

**The Highland Council**  
**ADULT & CHILDREN SERVICES COMMITTEE**

**19 February 2014**

Agenda Item	22.
Report No	ACS/36/14

**Highland Child Protection Committee Biannual Report**

**Report by Director of Health & Social Care**

**Summary**

The report introduces the Highland Child Protection Committee Biannual Report.

**1. Background**

- 1.1 Child Protection Committees are the key local bodies for developing and implementing child protection strategy across and between agencies. A Child Protection Committee is expected to perform a number of crucial functions:
- public information;
  - continuous improvement;
  - strategic planning.
- 1.2 The Scottish Government provides guidance on the operation of Child Protection Committees in each local authority. This is intended to ensure:
- greater strategic leadership and ownership of activity to protect children and young people;
  - improved co-operation between agencies at a local area in their work to protect children;
  - clearer understanding of the functions of CPCs, and key tasks that they should undertake in order to fulfil those functions; and
  - better connectedness and contribution of CPCs, both to the development and delivery of local services and, in sharing good practice, to child protection across Scotland.
- 1.3 Each Child Protection Committee prepare an annual report and work plan, as part of the integrated children services planning requirements. This is an ongoing process in Highland, as part of the *For Highland's Children* improvement structure (and also within the Community Planning Safer Highland structure).
- 1.4 Given the amount of organisational change in 2012/13, it was decided that there would be value in producing a biennial plan. This is attached.
- 1.5 A new child protection improvement plan will be published as part of *For Highland's Children 4*.

**Recommendation**

The Committee is asked to consider and comment on the issues raised in the Highland Child Protection Committee Biannual Report.

Bill Alexander

Designation: Director of Health & Social Care

Date: 10 February 2014

Author: Bill Alexander, Director of Health and Social Care  
Rene Rowe, Development Officer, Highland CPC

# **Biennial Report on Protecting Children and Young People in Highland CPC area 2011-13**

## **Preface from the Chief Officers:**

We present the 2011/13 Biennial Report of the Highland Child Protection Committee. This is the eighth report to be published in line with the Scottish Government 'Guidance for Child Protection Committees', published in January 2005. However, as explained in the body of the report, we have moved to a biennial reporting format on this occasion.

The period covered by this report was particularly challenging due to radical restructuring of local and national services, which impacted on all agencies involved in the Safer Highland Partnership and the Child Protection Committee. Throughout this time the committee continued to implement its Improvement Plan, produced in response to the HMIe inspection of Child Protection Services, published in May 2010, and further, internal, recommendations from self-evaluation and audit work. Progress has been slower than anticipated, due both to the restructuring and to delays in the publication of anticipated guidance and frameworks from Scottish Government.

Achievements during 2011/13 include further improvement to governance arrangements and a number of high quality and award winning initiatives relating to e-safety, identification of sexual abuse and support for forces families.

Restructuring has allowed us to review many processes across children's services and to improve information sharing and joint working. As children's workers are increasingly being co-located, all guidance is being reviewed and refreshed to reflect this. An improved quality assurance framework, in line with guidance from the new Care Inspectorate is also being developed and embedded across children's services and it is anticipated that a further self-evaluation exercise will be undertaken in 2013/14.

We wish to acknowledge the hard work and forbearance of staff across all partner agencies working in this complex area, during a period of significant upheaval and readjustment, and to commend this report as testimony to a busy two years which has seen sustained progress and the further strengthening of many areas of practice.

**Highland Child Protection Committee**  
**Biennial Report**  
**1<sup>st</sup> April 2011 – 31<sup>st</sup> March 2013**

**Introduction:**

Highland CPC undertook its first, broad-brush self-evaluation during the autumn of 2007 and has built upon this year on year as a partnership exercise. In April 2009 the CPC Quality Assurance Group merged with that of Integrated Children's Services and, in the autumn of 2009, produced a full-scale, in-depth, self-evaluation in line with the framework set out in the HMIe publication "*How Well Do We Protect Children And Meet Their Needs?*" (June 2009). This informed the HMIe joint inspection of services to protect children in January 2010. Their report can be viewed on: <http://www.hmie.gov.uk/documents/inspection/HighlandSFC.pdf>

In general HMIe agreed with the Highland CPC self-evaluation and, in several areas gave a higher rating. With one exception performance was rated as 'Very Good'.

Key strengths were identified as:

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

However, in terms of 'Meeting needs and reducing long term harm' the rating was 'Good'.

The following issues were raised:

- In a few cases, education and social work staff do not share information quickly enough when there are concerns about children.
- In some cases the desired longer-term outcomes for children are unclear and there is a need to ensure that contingency plans are in place in case the original plan fails or parents are unable to improve care of their children.
- Although some children and parents have benefited from independent advocacy this is not yet available for all children and families who could benefit.
- Where risks are less immediate decisions about action are sometimes made without speaking directly to the person who raised the concern. Managers should ensure that staff gather full information in all cases and that the person raising the concern is kept informed of what is happening.
- Medical advice on physical injury or neglect is readily available. However, some children who have recently reported sexual abuse have to wait too long to be examined because suitably trained doctors are not available outside office hours.

Two areas of improvement were agreed with HMIE. These were:

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

The 2010 - 2011 annual report took the form of a follow-up self-evaluation, describing the actions taken, both to address issues and to build on strengths. It considered the evidence for improved outcomes, in line with the HMIE child protection performance framework, *'How Well Do We Protect Children And Meet Their Needs'*:

<http://www.hmie.gov.uk/documents/publication/hwdwpcamtn.pdf> , the Public Service Improvement Framework (PSIF) used by The Highland Council.

<http://www.improvementservice.org.uk/more-about-psif/> , and the revised national guidance on child protection, published in December 2010:

<http://www.scotland.gov.uk/Publications/2010/12/09134441/0>

This self-evaluation resulted in the identification of areas in which it was felt that improvement was either necessary, to address perceived weaknesses, or where further improvement of very good services could potentially lead to excellence. A 3 year, rolling, improvement plan was agreed and published in the CPC's 2010 – 2011 Annual Report:

[www.forhighlandchildren.org/2-childprotection/publications\\_58\\_1517008172.doc](http://www.forhighlandchildren.org/2-childprotection/publications_58_1517008172.doc)

#### **Context for biennial reporting:**

2011 – 2012 was a year of significant change. As a result of the review of national child protection guidance, in 2010, the Scottish Government changed the nature and timing of its annual collection of child protection data, so that it no-longer aligned with the existing annual reporting cycle. Additionally, having established a number of ministerial and short-life working groups, to update more detailed guidance on specific themes and to produce guidance relating to emerging areas of concern, e.g. Children with Disability, Child Trafficking and Organised Sexual Exploitation, etc., there was significant delay in publishing, which seriously impacted on the CPC's original target dates for implementation of related activity.

At the same time, Children's Services in Highland underwent a radical change. Building on the success of its roll-out of 'Getting it Right for Every Child' and the development of the 'Highland Practice Model', The Highland Council and NHS Highland agreed a Health and Social Care partnership, which resulted in the legal and physical integration of children's universal health and social care services under the auspices of The Highland Council. Adult health and social care services were similarly integrated under NHS Highland. In addition, Scottish Government began the process of changing the Children's Hearings System and the Children's Reporter Administration, as well as moving towards a single, integrated Scottish police force. Whilst it is believed that there was no loss in the quality of existing services to protect children during this reorganisation of services, it has impacted on the availability and focus of staff resources within CPC partner agencies and the ability to deliver the planned improvements within the target times originally envisaged.

For these reasons it was felt that a biennial report, on this occasion, would present a fairer view of progress.

This Biennial Report takes, as its basis, the improvement plan agreed following the self-evaluation 2010/11 and contained in the Annual Report for that year. Rather than repeat the material in that report, the reader is advised to visit

<http://www.forhighlandschildren.org/2-childprotection/publications.htm>

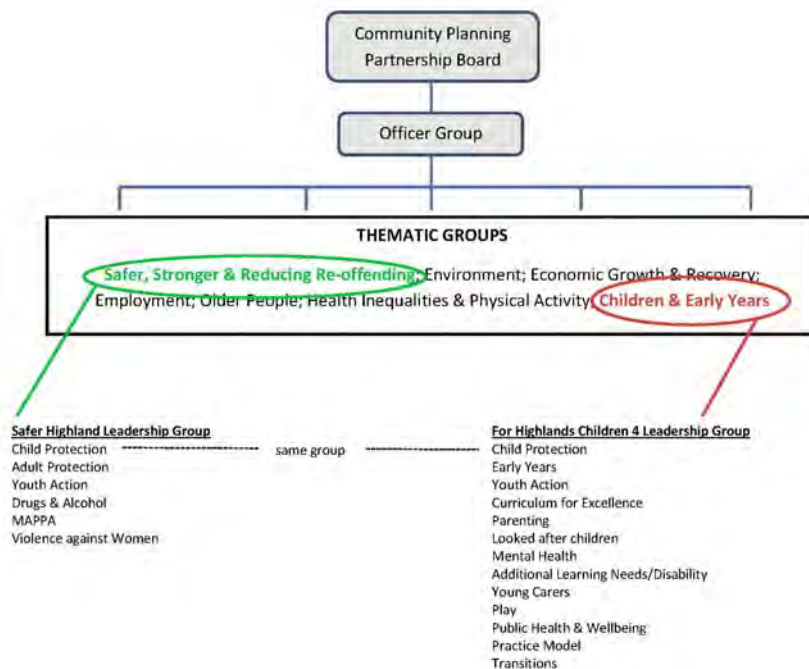
## CHANGES TO LEADERSHIP AND DIRECTION

Highland Child Protection Committee (CPC) is a multi-agency partnership working to a clear shared vision for the protection of children in Highland. Logic modelling continues to be used to ensure that activity supports outcomes linked to the Highland Single Outcome Agreement and relevant national outcomes set out by Scottish Government.

Highland CPC's agreed outcomes formed the major part of the 'SAFE' section of the Integrated Children's Services plan 2009 -2012 – '*For Highland's Children 3*'. Safer Highland Leadership Group oversees the governance of six committees contributing to public protection, including Highland CPC. It scrutinises the outcomes models and plans of these committees and encourages the rationalisation of support structures to eliminate duplication. Support for child and adult protection has been integrated since June 2009. Cross-cutting issues, that the Leadership Group should have an overview of, have been identified and the lead for each assigned to a specific committee.

To increase accountability and stakeholder involvement, political champions have been appointed for each of the six key areas of public protection.

With the integration of The Highland Council and NHS Highland children's services, the strategic and operational governance structure changed during the period covered by this report. The following diagram illustrates the current position:



CPC partner agencies produce their own operational plans to take single agency, contributory actions forward. These are supported by internal leadership and governance arrangements e.g. NHS Highland's Child Protection Coordinating Group, Northern Constabulary (now Police Scotland, Highland and Island's Division)'s 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.

Highland CPC has a rolling 3 year Improvement Plan based on agreed long and short-term outcomes and including improvement objectives drawn from self-evaluation activity. This is reviewed and updated at the annual review and forward planning day. This assists the CPC to identify specific key priorities to address identified areas for improvement.

The annual work plan is drawn from the rolling Improvement Plan and reviewed by the Child Protection Delivery Group, on an ongoing basis, using a traffic light system to track progress. Exceptions are reported on at each CPC meeting.

**Priorities:**

Highland CPC held its annual review event in November 2010. This reaffirmed the commitment to vision and agreed the following priority areas for 2011 – 14. These were:

1. Improve staff understanding of the resilience matrix to support effective early intervention and support for children and families.
2. Continue to seek a pragmatic solution to issues affecting Child Sexual Abuse medical examinations.
3. Develop the e-Care framework via the Multi Agency Store (MAS), to enable electronic sharing of the Childs plan.
4. Review availability of information for children and families about the range of support, advice and advocacy services.
5. Implement a strategic approach to Quality Assurance across children's services
6. Respond to revised and emerging national guidance:
  - Review and update Local Inter-agency guidance.
  - Update of Guidance for Community Groups.
  - Visual Recording of Child Witnesses.
  - Audit of processes for commissioning translation/interpretation.

In November 2011 a further annual review was undertaken. This reaffirmed the commitment to vision and agreed six key priority areas for 2012 – 15. These are:

1. Children with Disability
2. Children affected by Parental Substance Misuse (CAPSM)
3. Public Awareness – Targeted work around Disability and CAPSM – encouraging self-referral and identification /referral by the public.
4. Integrated Children's Services Quality Assurance Group (ICS QAG) – new pieces of work include:
  - Child's Plan risk assessment
  - Review of Child Protection Orders (CPOs)
  - Review of advocacy and the 'Have Your Say' process
  - Effectiveness of training
5. Child Sexual Abuse (CSA) Medicals
6. Training – New strategy to support priorities.

These priorities, together with on-going actions from 2011 - 14 informed the rolling Improvement Plan for 2012- 15. This has been updated in 2013 and now forms a substantial part of Outcomes 3 & 4 of the 'SAFE' section of 2013 - 17, 'For Highland's Children 4': <http://www.forhighlandschildren.org/pdf/forhighlandschildren.pdf>



## MEETING THE NEEDS OF CHILDREN AND FAMILIES

### PROGRESS:

#### **Children are listened to understood and respected:**

Three key areas for improvement were identified. The CPC wished to be confident that:

- 1. Young people do refer and self-refer when they should.**
- 2. Children & young people are involved in their own planning and decision making.**
- 3. There is a co-ordinated approach to youth involvement in policy and service development**

#### **1. Confidence that young people do refer and self-refer when they should.**

Previous Lifestyle and Highland Children's Voice surveys had hi-lighted that more vulnerable children were less likely to be able to identify a trusted adult to confide in. To establish a baseline for self-referral, an audit of files for children on the Child Protection Register (CPR) was undertaken. This hi-lighted the complexity involved in attempting to measure self-referral. Initial thoughts were that those aged 10 and above could be expected to self-refer and it was noticeable that, in a number of cases, a sibling aged from 10 years and upwards would refer a younger sibling. However, whilst they might not specifically refer to Social Work Services, many children, from as young as 3 years old, made apparently unprompted disclosures to a trusted adult who then made the referral on their behalf. This may be due to the awareness raising programme, delivered by 'Safe, Strong & Free', to pre-school children and their parents. Topics covered in this 2 year reporting period were:

- Prevention of bullying (4,509 children)
- Staying safe around strangers (4,481 children)
- Staying safe around adults you know (4,550 children)

1,314 parents attended parents' meetings to learn about the sessions, the puppets and the materials used.

The views of young people were obtained through a public survey and via Highland Youth Voice (HYV). Young people were specifically asked about their knowledge of Child Protection, whether they had noticed publicity materials, whether they had ever had a concern and whether they had acted on that concern. HYV focus groups were also asked about how awareness could be improved, especially for the following groups:

- young people with physical or learning disabilities
- children living with drug or alcohol using parents/carers
- children living with parents/carers who have mental health problems
- children living with violence in the home.

It became clear that the term 'Child Protection' was meaningless to most of the young people who completed the survey but, when it was explained to them in the focus groups, they immediately understood and were able to give examples of awareness raising that they had experienced. It became clear that young people were more likely than adults surveyed to have child protection concerns about themselves or other

children and young people but were less likely to refer (about 5% compared to 21% of adults) for a range of reasons:

- They believed that “someone else had already reported it” or it was “being dealt with by other people”.
- They had additional Adult Protection concerns and reported these, hoping that the Child Protection concerns would be picked up in the process. (Not wanting to report a mate.)
- They had spoken with the alleged victim and had been asked not to report it, or felt that reporting might “put them in danger”.
- They weren’t 100% sure and, in one case, felt that it was “none of my business”.
- They felt that “the concern wasn’t justified”.

The younger they were the less sure they were about concerns. They were also less likely to feel that they had a right to report and less likely to break a friend’s confidence when asked not to report. Non reporters were less likely than average to have noticed Child Protection Materials (36% compared to 47%), were more likely to have an opinion on services (82% compared with 77%), and far more likely to have stated that they had ‘No Confidence’ in Services to Protect Children (45% compared to 16%).

Discussion of publicity methods elicited numerous suggestions and it became clear that a change of focus, towards social media, is required. Work is ongoing with the Highland Youth Voice executive group to progress this.

## **2. Involvement of children & young people in their own planning and decision making.**

It was agreed to review the need for additional child protection specific leaflets alongside ‘*Getting It Right For Every Child*’ (GIRFEC) literature. This concluded that GIRFEC literature was generally sufficient. However, it was felt that a leaflet was required to support Lead Professional briefings about CP Child’s Plan Meetings and this was produced.

A new framework for monitoring and quality assurance across the range of interventions was put into place and an action plan for implementation was finalised. However, arrangements are currently under review following integration of Children’s Services.

Following work in 2010, it was agreed that the Children’s Hearings Protocol should be extended to include guidance on preparing children and families. However, this has been overtaken by Scottish Government reforms to the Children’s Hearing System and will need to be revisited in 2013.

Plans to review the ‘Have Your Say’ process and the availability and use of advocacy support, especially for LAC and children with disability, were deferred to 2013.

Despite delays in the distribution of equipment to police forces across Scotland video recording of interviews went live in September 2012. Guidance and training, on preparing children for video recording of interviews, was developed and includes clear reference to the requirement to prepare children by showing them the room,

equipment, etc., and explaining the process. A leaflet has been prepared for Parents and Older Children.

### **3. There is a co-ordinated approach to youth involvement in policy and service development**

Following the introduction of the participation framework in 2010, steps were taken to involve the Youth Convener, Highland Youth Voice, representatives of hard-to-reach groups and other existing mechanisms, more actively, in informing policy and service development.

Public Protection restructuring included Youth Convener membership of the Child Protection Committee (CPC). Links have been strengthened and the Youth Convener was engaged with the review of training.

In September 2011, the Senior Pupil's Interactive Consultation Event (SPICE) included CP issues and the HYV conference, in June 2012, consulted young people on CPC proposals for actions to be included in the '*For Highland's Children 4*'. In addition to the awareness raising activities discussed under 1(above), young people were asked to discuss the following:

- What more do we need to do in the future to make sure that children and young people know about the risks of child abuse or ill-treatment?
- What more do we need to do in the future to make it easier for children to speak out when they have a concern about their own or another child's well-being?
- What more can we do to help children and young people feel part of any process that is planning to protect them?

Their responses were fed back into the annual review and planning process. In addition, HYV were involved in a number of local and national consultations in relation to implementation of The Sexual Offences (Scotland) Act 2009, which came into force on 1 December 2010, and other Child Protection issues.

In 2011, the Violence Against Women (VAW) partnership commissioned the development of a Children & Young People's Participation Framework and toolkit. This was supported by children and young people with experience of gender-based violence, with the aim of enabling other children and young people influence service development by giving feedback on their positive and negative experience of services. Young people were also encouraged to contribute to prevention education.

Further examples of involvement over the past two years include:

- 'I'm Fine', a dvd produced by young carers in Skye and Lochalsh, was used to inform the CPC/ADP interface event and this was enhanced by the 'This is What It's Like' leaflet, designed by young people using the services of Ross-shire Women's Aid. The dvd was also used to raise awareness of staff working for the Scottish Children's Reporters Administration (SCRA).
- The Youth Convener was consulted on the development of a leaflet to be given out to young victims of sexual assault.

**Children and young people are helped by the actions taken in immediate response to concerns:**

This includes recognition of risks and effective responses that result in the immediate needs of children and young people being met.

Five key areas for improvement in 2011-12 were identified and a further two added in 2012-13. The CPC wished to be confident that:

- 1. Children get consistent help from people they can trust**
- 2. Young people get access to services that are appropriate proportionate and timely on the basis of assessed need**
- 3. There is effective provision and co-ordination of long-term counselling and support services**
- 4. There is good assessment of risks and needs**
- 5. Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes**
- 6. Risks to children with disability are recognised and responded to**
- 7. Risks to children affected by parental substance misuse are recognised and responded to**

**1. Children get consistent help from people they can trust**

Action has been taken to ensure that every child's plan specifically identifies 'named person' or 'lead professional'. In addition steps have been taken to ensure a consistent approach to chronologies across partner agencies, in accordance with guidance contained in the '*Highland Practice Model*'. Compliance is monitored through Quality Assurance Group case file audits

There continues to be a focussed approach to recruitment and retention of specialist staff but paediatric cover, in particular, has been difficult to maintain.

**2. Young people get access to services that are appropriate, proportionate and timely on the basis of assessed need.**

As integration beds in snapshot audits have shown steady progress on the adoption and completion of Early Interventions Plans by staff across children's services.

A second version of the child's plan has been rolled out across schools and, following an update of CareFirst, will be rolled out across Health and Social Care in 2013.

Plans to share the Child's Plan electronically, through the e-Care framework via a national Multi-Agency Server (MAS), presented a continuing challenge during this reporting period and have now been abandoned by Scottish Government. Attempts to develop a local alternative, using SharePoint, have so far been unsuccessful and no other alternative has been identified.

The annual Highland Council Public Performance Survey has asked about public satisfaction with services to protect children, since 2007. Prior to 2011 respondents were not asked whether they had actually used services and about 25% chose to express a view on their satisfaction with services.

From 2011 satisfaction ratings were only elicited from those who had used the services. This rose from 12% of respondents in 2011 to 14% in 2012. However,

despite the rise in use of services, satisfaction rates decreased. This needs further exploration.

<b>Satisfaction with services to protect children</b>					
<i>Rating achieved by subtracting % fairly/very dissatisfied from % very/fairly satisfied</i>					
<b>2012</b>	<b>2011</b>	<b>2010</b>	<b>2009</b>	<b>2008</b>	<b>2007</b>
28	37	24	14	18	12

### **3. Effective provision and co-ordination of long-term counselling and support services**

It had been intended to complete annual audits of a sample of Child's Plans noting, in particular, whether long term support needs were being included, where relevant. However, due to redeployment and staff vacancies it was only possible to undertake periodic auditing at local level. The results have yet to be collated but, anecdotally, they were satisfactory.

Foster carers continued to receive targeted training in line with the CPC training strategy. During 2011-13, specific sessions were delivered on:

- Child Protection Training
- Highland Under-age Sex Protocol (HUSP) Awareness
- Getting Our Priorities Right
- Parental Substance Misuse

From April 2013 Child Protection Training will be undertaken with standard Introductory Training provision to allow carers to access courses locally. Foster carers also have access to all CPC Training courses. However, the CPC will provide bespoke training as requested and, in 2013/14, this will include Responding to Sexual Abuse; Internet Safety; and Getting Our Priorities Right.

### **4. There is good assessment of risks and needs**

During 2011-12, local inter-agency guidance was updated in light of revised National guidance. This was supported by a review and revision of training around assessment of risk and needs in both Programme 2 and 3 provision (appropriate to roles and responsibilities). This was rolled out from May 2011.

The Police Child Concern form (CCF) has been subject to continuous development through the Police Public Protection Unit (PPU) Focus group, as Police processes/ IT capacity develops. Information sharing to inform the multi-agency CCF is a continual process and will, inevitably, be impacted by the creation of a single Scottish Police Force and the development of a Vulnerable Persons database.

Explicit pathways to paediatrics and mental health have been created to ensure that children with multi-agency needs, who require specialist health assessments, are getting them through specific pathways. The impact will be audited.

Steps have been taken to ensure that there is a shared language and understanding across staff in all agencies in respect of using the resilience matrix. Road shows, held across Highland in April and May 2011, included workshops on the resilience matrix and more emphasis included in the updated training suite.

**5. Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes**

An aide memoir has been developed to assist practitioners to ensure that Health assessments are accurately reflected in Child's Plans.

An audit of Child's Plans for children coming to Hearings demonstrated good progress in terms of presenting a clear sense of the child's:

- context/background;
- key immediate needs, and how to meet them (including recommendations on the role for compulsory measures/warrants);
- The direction for the child.

However, it was felt that better use could be made of evaluations that had taken place to improve quality. It was recommended that senior managers, together with the Quality Assurance Group, take steps to improve the quality of Plans and act to address weaknesses.

**6. Risks to children with disability are recognised and responded to.**

Discussions are ongoing with the Children's Disability Team to identify a suitable training programme, to raise the awareness of staff in regular contact with children with disabilities and stimulate early identification and referral of child protection concerns, and to get local trainers trained in delivery. Some training was delivered to the voluntary sector through Keeping Children Safe and an awareness raising event was held for elected members.

An audit of Child Protection Orders, during 2012, showed that concerns about disabled children are being picked up but concerns about their able bodied siblings are less likely to be noticed. The annual audits of transitions, from child to adult protection, also show disabled concerns being picked up though not necessarily dealt with by formal protection processes.

**7. Risks to children affected by parental substance misuse are recognised and responded to.**

It had been anticipated that, following the review of '*Getting Our Priorities Right*', updated guidance would be published by Scottish Government during the period covered by this report. This was substantially delayed and the revision of local protocols and training has been deferred to 2013 -2014.

Delivery of the existing '*Hidden Harm*' training continues in the interim, as does awareness raising. Committee support staff regularly attend the national working group on the interface between CPCs and Alcohol & Drugs Partnerships (ADPs), and a local interface event was held in March 2012. As a direct result, a working group on CAPSM has been established under the leadership of the Area Children's Services Manager (North).

Child Protection trainers have also been involved in presenting workshops at the annual ADP Stakeholder days

An audit was undertaken of all cases on the Child Protection Register (CPR) at 1st April 2011 and those coming onto the CPR between April 2011 and March 2012. It was found that there were 86 substance misusing or suspected substance misusing families, with 159 children on the CPR plus 16 children in the Looked After system (LAC) and living elsewhere. This represents 64% of all registrations over that period.

All the children had active support plans in place and a further 2 children had been assessed and were in the process of having plans developed.

Many of the cases had compounding issues. These included:

- Parental Mental Health issues - 20
- Domestic Violence/Abuse - 35
- Schedule 1 Offender - 4
- Parental illness/disability - 4

The CPC and ADP jointly supported a bid by Children 1<sup>st</sup> to develop their 'Family Solutions' project, designed to enable pregnant substance misusers and substance misusing parents of infant and pre-school children to build supportive networks of family and non-using friends, with the aim of reducing the number of these children ending up on the Child Protection Register and in the Looked After system. In 2011, Lloyds TSB awarded 3 year funding to take this forward.

### **Stakeholders are engaged and supported to participate in the prevention and reduction of risk**

Two key areas for improvement were identified. The CPC wished to be confident that:

- 1. Children and young people are aware about keeping themselves safe in their use of the internet.**
- 2. The public awareness campaign impacts positively on public awareness and confidence.**

- 1. Children and young people are aware about keeping themselves safe in their use of the internet.**

Highland recognises the necessity of keeping pace with new technological advances and the safety issues these may pose. With the creation of The Highland Council's ICT Curriculum Liaison Manager post it was agreed to incorporate the strategy for e-safety into the overall ICT curriculum strategy and a specific sub group was established to drive this forward.

Over the period covered by this report the following achievements are worth noting:

- Internet Safety and Responsible Use bespoke sessions were delivered for staff and parents/carers across schools in Highland and guidance was produced for professionals, parent councils and forums on appropriate use of social media and the use of the secure GLOW network as an alternative to Facebook.
- Guidance for schools on taking and using images, website content, etc., was updated and a letter sent to parents outlining the dangers of 'sexting' and potential

for children to, unwittingly, commit criminal acts. This supplemented the Mobile Phone Guidance which is issued annually.

- In 2011 a webcam safety scenario, 'Becky's Room', based on the CEOP video 'Jigsaw', was developed and delivered to approximately 2,500 Year 7 pupils as part of the annual Safe Highlander event. This was updated and repeated, in partnership with Fujitsu, to approximately 3,000 pupils in 2012.
- The ambition to have CEOP trained staff across all schools in Highland was furthered with 5 central training sessions. In addition, 50 plus coaches and GLOW mentors were created across Highland associated schools groups (ASGs) to support ICT and were also trained to deliver Internet Safety and responsible use training for teachers and educators. They build these sessions into ongoing continuing professional development (CPD) on Curriculum and Technology.
- A half day CEOP training session was also delivered to Care & Learning Alliance (CALA) staff to enable cascading to voluntary sector early years service providers and out of schools clubs. In addition, CALA engaged a PR specialist to improve their use of social media to communicate with the sector.
- The development of working relationships with social media providers to ensure the removal of unacceptable comments and images involving, staff, pupils and children in the care of the local authority.

The period has also seen the piloting of a whole school approach to responsible use of ICT, including exploration of software solutions to monitor this. This has included the development of Acceptable Use Policies with all primary pupils, which focus on transferable skills for home, and the updating of similar policies in use in secondary schools. CEOP icons, which enable instant reporting of suspected online abuse, were added to all ICT curriculum devices, and a cyber-bullying service was established to provide support and guidance for incidents where children or staff may have been targeted.

Internet safety week was promoted each year, with a range of activities including the development of a bright and attractive 4 page supplement and pdf, distributed via Highland Life Magazine, and promotion of the Highland E-Safety site: [www.highlandesafety.wordpress.com](http://www.highlandesafety.wordpress.com), with links from The Highland Council website. This site contains links to wide-ranging e-safety material and has regular blog spots. In addition, Police Scotland (Highland and Islands) hosted a FaceBook chat session with the ICT Curriculum Liaison Manager.

## **2. The public awareness campaign impacts positively on public awareness and confidence.**

During 2010, the Safer Highland Leadership Group requested that partnerships undertake more joint working to raise the profile of Public Protection. In line with this, it was agreed to pilot and evaluate a joint Safer Highland Child and Adult Protection Campaign, in line with the emerging national engagement framework for CPCs, over the 2 year period 2011 – 2013.

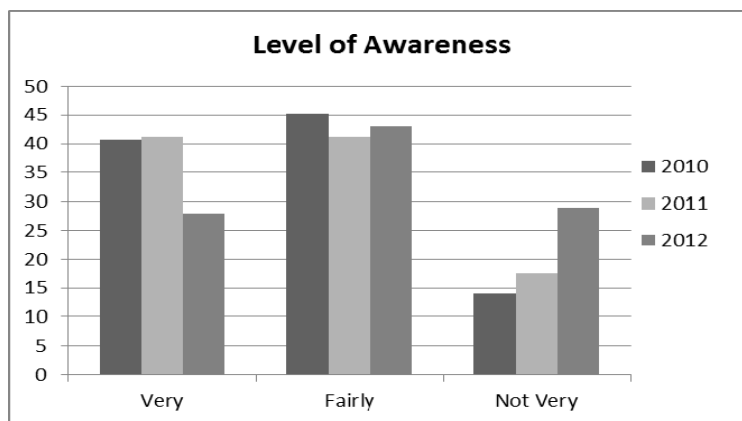


A joint advert, together with a dvd for use in big screen campaigns, were designed conveyed the message “Child or Adult – if they can’t protect themselves YOU can help. Speak to a care professional who knows the family or contact your local Social Work Office’; details were given for the single contact points for Child Protection and Adult Protection, and the strap lines from the previous single campaigns were joined: ‘See It; Hear It; Share your Concerns – ACT AGAINST HARM’.

In addition, saturation radio campaigns, three times yearly, broadcast a mixture of child and adult protection scenarios, and a joint synopsis of both annual reports was published under the Safer Highland banner and distributed across Highland through the Highland Life Magazine, training and awareness events, etc.

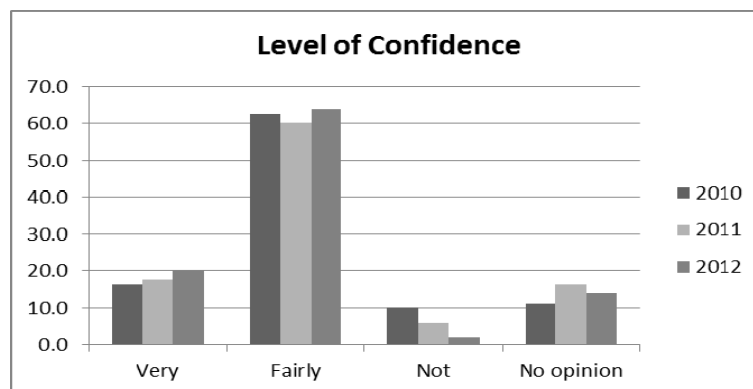
Annual surveys were undertaken to establish levels of public awareness and confidence in services to protect children and those to protect adults.

Results:



Whilst levels of awareness appear to have dropped in the past year, further analysis of results demonstrated that those who admitted having had concerns about an individual child were more likely to rate themselves as ‘Very Aware’ (50%) or ‘Fairly Aware’ (43.75%).

Of those admitting to having had concerns, those taking action to report them rose from 69%, in 2011, to 84% in 2012. Levels of confidence in services also rose over this period.



A proposal was subsequently put to Safer Highland to return to the use of separate campaigns and a refresh of Child Protection materials is planned for the summer of 2013.

During this reporting period it was agreed that work also needed to be undertaken to target harder to reach groups. In 2011-12, partner agencies considered the need for information to be made available in minority languages when required. A number of generic leaflets, in a variety of languages, are promoted on the ICS website: [www.forhighlandschildren.org](http://www.forhighlandschildren.org) but it was concluded that, due to varying levels of literacy, specialist leaflets should remain in English and interpreters be used to explain content in more detail, as required.

As described in earlier sections of this report, work is ongoing with children and young people to identify how best to communicate with target groups such as children with disabilities and children affected by parental substance misuse, mental health or domestic violence. A number of ideas have been generated and these will be explored further in 2013-14.

Highland CPC's guidance to community groups was revised in line with the updated National CP guidance and the new Protection of Vulnerable Groups (PVG) scheme. In addition, guidance on adult protection was included. This guidance is promoted by HighLife Highland and Highland Council to all community groups using their facilities or receiving grants towards activities that may involve children or vulnerable adults. Awareness raising and basic Child Protection training is made available to the third sector and community groups through Highland 'Keeping Children Safe', a project jointly funded by CPC partners.

### **Service delivery for Child Protection meets national standards**

Three key areas for improvement were identified. The CPC wished to be all confident that:

- 1. Children and parents who may be vulnerable witnesses receive additional support.**
- 2. Practitioner confidence and competence leads to appropriate, timely and effective interventions.**
- 3. Access to sexual abuse medical assessment is timely.**

- 1. Develop additional support for children and parents who may be vulnerable witnesses.**

The national roll-out of video recording of joint investigative interviews was significantly delayed, due to technical issues, and finally went live in October 2012. Guidance was issued and training given to police and social work staff likely to be called upon to undertake such interviews during child protection investigations. In addition, information about the process has been made available for children and their parents/carers.

- 2. Practitioner confidence and competence leads to appropriate, timely and effective interventions.**

It was proposed to review training in light of new national framework and emerging priorities. Existing Training Programmes were reviewed but, due to delays at national level there was considerable slippage in the publication of both the learning and development framework and 'Getting Our Priorities Right'. Work to update the programmes will therefore continue into 2013.

The Highland Child Protection Training Group meets four to six times per year and consists of representation from Health and Social Care, Highlife Highland, Keeping Children Safe (3<sup>rd</sup> Sector), Highland Council Education, Culture and Sport, and the Police. It is chaired by the CPC Training Coordinator.

During this reporting period, the Training Group has continued to deliver a range of courses in line with Scottish Government and CPC requirements. This includes Programme 1: Introduction to Child Protection training through to those who complete the Programme 4: Graduate Certificate in Child Welfare and Protection course.

In 2011/12, the CPC Training group was mindful of the Planning for Integration project and expected this might impact on training figures. Despite this, attendance remained consistent, with increased demand for all Programme 2 courses - in particular the Hidden Harm: Children Affected by Parental Substance Misuse course. The Training Group also targeted groups which had previously not accessed child protection training. This included Addictions Counselling services, Aquadome staff and the Victim Information and Advice service (VIA).

In relation to foster carers, the Training Group provided a range of training opportunities including Programme 1 training 'An Introduction to Child Protection', Children Affected by Parental Substance Misuse and the Highland Underage Sex Protocol.

In addition, over the two years, the Team provided specialist training in relation to:

- Working with Dangerous, Difficult and Evasive families (by Reconstruct).
- Engaging fathers in child protection,
- Fabricated and induced illness,
- Foetal Alcohol Spectrum Disorder,
- Sexual abuse and exploitation.

The CPC has continued to support the work of the Armed Forces welfare services. In 2011/12 this included provision of training for the Rear Operations Group who support families during deployment to Afghanistan, training for SSAFA and RAF personnel in Moray, and leading the development of a National Training booklet for Armed Forces Personnel on behalf of the National Learning and Development Group. In 2012/13 this work continued with the provision of a two day training course for 58 personnel responsible for Tri-Service welfare provision in 2012/13. This work was awarded the Highland Council Quality Award for Partnership working and has attracted Ministry of Defence Community Covenant Funding to hold a 2 day event in 2013/14. In addition, the Safer Highland Training Team has been asked to roll out Public Protection Awareness Training to every serving soldier at Fort George, Inverness.

Agency specific training:

Training across all agencies in relation to Child Protection has increased year on year. Each agency has continued to provide and adapt training in relation to their individual requirements. In addition, agencies have taken more responsibility for the wider CPC training portfolio.

Additional training has included:

- Joint Investigative and Interviewing Training, including video recording of interviews.
- The roll out of the Highland Underage Sex Protocol.
- Development of a Programme 1 Refresher course for qualified Social Work staff who require an update, but have no direct contact with children and young people.
- Social Work funding for 2 people to undertake the BAAF Post Qualifying course each year.
- Development of a Programme 1: Child Protection and Children with Disability Training course.

Development of both the Safer Highland agenda, and continued integration within Children's Services has also impacted on the work of the training group with stronger links being forged with other training streams – Violence Against Women (VAW), Alcohol and Drug Partnership (ADP) and Youth Justice (YJ). With the further development of a Public Protection approach under Safer Highland, it was agreed the various strands would work closer together to develop joint training opportunities. To this end, VAW and the CPC Training Group developed the 'Responding to Survivors of Child Sexual Abuse' course, in 2011/12, and workshops on Honour-based Violence and Forced Marriage were jointly developed and delivered by these two teams together with the Adult Support & Protection Committee (ASPC), in 2012/13. The first Safer Highland annual Public Protection conference was held in October 2012, with workshops from all partnerships.

Under the Safer Highland umbrella, the teams are working on a joint Training Needs Analysis, which will build an understanding of training needs across the Partnership, and a series of Public Protection Workshop Events to be rolled out across Highland in 2013/14.

In total 4875 people received child protection training from the Training Team in 2011/12 and 5672 in 2012/13, making a total of **10,547** in this reporting period.

Evaluations of all courses have remained positive with 99% of participants saying that the course was a good use of their time. 81% of respondents reported that they had more confidence following course attendance in 2012/13, compared with 78% in the previous year. 20%, in 2011/12, and 18% in 2012/13 stated that they were already confident in that area. All comments were taken on board and course materials adjusted based on participant feedback. (All training statistics are available in Appendix 1.)

In addition to the training detailed above, the CPC contributed to:

- Two seminars, on Vulnerable Children, Child Protection and Disability, for elected members.

- Two neuroscience conferences with Children 1<sup>st</sup> and staff from clinical and educational psychology.
- A Children 1<sup>st</sup> workshop, for Highlife Highland staff and community groups, on Child Protection in Sport and understanding the Protection of Vulnerable Groups (PVG) scheme.

During the period of this report, the CPC Training Team continued its involvement in a variety of National Groups. These included:

- National Child Protection Training Group (meets quarterly)
- Getting Our Priorities Right Working Group
- National Learning and Development Framework Working Group

In 2011/12, the CPC Training Officer was invited to the Scottish Government to deliver a presentation on Highland's experiences of merging Child Protection and 'Getting it Right for Every Child' (GIRFEC) training. Subsequently, Highland's model of training has been held up as an example of good practice by the Scottish Government GIRFEC Team for other areas. In 2012/13, this resulted in the CPC Team being invited to deliver GIRFEC and Child Protection Workshops at the Scottish Guidance Association Conference in Dunfermline. The team has also been approached to deliver joint Adult and Child Protection Training to the Care Inspectorate.

### **3. Access to sexual abuse medical assessment is timely.**

The 2010 HMIe joint inspection of services to protect children identified the following issue:

- Medical advice on physical injury or neglect is readily available. However, some children who have recently reported sexual abuse have to wait too long to be examined because suitably trained doctors are not available outside office hours.

HMIe recommended further improving arrangements for medical examinations.

The targets for the period under review were:

- 2011-12 - to provide a full rota of paediatric support
- 2012-13 – to continue work with ACPOS and COPFS to find an acceptable solution to the provision of Child Sexual Abuse (CSA) medicals.

It has become clear that this is a national issue, requiring national solutions. The following is a position statement in respect of the situation as it stood at 31<sup>st</sup> March 2013:

The local NHS Paediatric/ Police/ SW Working Group continues to meet, quarterly, to address emerging operational issues around Child Sexual Abuse medical examinations. Improvement of Out of hours CSA paediatric provision continues to be a priority for all partners. Strategic direction is being sought, nationally, to inform longer-term healthcare options within the Police CJ process, which includes the forensic medical examination element.

Whilst there is a relatively robust system in place for CSA medical examinations - Acute and non-acute, Monday - Friday 9-5, there are still difficulties in ensuring timely access to out of hours (at night or weekend) acute forensic CSA medical

assessment. This reflects a national trend and it is hoped that the new single police force will be in a better position to tackle the issue of child sexual abuse medicals.

Currently there is consideration of the development of Sexual Assault Referral Centres (SARCs) as a model to provide medical examination services but this is not thought to be viable in Highland – i.e. Children/Young People would need to travel outwith the area to receive this service. Nurse practitioners in Custody suites undertake certain tasks and it is being considered whether they could be trained in Forensic medical examinations.

The NHS has now taken over the Forensics service and NHS Highland is working to ensure appropriate numbers of Forensic Medical Examiners (FME) are recruited and appropriately trained, including in CSA examinations. General paediatricians are to be trained in CSA examinations once there is a robust FME service and, in time, it is hoped that forensically trained police surgeons will work alongside generic paediatricians (having both been trained to use the colposcope) to undertake acute CSA forensic medical examinations. The NHS is hoping, shortly, to purchase a colposcope better suited for use with children.

NHS Highland will continue work with the Police Scotland and the Crown Office and Procurator Fiscal Service (COPFS) to find an acceptable solution to provision of timely acute CSA medicals.

**Policy, service and workforce development, planning and performance management are appropriately resourced and quality assured:**

Four key areas for improvement were identified. The CPC wished to be confident that:

- 1. Best practice is supported by appropriate policies, procedures and systems.**
- 2. Comprehensive information concerning suspected or actual harm is collected, shared and analysed, and used to protect children from harm.**
- 3. Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes.**
- 4. A programme of quality assurance is implemented.**

**1. Best practice is supported by appropriate policies, procedures and systems.**

i) Review and update procedures and practice guidance in light of local integration and national developments.

During the integration process there were significant systems changes in addition to changes in the mechanisms for oversight and review of policies and procedures. Having reviewed the interagency child protection guidance to ensure that it reflected the structure and language of integration, further review was necessitated by the creation of the single Police Force and the reforms brought about following review of the Children's Hearing System. This was ongoing at March 2013.

Prior to integration NHS Highland had a robust system for the review of existing policies via the Child Protection Action Group. This was suspended during integration and subsequently replaced with an NHS Child Protection Coordinating Group. Whilst there

was some slippage during this period, the backlog of reviews was completed early in 2013.

Ministerial and staff changes at Scottish Government level also led to delays in the review of 'Getting Our Priorities Right', which had knock on effects for the review of local protocols.

- During the period Highland CPC reviewed the protocols for missing child and family alerts. As a result, a stepped process and single proforma was developed to deal with reports of children missing from education, missing vulnerable families and missing children and pregnant women subject to child protection registration. Protocols on use of IT and mobile technology were updated and the CPC's guidance for community groups was rewritten to include protection of vulnerable adults and information about the new Protection of Vulnerable Groups (PVG) scheme. All community groups using facilities owned by Highland Council or Hi-Life Highland (Leisure Services), or receiving funding from these bodies, are required to follow this guidance and compliance is audited annually. The CPC was also involved in the review of the Army Welfare Child Protection policy and complaints policy, the Salvation Army Child Protection policy and the pan Highland info sharing protocol.

New policies developed in this reporting period include:

- Dental 'did not attend' (DNAs) – to ensure follow up where repeated failure to attend for treatment could indicate that a child is being neglected.
- Pregnancy and births to known sex offenders
- Highland underage sex protocol and HUSP to support ethical decision making (Local WISH conference and national award),
- Eviction liaison protocol,
- supporting pregnant teenagers guidance,
- work developing around school absence by reason of depression and other medical grounds,
- CPAs evidence base,

(The majority of these documents can be accessed in electronic format via the Integrated Children's Services (ICS) website: [www.forhighlandchildren.org](http://www.forhighlandchildren.org) )

## **2. Ensure that comprehensive information concerning suspected or actual harm is collected, shared and analysed, and used to protect children from harm.**

After discussion with staff, a new Child's Plan was piloted and CareFirst has been updated to ensure that staff are enabled to record risk factors on CareFirst and in the Child's plan.

With respect to the search for an e-solution to information sharing and compiling of Child's Plans, neither the Scottish Government's e-Care project nor the local interim SharePoint solution, piloted in Nairnshire, have proved able to fulfil this remit. Further solutions are being sought.

In light of integration, the existing Child Concern form was reviewed and updated. However, with the creation of a single National Police Force, it has been agreed that a

minimum national dataset will be created in 2013 and local forms will be reviewed again in light of this.

In 2011, a survey of early years staff was undertaken to establish their level of understanding and use of Child Concern form processes. This resulted in a number of recommendations being made to the training team in relation to the Highland Practice Model training. A follow up survey was undertaken in 2012 resulting in further recommendations and changes to Programme 2 training.

Procedures have been developed to identify disability in all recording processes across agency recording systems and to systematically capture data in relation to child concerns. Compliance will be audited in 2013/14.

### **3. Written child's plans are fit for purpose; actions described in the plan are determined by the assessment and desired outcomes.**

An updated electronic version of the Child's Plan was agreed and rolled out. This will be reviewed in 2013/14 to assure the quality of risk identification and assessment within the Child's Plan.

It is expected that integration will lead to the development of a single performance management system in Integrated Children's Services (ICS) and this will tie in with the production of the next ICS Plan, '*For Highland's Children 4*', during 2013.

### **4. Implement a programme of quality assurance**

Following the child protection review day on 22nd November 2011 the Highland Child Protection Committee requested a review of number of CPOs, and the reasons behind them – i.e. was there action that could have been taken at an earlier stage which might have prevented the necessity for a CPO and any consequent distress, etc. This was a Reporter Priority, adopted by CPC.

28 family groups were included in the audit, which found that 25 CPO's were appropriate given the circumstances at the time of application.

In answer to the question: "Would other legal measures in the months or weeks prior to the emergency leading to the CPO application have averted the need for the CPO?" the following observations were made:

- In 18 of the 28 family groups it was felt that appropriate action had been taken prior to the CPO and the CPO could not have been avoided.
- In 8 families out of 28 it was felt that better use of legal intervention may have led to a different outcome for the children.
- In 1 family early intervention work was insufficient.
- The work regarding 1 family was being reviewed by an area manager at the time of the audit.

In limited discussion with operational children and families team managers, they felt they did have appropriate conversations with Reporters as part of the complex decision making around children. Managers were clear that a CPO was not applied for lightly and that there was considerable complex decision making around each application. Managers did not feel in most cases that a discussion about an urgent Hearing with the reporter prior to



the CPO application would have had an impact on the cases. There was a consistent view that a “quick hearing” was unlikely to be quick enough.

A number of recommendations followed:

1. The Leadership group, For Highland’s Children 4 and CPC should ensure that there is scrutiny and analysis of the CPO figures on an annual basis, to identify trends.
2. The Leadership Group, For Highland’s Children 4, and CPC should ensure thematic review of children and young people at key stages within the Highland Practice Model and their journey between those stages:
  - a) Children with multi-agency Plans, monitoring of progress, and consideration of the role of legal measures at an early stage;
  - b) The triggers for and impacts of legal measures in relation to LAC children living at home
  - c) The triggers for and impacts of legal measures in relation to LAC children accommodated out with the home
3. Consideration should be given to how we can have meaningful conversations with children, young people and families to understand their experiences of being involved in emergency protection processes, and what we could do to be more supportive in crisis situations. (This could be part of the thematic review). Similarly there should be a review of the experiences of practitioners dealing with consideration, application and implementation of CPOs, and supports that would assist in that work.
4. Discussions between area managers, team managers, QA&RO, legal services and reporters should be convened on a quarterly basis to discuss operational and legal practice issues. This report should be a central item for discussion at the first meeting.
5. Reporters should take this report into Social Work Teams to discuss the content and consider how practice might be further enhanced at a local level.

These will be taken forward in 2013/14.

A baseline audit of compliance with recording of classification and referral sources for Children Affected by Parental Substance Misuse (CAPSM) was completed but a follow-up audit was partially deferred pending the establishment of a topic specific working group.

Responsibility for creation of a standardised system to audit the effectiveness of training was transferred to the Safer Highland Public Protection Training Group along with creation of a joint Training Needs Assessment tool.

Due to unavoidable delays to the national roll out, related to technical and security issues, the development of Quality Assurance of visual recording and Joint Investigative Interviewing Training has been deferred to 2013/14.

Other audits undertaken in 2011-13 include:

- Audit of transitions from Children’s Services to Adult Services, where there are protection issues. – It was found that young people aged 16 and 17 years were

appropriately dealt with under Child or Adult Protection procedures in accordance with the Highland Transitions Protocol.

- Audit of thermal injuries in children. - The prevalence of abusive thermal injuries has been widely estimated. This audit was designed to review the documentation of thermal injury in the Emergency Department, in the context of possible child protection concerns, and to re-audit the use of 'CWILTED' stickers, designed to gain generic information about the circumstances of childhood injury by prompting the person clerking the patient to include Condition, Witness, Incident, Location, Time, Escort and Disability/Diagnosis.

Findings:

Child protection:

Three children were referred to the child protection team, all of whom had been admitted to the ward. Two of these had scalds, and one had burns.

	Current Audit	February 2011 Audit	November 2009 Audit
CWILTED sticker completed	86% (32/37)	68% (19/28)	85% (89/105)
CWILTED Sticker on notes	92% (34/37)	79% (22/28)	97% (102/105)

Use of the CWILTED sticker did seem to improve the recording of details of the history; however, with only nine records not using the CWILTED sticker, the difference may not be statistically significant.

- Audit of infant ingestion of illicit substances – This audit was undertaken following a local newspaper report suggesting a high level of admission of infants who had ingested illicit substances. The audit concluded that the report was completely unfounded.

### **Benchmarking:**

#### **Learning from national SCRs:**

- From time to time the CPC requests that partner agencies audit their current processes against the recommendations of pertinent significant or serious case reviews from other areas, and instigate action plans to address any identified issues. During 2011/13 the Declan Hainey SCR was considered and an action plan put in place. This covered all 11 recommendations including Midwife access to information on parental substance misuse and previous pregnancies; training improvements; updating of the existing protocols, for pregnant substance misusers and 'Did Not Attend', to include referral to substance misuse treatment services, submission of a Child Concern Form, holding of a pre-birth Child's Plan meeting, and an 'Unseen Child' policy.
- In addition, the report of the 'Audit and Analysis of Initial and Significant Case Reviews', commissioned by the Scottish Government, was widely circulated.

### **Local Critical Incident Reviews (CIRs):**

Only one local CIR was undertaken during the period and details were such that no report could be published due to concerns that the family could be identified. Recommendations for improved practice are detailed in Appendix 2.

### **There is a clear system of governance and effective leadership within an ethos of continuing improvement:**

One key area for improvement was identified. The CPC wished to be confident that:

- 1. There is robust and consistent leadership, management and delivery across and through partner agencies.**

#### **1. Ensure robust and consistent leadership, management and delivery across and through partner agencies.**

During the past two years, several CPC partner agencies have undergone radical change. The Highland Council Community Leisure Services became Highlife Highland, an arm's length, not-for-profit, organisation, in October 2011. In April 2012, Highland Health and Social Care Partnership became a legal entity, enabling the integration of universal children's services across Highland. The Scottish Children's Reporters Administration (SCRA) was restructured in preparation for the changes to be introduced to the Children's Hearings system in 2013, and the process of restructuring the eight existing forces into a single Scottish Police Force culminated in the launch of Police Scotland on 1<sup>st</sup> April 2013.

Essential components of these restructurings have included:

- Ensuring that the Health and Social Care partnership agreement fully complied with 'Getting Our Priorities Right'.
- Ensuring the continuation of annual reviews by chief officers to monitor progress and identify improvement priorities for the coming year.
- Reviewing governance arrangements in light of integration of Children's Services, Police, SCRA and Children's Hearing reform and re-design of services.

Throughout this period of change, the CPC has continued to play an active partnership role at local and national level. In particular it engaged with consultations around:

- The Review of 'Getting Our Priorities Right'
- Children and Young People's Advocacy Standards
- The potential implications of the Welfare Reform Bill for Housing policy and the safety of children.
- Implementation of the Sexual Offences Act.
- Highland Community Safety Strategic Assessment.

### **Financial Resources:**

Highland CPC is funded by contributions from Highland Council (SWS, ECS, Early Years and Housing), NHS Highland and Police Scotland. Each of these organisations is signed up to Best Value and the CPC budget is managed within the parameters of the Highland Council finance and procurement systems.

### **Management Information:**

Highland CPC has access to a range of management information, agreed with partners and collected in line with Highland data sharing partnership agreements.

Key performance measures and reporting cycles are included in the Integrated Children's Services Plan. Additionally, this committee endorses the ICS quality assurance plan, which includes a programme of audit and analysis.

The CPC has a protocol, agreed with the Council's legal department and the NHS Caldicott guardian for the sharing of sensitive information for quality assurance purposes.

The CPC, through its Health and Social Care partners, makes quarterly reports to the Chief Executive of Highland Council and an annual return of key child protection information to Scottish Government, which is published in a form allowing a certain amount of comparison with other CPC areas.

Safer Highland Leadership Group scrutinises the CPC outcomes and key performance measures on an annual basis. These have been revised in light of National Guidance and the annual CPC review event. Performance against these is regularly updated, as part of the monitoring of the Integrated Children's Services plan, and presented on the website: <http://www.forhighlandchildren.org/>

There was a change of reporting dates in 2011 and data is now reported for the period August – July rather than April – March.

<b>1: Child Protection Information for the Period 1<sup>st</sup> August 2011 – 31<sup>st</sup> July 2013</b>								
		<b>Male</b>	<b>Female</b>	<b>Total</b>		<b>Male</b>	<b>Female</b>	<b>Total</b>
		<b>2011/12</b>				<b>2012/13</b>		
1	The No of Referrals ( <i>Gender unknown for 18 unborns 2011/12 and 1 unborn 2012/13</i> )	239	344	<b>601</b>		222	306	<b>529</b>
2	The No of Children with the outcome of no further action			<b>407</b>		142	213	<b>355</b>
3	The No of Children subject to an Initial, Pre-birth or Transfer Child Protection Case Conference (new)			<b>191</b>		80	96	<b>177</b>

4	The No of Children Registered as a result of the Case Conference			159		63	74	137
5	The No of Children not Registered as a result of the Case Conference			32		17	22	40
6	Concerns identified at Case Conference							
		Domestic Abuse		47		Domestic Abuse		38
		Parental Alcohol Misuse		37		Parental Alcohol Misuse		35
		Parental Drug Misuse		47		Parental Drug Misuse		28
		Non-Engaging Family		29		Non-Engaging Family		23
		Parental Mental Health Problems		43		Parental Mental Health Problems		38
		Child Placing Self at Risk		6		Child Placing Self at Risk		5
		Sexual Abuse		16		Sexual Abuse		18
		Child Exploitation		0		Child Exploitation		3
		Physical Abuse		32		Physical Abuse		29
		Emotional Abuse		33		Emotional Abuse		33
		Neglect		38		Neglect		47
		Other Concern		32		Other Concern		16

### **Cross-Cutting Work:**

Through the Safer Highland Leadership Group, a series of issues has been identified that cuts across two or more of the committees under the Public Protection Umbrella. During the reporting period Highland CPC participated in the following cross-cutting pieces of work:

- Community Safety Strategic Assessment.
- Development of standardised processes for Training Needs Assessment and Quality Assurance.
- Development of a joint Public Protection Awareness programme.
- Development and delivery of training and awareness raising in respect of Honour Based Violence and Harmful Cultural Practices.
- Review of 'Hidden Harm' training in light of 'Getting Our Priorities Right'.
- Development of Highland under-age sex protocol.
- Audit of transitions between child and adult protection services.
- Updating 'Guidance for Community Groups' in light of PVG scheme.
- Work with the Young Carers strategic group to review the strategy.
  - Work around Survivors of Childhood Sexual Abuse.

## APPENDIX 1

### Inter-Agency Child Protection Training & Awareness Raising 01/04/11-31/03/13

Training delivered by CPC Training Team Members	No. of Participants	
	2011-12	2012-13
<b>Programme 1</b>		
Foster Carers	73	
SSAFA/RAF Personnel	38	
Aquadome Staff Training	86	
Public Awareness Events	36	
Addictions Counselling Inverness	13	
Victim Information and Advice Service	8	
SNAP – Children with Disabilities	28	
Child Protection and the Law	18	
An Introduction to Child Protection – Addictions Counselling		25
Telephone Helpline Training – Business Support		19
<b>Total Number:</b>	<b>300</b>	<b>44</b>
<b>Programme 2</b>		
Getting It Right In CP – Identifying Concerns	94	170
Getting It Right In CP – Responding to Concerns	181	169
Hidden Harm – CP and Parental Substance Misuse	81	62
Getting It Right for Forces Families	34	58
GIRFEC Training for Action for Children Managers Forum	83	
Action for Children Safeguarding Training	24	
Highland Underage Sex Protocol	96	
Identifying & Sharing Concerns; The Highland Practice Model and Working towards positive outcomes – a focus on deaf and disability issues (3 days together)		30
<b>Total Number:</b>	<b>593</b>	<b>489</b>
<b>Programme 3</b>		
Lead Professional/Developing the Child's Plan	49	15
Dealing with Dangerous, Difficult and Evasive Families	36	31
Working Towards Positive Outcomes		
<b>Total Number:</b>	<b>85</b>	<b>46</b>
<b>Conferences and Events:</b>		
Safer Highland Conference		116
Involving Fathers Master class		27
Sexual Abuse Seminar		59
Transitions Workshop Events		277
Consultation – National Learning and Development Framework		40
Fabricated and Induced Illness Sessions		74
Scottish Guidance Association Conference GIRFEC Workshops x 2		56
<b>Total Number:</b>		<b>649</b>

Total Trained – Interagency	<b>678</b>	<b>1228</b>
Total Trained - Single Service (breakdown on following page)	<b>3897</b>	<b>4444</b>
<b>Total Number of Staff trained in year.</b>	<b>4575</b>	<b>5672</b>

## Single Agency Training Provision

### Northern Constabulary

Training	No. of Participants	
	2011-12	2012-13
Sexual Offences Liaison Officer Training	20	20
First Line Managers course	5	13
Designated Person training	6	6
Probationary Police Officer Training	32	46
Joint Investigative and Interviewing Training*	20	40
Visual Recording of Child Witnesses (VRI)*	181	202
Highland Underage Sex Protocol	12	77
<b>Total</b>	<b>276</b>	<b>404</b>

\* Police and Social Workers from across Highland & Islands

### Social Work

Social Work and Housing Training Programme 1 Training	No. of Participants	
	2011-12	2012-13
Social Workers – Children’s Services	5	2
Social Workers – Criminal Justice	4	1
Social Workers – Community Care	4	1
Other Social Service workers – Children’s Services	19	30
Other Social Service workers – Criminal Justice	15	7
Other Social Service workers – Community Care	92	33
SW Business Support Staff	6	1
Housing Staff	22	8
Foster Carers	4	1
Education	1	0
NHS/Health		6
Other	8	16
<b>Programme 2 – Safeguarding for Counsellors</b>		18
<b>Identity and Life Story Workshop</b>	9	
<b>BAAF PQ</b>	2	2
<b>Graduate Certificate in Child Welfare and Protection</b>	3	4
<b>Joint Investigative and Interviewing Training*</b>	6	14
<b>GIRFEC Module, Stirling University</b>		2
<b>Total</b>	<b>200</b>	<b>146</b>

\* Highland Social Work Representation Only

### Keeping Children Safe

Training	No. of Participants	
	2011-12	2012-13
Community Learning and Leisure	319	505
Early Years/Childcare	310	206
Private	34	147
<b>Total</b>	<b>663</b>	<b>858</b>

### NHS Highland

Programme 1 Training	No. of Participants	
	2011-12	2012-13
Nursing	580	249
Midwifery	50	48
Public Health Nurse/Health Visitor	34	32
Accident and Emergency	17	15
Paediatricians	0	1
Paediatric Nurses	27	3
Other medical	58	48
GPs	102	81
Dental Nurses	54	44
Dentists NHS	19	22
Dentists Private	2	0
Allied Health Professionals	83	77
Child Protection Advisors	1	2
Other	151	292
Students		199
<b>Other Training</b>		
A&E Child Concern Form		6
A&E Doctors' Induction		3
Thermal Injuries in Children & NAI		14
Anaesthetists 1.5 hr. Session		12
GPST1 Course		9
GPST3 Course		20
Declan Hainey Presentation		147
<b>Total</b>	<b>1198</b>	<b>1324</b>

### Highland Council Education Culture and Sport Training

Training	No. of Participants	
	2011-12	2012-13
Basic Awareness in Child Protection – Teaching Staff	925	831
Auxiliaries/Assistants	403	264
Clerical/Office	0	58
Catering/Cleaning/Janitorial Staff	124	178
Fujitsu Engineers	5	4
Voluntary Sector	7	11
Highlife Highland	96	166
Child Protection for 6 <sup>th</sup> Year Pupils	0	200
<b>Total</b>	<b>1560</b>	<b>1712</b>



## **APPENDIX 2: Learning from Case Reviews**

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

1. All clinicians to undertake formal Child Protection Training three yearly
2. Request training for the wider practice team from local Child Protection Advisor.
3. GP Practices need robust systems to ensure important information is shared between colleagues and highlighted in the patient's record and available to all relevant clinicians.
4. To ensure that there is effective and robust communication mechanisms between public health nursing, midwifery and general practice.
5. To develop a protocol for embedding new relevant guidance into practice ensuring its effectiveness.
6. To encourage regular review by primary health care teams of their child protection work
7. To develop a practice protocol for managing employees and families as patients.
8. To develop a robust training programme for staff nurses working as part of public health nurse teams.
9. To review the process for CIRs in line with National Guidance.

### **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.forhighlandschildren.org/2-childprotection/>

Further information on the activity of CPC partner agencies can be found on individual agency websites as follows:

The Highland Council - <http://www.highland.gov.uk/>

NHS Highland - <http://www.nhshighland.scot.nhs.uk/Pages/welcome.aspx>

Police Scotland- <http://www.scotland.police.uk/your-community/highland-and-islands>

Crown Office & Procurator Fiscal Service – [www.copfs.gov.uk](http://www.copfs.gov.uk)

Scottish Children's Reporters Authority - <http://www.scra.gov.uk/home/index.cfm>

Keeping Children Safe (Umbrella group for 3<sup>rd</sup> sector child protection services) – [www.kcs-highland.org.uk](http://www.kcs-highland.org.uk)

Army Welfare Services – [www.army.mod.uk/welfare-support/welfare-support.aspx](http://www.army.mod.uk/welfare-support/welfare-support.aspx)

### **Contact Details:**

Highland Child Protection Committee  
Kinmylies Building  
Leachkin Road  
INVERNESS  
IV3 8NN.

Phone: 01463 703483