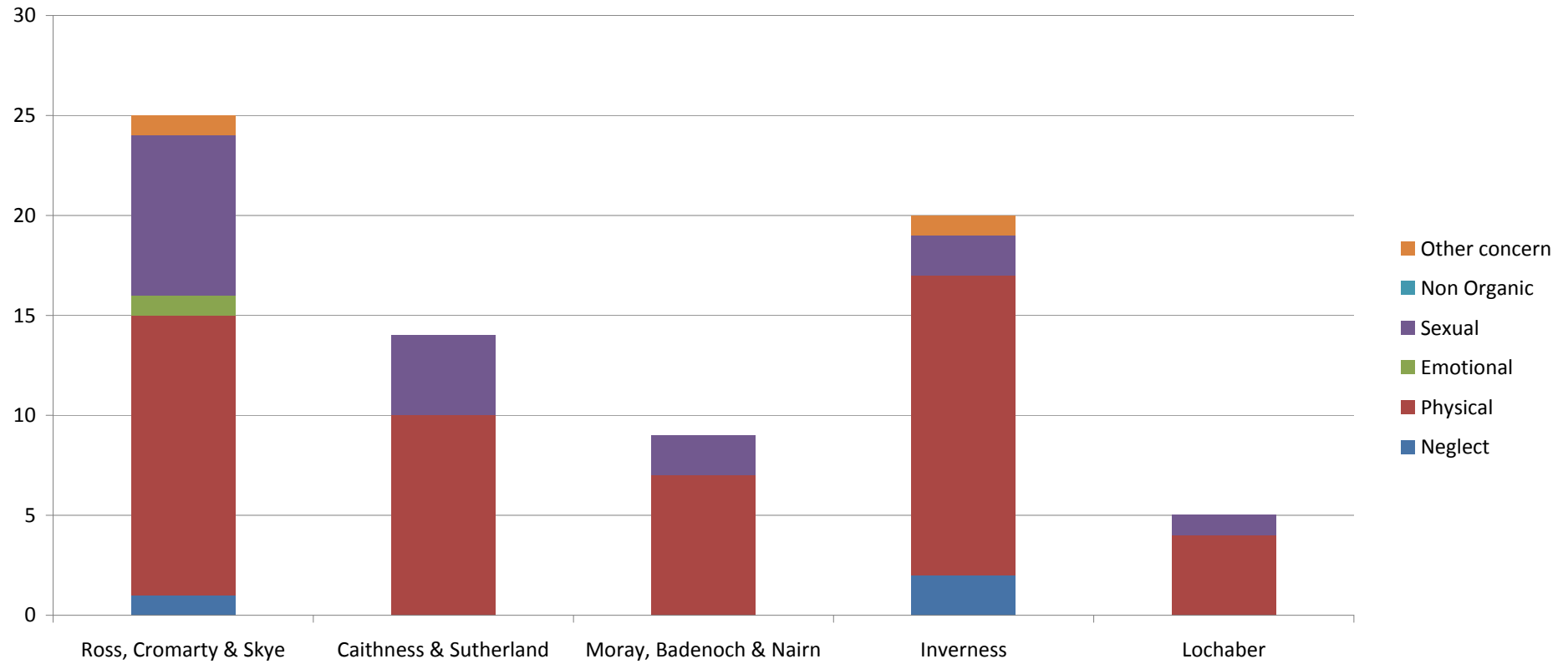
<http://www.protectinghighlandchildren.org/htm/hcpc.php>

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IV3 8NN.

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# Medicals





**HIGHLAND CHILD PROTECTION COMMITTEE**

**ACTION PLAN**

**2008 – 2011**

**Summary Report**

Highland Child Protection Committee  
Workplan 2008 – 2011 - Summary

**Legend:**

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

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

Highland Child Protection Committee  
Workplan 2008 – 2011 - Summary

<b>1) Ensuring that children get effective help when they need it.</b>					
<b>1.1 Children and young people are listened to, understood and respected.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Communication</b></li> <li>• <b>Building Trust</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Children and young people are engaged with and their views are sought in respect of their needs and/or perceptions of risk.</li> <li>• The child's views are not only obtained but shared appropriately and fully considered in decision making processes.</li> <li>• Children are kept informed of the progress of initial investigations</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Children and young people will report that their views have been sought, listened to and responded to appropriately.</li> <li>• All written records will include a section detailing how views were sought and what, if any, views were expressed.</li> <li>• Minutes of the meetings and case notes will show a link between the views being offered and the decisions subsequently taken.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• <b>GIRFEC guidance for staff to be explicit re: involvement of children and young people and how views are to be taken into consideration. Training and supervision will reinforce standards and this will be monitored through quality assurance processes.</b>	Sept 2008	<b>GIRFEC Board</b>			
• <b>All agency records will include a section where views of children and families should be reported.</b>	Sept 2008	C Exs			
• <b>Identify means by which children with English as a second language can articulate any concerns they have within schools</b>	Sept 2008	ECS			
• <b>Review roles of Children's Rights Officer and Who Cares? Scotland</b>	Sept 2008	SWS			

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<b>1) Ensuring that children get effective help when they need it.</b>					
<b>1.2 Children and young people benefit from strategies to minimise harm.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Support for vulnerable children, young people and families.</b></li> <li>• <b>Children’s and young people’s awareness of keeping themselves safe.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Information and services will be accessible to hard-to-reach groups, including ethnic minorities.</li> <li>• Professionals working mainly with adults develop confidence in identifying child abuse; risk assessment tools in adult services address child abuse concerns.</li> <li>• A comprehensive, co-ordinated and effective abuse reduction strategy from pre-school to secondary school</li> <li>• Children and young people will be aware of the child protection issues arising during use of modern technology.</li> <li>• To build resilience and self-esteem in all children to offset life adversities.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit of cases files and referral information</li> <li>• Children will demonstrate recall of messages given.</li> <li>• Substantially increase the number of vulnerable families of 0-3 year olds accessing services supported by “SureStart” funding stream</li> <li>• Increased number of parents participating in funded parenting programmes</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• <b>Roll out of GIRFEC to be completed.</b>	March 09	<b>GIRFEC Board</b>			
• <b>Substantially increase the number of vulnerable families of 0-3 year olds accessing services supported by “SureStart” funding stream</b>	Ongoing	<b>Resource Mgr Family Resources</b>			
• <b>Increase the number of parents participating in funded parenting programmes</b>	Ongoing	<b>SWS</b>			
• <b>Training group to build upon work undertaken with adult services and extend to Mental Health and Disabilities.</b>	March 10	<b>CPTO</b>			
• <b>Further actions from Hidden Harm to be implemented. These include:</b>		<b>CPC/HDAAT</b>			
• <b>Implementation and review of the Substance Misuse and Pregnancy pathway.</b>	Sept 09 Sept 09 Dec 08	<b>NHS</b>			
• <b>Implementation of generic Hidden Harm protocol, linked within GIRFEC.</b>	March 09	<b>CPC/HDAAT</b>			

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<ul style="list-style-type: none"> <li>Implement recommendations from local Hidden Harm Audit:             <ul style="list-style-type: none"> <li>Improve identification and recording of cases, consistency across agencies.</li> <li>Further multi-agency Hidden Harm training.</li> <li>Further audit of Hidden Harm cases</li> </ul> </li> <li>Development of family support, young carer options.</li> </ul>	2010	CPC/HDAAT  CPTO CPDOYCP			
<ul style="list-style-type: none"> <li>Collaboration between ECS and partner agencies to develop an overall strategy to enable children to keep themselves safe.</li> </ul>	Dec 08	ECS			
<ul style="list-style-type: none"> <li>Review Personal and Social Education as part of A Curriculum for Excellence.</li> </ul>	Mar 08	ECS			
<ul style="list-style-type: none"> <li>Appropriate programmes on internet safety to be developed.</li> </ul>	Mar 09	ECS			

1) Ensuring that children get effective help when they need it.					
1.3 Children and young people are helped by the actions taken in immediate response to concerns.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>Professionals' initial response to children, young people and families who need help.</li> </ul>					
<ul style="list-style-type: none"> <li><b>What do we want to achieve?</b></li> <li>Improve identification of concern and encourage appropriate level of referral within the GIRFEC framework.</li> <li>Tripartite planning for delivery of co-ordinated, competent, comprehensive medical examinations.</li> <li>Improve arrangements for obtaining paediatric advice and arranging paediatric/forensic medical examinations</li> <li>Clear and agreed implementation of 'A Shared Responsibility' guidance for non-forensic medical examinations.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>Ongoing Quality Assurance processes.</li> <li>There is weekend cover for forensic medical examinations.</li> <li>Annual review of forensic medical examinations.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
<ul style="list-style-type: none"> <li>CPC Training to be co-ordinated with GIRFEC training to ensure complementary content.</li> </ul>	March 08	CPTO with GIRFEC			
<ul style="list-style-type: none"> <li>Availability of Paediatrician and Police Surgeon for all Forensic Medical Examinations.</li> </ul>	Ongoing	NHS/Police			

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1) Ensuring that children get effective help when they need it.					
<b>1.4 Children's and young people's needs are met.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• Meeting assessed needs.</li> <li>• Reducing the longer term effects of abuse or neglect.</li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Improved risk assessment for children with disability /additional support needs.</li> <li>• Streamlining of links between stages of intervention; seamless approach at interface between child at risk and child in need processes; appropriate response to children in need who are not at immediate risk of harm; all agencies understand the role of each other with regard to early intervention.</li> <li>• Effective planning and co-ordination between acute CP services and services for chronic care, to meet longer term therapeutic and recovery needs.</li> <li>• An adequate and effective range of recovery services.</li> <li>• To develop the knowledge and skills of carers and foster carers to support children and young people coping with the effects of abuse.</li> <li>• To build resilience and self-esteem in all children to offset life adversities.</li> <li>• Decisive action when long term need is not being met.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• All children assessed as having long-term therapeutic or recovery needs will have a long-term plan in place and a lead professional assigned to co-ordinate it.</li> <li>• Review meetings at 12 months and beyond will record evidence of effectiveness of the child's plan.</li> <li>• <b>The percentage of children re-registered within 6 months of deregistration will reduce year on year.</b></li> <li>• <b>The percentage of children remaining on the Child Protection Register for 12 months or more, because of unmet need, will reduce year on year.</b></li> <li>• Above 80% of children and families in need of longer-term support report feeling that they have someone they can turn to for assistance.</li> <li>• <b>% decrease in the number of children who are placed with more than two different foster-carers over the course of a year.</b></li> <li>• Annual report of Fostering and Adoption Panel to Committee and quarterly performance monitoring information to Director SWS.</li> <li>• <b>time taken to achieve permanency for children</b></li> <li>• <b>Increase proportion of children looked after at home</b></li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• Review recovery services and implement recommendations.	March 10	SWS			
• Reduce the time taken to achieve permanency for children	Ongoing	SWS			
• Increase proportion of children looked after at home	Ongoing				
• Implement transitions protocol.	March 09	SWS			
• Ensure that professionals know the services available to children in their areas	Ongoing	Integrated Services Co-ordinator			
• Implementation of new legislation on adoption support and assessment services.	TBA	SWS			
• Implement new LAC regulations	TBA	SWS			
• Continue and develop post-adoption support service.	Ongoing	SWS			
• All foster carers to receive Safer Carer training – 2 workshops per year to be included in CPC training strategy.	March 09 and ongoing	CPTO			

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• <b>Redesign of Primary Mental Health Worker roles</b>	March 10	NHS			
• <b>Ensure that every child not in full-time education has a child's plan.</b>	March 09	ECS			
• <b>Implement outcomes of review of youth work.</b>	Sept 08	ECS			
2) Ensuring that agencies and the community work together effectively to keep children and young people safe					
<b>2.1 Public awareness of the safety and protection of children and young people.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Public confidence in services.</b></li> <li>• <b>Responses to concerns raised by members of the public about a child's or young person's safety or welfare.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• High levels of public awareness and confidence.</li> <li>• Increased referral of concerns from members of the public to professionals in children's services and the Police.</li> <li>• Swift responses in acute cases and good feedback to referrers who request it.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Questions in the annual LA survey</li> <li>• Monitoring information in relation to phone referrals, internet hits and other referral sources.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• <b>Evaluation of effectiveness and continued development of awareness raising opportunities.</b>	<b>March 09</b>	<b>CPDO</b>			
• <b>Continued participation in national awareness raising initiatives.</b>	<b>Ongoing</b>	<b>CPDO</b>			
• <b>Improve visibility of materials.</b>	<b>Ongoing</b>	<b>CPDO</b>			

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<b>3) Ensuring quality delivery of key processes.</b>					
<b>3.1 Involving children, young people and their families in key processes.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Keeping children, young people and their families informed and involved.</b></li> <li>• <b>Addressing dissatisfaction and complaints.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Children and families have a clear understanding of the processes that they are engaged in, their roles and rights within these processes and of the possible outcomes.</li> <li>• Children and families are made aware of additional mechanisms, e.g. Advocacy and Rights groups, Family Group Conferencing, etc, that can assist and support engagement and the expression of views.</li> <li>• Each agency should be able to demonstrate that staff have taken the views of children and families into account in the decision making process.</li> <li>• There should be an active link between the views expressed and the decisions reached, with clear explanations given when the decision goes against the expressed views of the child</li> <li>• Children and carers/parents play as full a role as possible within children’s hearings.</li> <li>• Children and young people will play an effective part in decision making in relations to issues that affect them.</li> <li>• Parents/carers and children are aware of and feel supported to use complaints procedures.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit/inspection identifies that children and families report that their views have been sought, listened to and responded to appropriately.</li> <li>• Audit/inspection identifies that children and families report that they understood what the process was about and were enabled to engage appropriately.</li> <li>• All written records will include a section detailing how views were sought and what, if any, views were expressed.</li> <li>• Minutes of decision making meetings will evidence the consideration of the child’s and family’s views and record the outcome.</li> <li>• Children’s plans will make clear to children and their carers what is required from them and from others, where responsibility for each action lies, expected outcomes and timescales, dates for review and any consequences that may result from failure to achieve outcomes to time.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• <b>Information for children and families involved in child protection processes is sufficient , easy to understand and appropriately disseminated.</b>	Ongoing	C Execs			
• <b>The recommendations from research into families’ experience of Child Plan meetings are translated into action</b>	Sept 09	Linda’s Post			
• <b>Systems should be established to seek and disseminate feedback on children’s and families’ views of service delivery.</b>	Ongoing	C Execs			



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3) Ensuring quality delivery of key processes.					
3.2 Information sharing and recording.					
<b>Themes:</b> <ul style="list-style-type: none"> <li>• <b>Appropriate sharing of information</b></li> <li>• <b>Joint understanding of information</b></li> <li>• <b>Management and recording of information</b></li> </ul>					
<b>What do we want to achieve?</b> <ul style="list-style-type: none"> <li>• Basic information concerning children and families is accurate, kept up to date and accessible when required.</li> <li>• Improvements in the standard of paper and electronically held CP and other child records.</li> </ul>					
<b>How will we know we have achieved it?</b> <ul style="list-style-type: none"> <li>• Audit of practice records.</li> <li>• A standard for pupil records in all schools</li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
• <b>Modernisation of all information systems and processes in relation to GIRFEC.</b>	April 09	<b>GIRFEC Board</b>			
• <b>Implement Child Protection Messaging within the GIRFEC process.</b>	April 09	<b>Data Sharing Partnership</b>			
• <b>Implement standard for pupil records in all schools</b>	May 09	ECS			

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<b>3) Ensuring quality delivery of key processes.</b>					
<b>3.3 Recognising and assessing risks and needs.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Recognising a child or young person needs help.</b></li> <li>• <b>Initial information gathering and investigation.</b></li> <li>• <b>Assessment of risks and needs.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Improved recognition and reporting of child protection concerns by workers in services for adults.</li> <li>• Early reporting of concerns and avoidance of the Friday afternoon syndrome</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit of records.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
• <b>Implementation of updated training programme.</b>	March 09	CPTO			
• <b>Implementation of GIRFEC processes</b>	March 09	GIRFEC Board			

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3) Ensuring quality delivery of key processes.					
3.4 Effectiveness of planning to meet needs.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Decision making, identifying responsibilities and meeting needs.</b></li> <li>• <b>Taking account of changing circumstances.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Every child subject to a Level 3 Plan will have a contactable Lead Professional , or Acting Lead Professional, identified at all times.</li> <li>• The Plan for every child subject to a supervision requirement will set out clear anticipated outcomes and the actions required to achieve them.</li> <li>• A decrease in children experiencing multiple foster-care placements and placements outwith their school/nursery catchment area.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• <b>SOA target (70% to standard) for reports to CHS</b></li> <li>• <b>Audit.</b></li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
• <b>Implementation of GIRFEC Processes</b>	March 09	<b>GIRFEC Board</b>			
• <b>Plans are presented to Children’s Hearings timeously, including all necessary information.</b>	Ongoing	SWS			
• <b>Implementation of new review and quality assurance processes for children with high level plans, with lead professional.</b>	March 09	<b>FHC3 QuAG</b>			
• <b>Ensure effective, necessary, monitoring and review of children’s plans where there is no external reviewing process.</b>	March 09	<b>Integrated Services Co-ordinator</b>			

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4) Ensuring effective operational management to protect children and meet their needs.					
<b>4.1 Policies and procedures.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Range and framework of policies and link to vision, values and aims.</b></li> <li>• <b>Managing, disseminating, evaluating and updating policies.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Development of a systematic and foolproof approach to dissemination of policy in an ever-changing world.</li> <li>• Integrated child welfare and child in need of protection guidance</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit of cases evidences that procedures have been followed.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
<ul style="list-style-type: none"> <li>• <b>Update inter-agency guidance in line with GIRFEC processes, local restructuring and changes at national level.</b></li> </ul>	March 09	CPDO with GIRFEC Advisors			
<ul style="list-style-type: none"> <li>• <b>Put in place a system to ensure that as procedures develop they can be updated timeously.</b></li> </ul>	March 09	CPDO with GIRFEC Board			

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4) Ensuring effective operational management to protect children and meet their needs.					
4.2 Operational planning.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Performance management and the planning framework.</b></li> <li>• <b>Development and use of management information.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Effective integrated Quality Assurance processes and practice.</li> <li>• A robust, multi-agency systematic and strategic quality assurance and evaluative framework for the protection of children, including self evaluation; effective follow up to audits and reviews, and the implementation of recommendations.</li> <li>• Embed quality assurance and self evaluation across all agencies.</li> <li>• Review and evaluation of services commissioned from the independent sector.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Self evaluation, monitoring of workplan and 6 monthly review of evidence.</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
<ul style="list-style-type: none"> <li>• <b>Develop a program of Quality Assurance to meet the evidence requirements for self evaluation of progress against national quality indicators and the local action plan towards improvement.</b></li> </ul>	Sept 08	<b>CPDO with QuAG</b>			
<ul style="list-style-type: none"> <li>• <b>Complete, and continue annual review of, Child Protection Action Plan.</b></li> </ul>	October 08	<b>CPDO with CPC &amp; LOG</b>			

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<b>4) Ensuring effective operational management to protect children and meet their needs.</b>					
<b>4.3 Participation of children, young people, families and other relevant people in policy development.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• <b>Seeking views of children, young people and families.</b></li> <li>• <b>Involving children, young people and families in developing services.</b></li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Children and young people are engaged with, and their views sought in respect of services delivered to them individually and as a population group.</li> <li>• Consistent mechanisms for engagement with young people in the Child Protection and Looked After systems.</li> <li>• Consultation with child and family service user groups in respect of current service delivery and future developments.</li> <li>• Children, young people and families will play an effective part in decision making and policy making in relations to issues that affect them.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
<ul style="list-style-type: none"> <li>• <b>Systems should be established to seek and disseminate feedback on children's and families' views of service delivery.</b></li> </ul>	March 09	C Exs			
<ul style="list-style-type: none"> <li>• <b>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.</b></li> </ul>	Ongoing	CPC			
<ul style="list-style-type: none"> <li>• <b>Schools to continue to develop an ethos and means for meaningful involvement of pupils in decision making processes.</b></li> </ul>	Ongoing	ECS			

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4) Ensuring effective operational management to protect children and meet their needs.					
<b>4.4 Recruitment and retention of staff.</b>					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• Identifying and meeting human resource needs.</li> <li>• Safe recruitment and retention practice.</li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Increased retention of social work staff.</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit</li> </ul>					
<b>What needs to be done?</b>	<b>Timescale</b>	<b>Lead officer/ Agency</b>	<b>Signed off by/date</b>	<b>Progress to date:</b>	<b>RAG</b>
<b>Develop inter-agency workforce planning.</b>	Ongoing	FHC3 LOG		Awaiting additional input from Innis.	

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Highland Child Protection Committee  
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4) Ensuring effective operational management to protect children and meet their needs.					
4.5 Development of staff.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• Professional competence and confidence.</li> <li>• Staff development and training.</li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Awareness amongst all staff of Child Protection issues.</li> <li>• Best practice with children &amp; families coming into contact with adult services..</li> <li>• Staff are encouraged to learn from best practice examples</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Audit of case files.</li> <li>• Training feedback.</li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
• Implementation of the child protection elements of the Integrated Children's Services training programme.	March 09	CPTO			
• Development of a best practice information resources (Library and web-based).	March 09	CPTO/CPDO			
• Ensure each agency has a system to identify and record continuing professional development needs and to feed these back into the planning mechanisms for training.	Ongoing	C Execs			
• Ensure effective staff support and supervision arrangements in each agency	Ongoing	C Execs			
• Continue to develop and effect role of child protection champions in ECS	Ongoing	ECS			



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5) Ensuring quality strategic leadership, individually and collectively.					
5.1 Values vision and aims.					
<b>Themes:</b> <ul style="list-style-type: none"> <li>• Clarity of vision and values.</li> <li>• Appropriateness and clarity of aims.</li> <li>• Promotion of positive attitudes to social and cultural diversity.</li> </ul>					
<b>What do we want to achieve?</b> <ul style="list-style-type: none"> <li>• Improved responses to the needs of the increasingly diverse population.</li> <li>• Information and services will be accessible to hard-to-reach groups, including ethnic minorities.</li> </ul> The percentage of referrals from minority groups will reflect Highland demographics.					
<b>How will we know we have achieved it?</b> <ul style="list-style-type: none"> <li>• We have a new children's plan in place.</li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
Continue to build on the SHANARI vision within new Children's Plan.	March 09	C Exs			
Downloadable information leaflets to be developed in minority languages and articles to be placed in minority language publications.	December 08	CPDO			

5) Ensuring quality strategic leadership, individually and collectively.					
5.2 Leadership and direction.					
<b>Themes:</b> <ul style="list-style-type: none"> <li>• Joint leadership within and across agencies.</li> <li>• Strategic deployment of resources.</li> </ul>					
<b>What do we want to achieve?</b> <ul style="list-style-type: none"> <li>• Robust governance arrangements.</li> </ul>					
<b>How will we know we have achieved it?</b> <ul style="list-style-type: none"> <li>• Feedback from inspection.</li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
Give further consideration to various governance arrangements in relation to Child Protection and Public Protection.	March 09	C Exs			
Establish longer-term SLAs with voluntary sector organisations.	December 08	SWS			

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5) Ensuring quality strategic leadership					
5.3 Leadership of people and partnerships.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• Relationships with staff and development of teamwork across agencies.</li> <li>• Promotion of collaborative ethos.</li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Continued high quality leadership of child protection services</li> </ul>					
<b>How will we know we have achieved it?</b>					
<ul style="list-style-type: none"> <li>• Quality Assurance processes</li> </ul>					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
<ul style="list-style-type: none"> <li>• Annual partnership planning event for chief officers</li> </ul>	October 2008 and annually	C Execs			

5) Ensuring quality strategic leadership					
5.4 Leadership of change and improvement.					
<b>Themes:</b>					
<ul style="list-style-type: none"> <li>• Monitoring and development.</li> <li>• Building capacity for improvement.</li> </ul>					
<b>What do we want to achieve?</b>					
<ul style="list-style-type: none"> <li>• Firm commitment to Quality Assurance and Audit.</li> <li>• Engagement with development of national policy</li> <li>• Implementation of national policy and legislation at local level</li> </ul>					
<b>How will we know we have achieved it?</b>					
Inspection.					
What needs to be done?	Timescale	Lead officer/ Agency	Signed off by/date	Progress to date:	RAG
<ul style="list-style-type: none"> <li>• Development of a systematic approach to Quality Assurance across Integrated Children's Services.</li> <li>• Development of reflective practice with operational staff.</li> </ul>	Ongoing	FHC3 QuAG			
	Ongoing	QuAG with CPDO/CPTO			