

# **Annual Report**

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

**April 2005 – March 2006**

**Highland Child Protection Committee Annual Report  
April 2005 – March 2006**

**Annual Report on Protecting Children and Young People in Highland CPC area  
2005-6**

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Young People in Highland CPC area.

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**2005-6**

**Preface from Chief Officers:**

We present the 2005/06 Annual Report of the Highland Child Protection Committee. This is the second report submitted to the Scottish Executive in line with the Guidance for Child Protection Committees published in January 2005.

2005 was a productive year for the committee, following immediately on the heels of the Children's Services pilot inspection of Child Protection, the report of which was published in June. The recommendations, together with those from the critical incident review conducted by Dr Jean Herbison, were used to inform a comprehensive plan of action to further improve child protection services in Highland. The pilot inspection did much to inform the continuing development of the national Framework for Standards leading to the launch of the HMIe guidance on self evaluation using quality indicators and, in March 2006, terms of reference were agreed for a Quality Assurance Group to be established to take this forward.

2005 saw the development of Highland's Children Missing from Education system, ahead of national guidance, and the CPC established a standing working group to consider notification systems in respect of children and families not known to Education. A series of training events and road shows has supported the dissemination of a number of national publications including 'Safe and Well', 'Special Measures for Vulnerable Adult and Child Witnesses' and the continued roll-out of 'Getting Our Priorities Right'.

In line with national guidance the CPC has reviewed its structures and membership and has appointed a new Clerk to the Committee, Development Officer and Training Officer. These personnel will work closely with staff from a wide variety of agencies during 2006, to ensure the continued improvement of child protection services and their smooth transition into new structures being developed as part of the 'Getting It Right for Every Child' pathfinder.

Finally an important message of appreciation goes out to all staff involved in protecting Highland's Children. Your continued commitment is much valued. As Chief Officers we recognise the important responsibilities we carry in this most challenging and difficult area. We aim to provide strong leadership to equip and support staff to ensure that all children get the help they need when they need it.

Signed: Ian Latimer, Arthur McCourt, Roger Gibbins

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### **Introduction:**

The new guidance for Child Protection Committees, published in January 2005, has been implemented in Highland, and we are confident that the necessary mechanisms are in place to ensure that the functions of the Committee are effectively carried out.

The pre-existing model for the Committee already largely reflected the model recommended in the guidance. However, improvement objective 14 in the workplan involved a review of the membership and structure of the various elements of the Child Protection Committee. In addition, revised terms of reference, incorporating the functions of Committees as set out in the guidance, will be produced.

The management of child protection services in Highland has been and 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 Executives 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 Constable, whose term of office will end during 2006. The Vice-chair is the Director of Social Work.

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, who chairs the lead officers group.

The Committee previously employed a Development Officer and Administrator, and now also employs a Training Officer. In addition, dedicated officers are employed in each of the lead agencies to support management and training in child protection processes. Each agency has an action plan with specific objectives and key deliverables which contribute to the delivery of the Committee's workplan.

The new 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, and the subsequent revision of the workplan. It has also been reflected in the ongoing evaluation of key outcomes for children in Highland, including research undertaken by UHI Millennium Institute, and in more recent work to develop better integrated multi-agency quality assurance processes.

### **Evaluation and Inspection:**

Highland participated in the pilot child protection inspection programme, which involved fieldwork in February/March 2005, and reported in June 2005. The report concluded that:

*Children and young people in Highland were well protected but effective meeting of needs was more variable. In a few cases, professionals required to be more*

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*decisive in order to fully protect children. For some children and young people, help needed to be more timely and to reflect long as well as short term needs. Generally, professionals intervened appropriately to prevent, or take early action against, abuse or neglect when there were risks in families. Effective help was provided to most children and young people recovering from abuse or neglect.*

It identified key strengths as:

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

It further stated that the organisations involved should build on these strengths to further improve services for vulnerable children and young people in the area. In doing so, they should take account of the following recommendations:

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

These recommendations, along with the findings of a self-evaluation conducted prior to the inspection and an external evaluation by an independent consultant, were incorporated into the ongoing child protection workplan in the Children's Plan.

The particular recommendation that “the CPC, and the agencies within it, should more consistently evaluate the effectiveness of its work”, reinforced the policy direction, already established by the Committee, to introduce multi-agency Quality Assurance processes. Accordingly, a group has been established to develop a format, methodology

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and code of conduct, as well as proposals for more strategic and integrated audit and self-evaluation. This will involve use of the revised *Services for Children* Quality Indicators. In December 2005, the Committee received the full, final draft of the review by Dr Jean Herbison into the circumstances surrounding the death of Danielle Reid in November 2002.

Dr Herbison had been remitted to:

- identify any reasonable precautions whereby the death of Danielle Reid might have been avoided;
- identify whether there were any defects in any system of working which contributed to the death;
- examine action taken by agencies following the death of Danielle and up to the discovery of her body;
- examine how agencies, individually and collectively, have responded following internal management reviews and to comment on the content and outcome of internal management reviews as to whether they cover the relevant issues and any lessons to be learned.

Dr Herbison's main conclusion was that 'there is little doubt that the violent death of this 5 year old girl was not directly preventable by any of the individuals concerned.' She also suggested that: 'had Social Work and Health Services been operating at an optimal level ... there might then have been some possibility of avoiding her death.'

Dr Herbison's report made 68 recommendations. Many did not relate specifically to Danielle's death or child protection services in Highland, but to Dr Herbison's views about 'continuing high risk situations for children in the future'. These recommendations covered 23 issues, and in December 2005, a total of 81 separate actions had been taken to address these issues, and a further 36 actions were ongoing. In relation to national standards, policies and procedures, Highland was compliant with regard to 65 of the 68 recommendations, as shown below. The further three (with regard to a central helpline; co-ordinated multi-agency audit; and out of hours medical examinations) were part of the Child Protection Workplan, and planned for implementation by September 2006.

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).

### **Fulfilling Functions**

#### **• Public Information:**

During 2005 the CPC has 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. Similar questions were raised in other local surveys and the results were analysed by age-group, gender and

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other demographic factors. This information will be used to inform a new communications strategy to be produced in 2006.

In September 2005 the new Protecting Highland's Children website was launched. The website displays information about the Child Protection Committee, its membership and its work. This includes access to the Interagency Procedures, information leaflets and 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.

The range of written publicity materials has been reviewed and gaps noted. This has promoted the redesign of several leaflets and the updating of others for use in an awareness raising campaign in 2006. The CPC Development Officer has also kept abreast of developments of new materials being undertaken collaboratively by CPC Lead Officers across Scotland with a view to adapting these for use in Highland.

In order to promote awareness of the requirements of the Protection of Children (Scotland) Act, in respect of vetting and barring, a number of public awareness events were organised through the Keeping Children Safe Training Officer. These were well attended and resulted in increased demand for training for voluntary sector children's services providers. In addition, it resulted in an increase in enquiries from self-employed service providers wishing to obtain enhanced disclosure check certificates in order to respond to requests from parents, arising from heightened awareness.

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

The Committee oversees the development of all policies and procedures related to child protection to ensure that the needs and risks for a child remain at the centre of decision making. Policy development is influenced by a range of factors including national guidance, reform programme initiatives, research recommendations in respect of good practice, local and national recommendations from Critical Incident Reviews and HMIE findings. These are progressed through the Highland Child Protection Committee in respect of multi-agency and interagency recommendations. Individual partner agencies have all conducted reviews of policy since the pilot inspection in March 2005 and a number of policies, procedures and protocols have been adapted or initiated to reflect best practice.

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 is due to be fully reviewed in 2006. In the interim a number of new pieces

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of guidance have been drafted and launched via circulars, events and training days. These include specific responses to:

- *'Safe and Well'* and the establishment of protocols for Children Missing from Education. Further work is being undertaken in respect of early years and protocols within other agencies in respect of missing children and families. The NHS Highland model for raising a missing family alert has been modified for national use by the CPA and will be adopted for use Scotland-wide by the SEHD in 2006; this will include NHS 24, Scottish Ambulance Service and Practitioner Services. The CPA will undertake the national audit of this initiative following agreement and distribution by the Scottish Executive in June 2006.
- An initial draft of protocols in respect of *'Getting Our Priorities Right'* was taken to CPC early in 2005 and a programme of events was held to raise awareness among professionals working with adult substance misusers and other relevant staff. However it was decided to delay publication to allow for the inclusion of a pregnancy pathway and protocols and to allow review in light of *'Hidden Harm – Next Steps'* and the Inverness *'Getting it Right for Every Child'* path-finder. It will therefore be revised and re-launched in 2006.
- *Protecting Vulnerable Adults. Good Practice Guidance (2005)* – Transition from vulnerable child status and child protection to vulnerable adult status.
- *Sexual Health Strategy* - Child protection awareness is being highlighted in *Highland Sexual Health and Relationship Strategy*.
- *Vulnerable Witness Guidance* – Several training sessions were held to launch the guidance and copies of the Scottish Executives booklets have been distributed to key personnel.
- Amendments in response to HMIE findings include guidance on Core Groups, involvement of Health in joint investigations, involvement of children in case conferences and timeliness of reporting. Child protection awareness is also being highlighted in draft consultations and finalised documents for *Domestic Abuse, Perinatal Mental Health, Child and Adolescent Mental Health Services (CAMHS) Single Point of Referral Protocol, Dental Induction Guidelines, Risk Assessment and Protocol for Child Visitors to New Craigs Hospital, and Information Sharing Protocols*.

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

### • **Management Information:**

The Committee receives regular statistical reports which include the analysis of trends. This enables the committee to maintain an overview of activity levels.

2005 saw the review and commissioning of a new electronic system to replace the current SSID system. This will be introduced during summer 2006. In addition the Police HOLMES system has been upgraded and agreement has been reached in respect of the

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production of monthly referral data for submission to the CPC and Lead Officer Group. Social Work Services have introduced an audit of all referrals and Health has introduced a system where the Designated Child Protection leads maintain a rolling audit of child protection activity within their locality. Information is classified under the following headings: families of concern, case conference attendance, children’s names placed on the child protection register, clinical supervision and caseload reviews, referrals, case discussions, induction and training, staffing, and the distribution of all guidelines relating to child protection. In addition the Social Work Substance Misuse lead undertook an audit of cases involving substance misusing parents. National sources of comparative information have also been identified.

It has been agreed that information from a variety of these sources will be brought added to the quarterly reports to the CPC.

**Statistics:**

<b>1: Child Protection Information for the Period 1st April 2005 - 31st March 2006</b>									
		<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>	<b>Male</b>	<b>Female</b>	<b>Total</b>	<b>%</b>
		<b>2005/06</b>			<b>2004/05</b>				
1	The No of Referrals	211	226	<b>437</b>		214	253	467	
2	The No of Children with the outcome of no further action							344	74%
3	The No of Children subject to a Case Conference							123	26%
4	The No of Children Registered as a result of the Case Conference			<b>132</b>				<b>99</b>	80%
	Physical Injury			47		Physical Injury		27	
	Sexual Abuse			19		Sexual Abuse		12	
	Emotional Abuse			24		Emotional Abuse		23	
	Physical Neglect			42		Physical Neglect		37	
				<b>132</b>		<b>TOTAL</b>		<b>99</b>	
5	The No of Children not Registered as a result of the Case Conference							24	20%

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<b>2: Child Protection Referrals as a rate per 1000</b>						
	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01
	11.03	11.8	10.6	11.9	13.5	8.9
<b>3: Rate of Case Conferences per 1000 Population 0 - 15 yrs</b>						
	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01
		3.1	4.2	4.4	3.4	4.1
<b>4: Number of Children on the Child Protection Register</b>						
	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01
	111	119	102	125	125	95
<b>5: Number of Children on the Child Protection Register as a Rate per 1000</b>						
	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01
	2.8	3	2.6	3.1	2.7	
<b>6: Rate of Registrations per 1000 population 0 - 15 yrs</b>						
	2005/06	2004/05	2003/04	2002/03	2001/02	2000/01
	3.3	2.5	3.4	4.3	3.2	2.9
<b>7: Registrations</b>						
	As at 31/3/06	As at 31/3/05	As at 31/3/04	As at 31/3/03	As at 31/3/02	As at 31/3/01
Emotional Abuse	33	46	50	48	54	45
Physical Injury	36	20	19	32	24	27
Physical Neglect	31	42	21	28	16	15
Sexual Abuse	11	11	12	17	17	9
Failure to Thrive	0	0	0	0	1	0
<b>TOTAL</b>	<b>111</b>	<b>119</b>	<b>102</b>	<b>125</b>	<b>112</b>	<b>96</b>

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### **• Quality Assurance:**

The committee recognises that quality assurance is at the heart of its work if Highland's children are to be afforded the best possible protection. In 2004/5 a subgroup comprising representatives from health, education police and social work services was established to take forward the development and implementation of quality assurance mechanisms to augment the single agency audits currently reported to the committee.

The recommendations of the HMIe pilot inspection, together with the more recent publication of HMIe guidance on Self Evaluation, prompted the formalisation of this arrangement and Terms of Reference were agreed for a standing Quality Assurance Group in March 2006. The QuAG is tasked with the production of a robust framework based upon the HMIe guidance, and appropriate tools and a strategy for joint audit.

Work undertaken this year under the quality assurance banner included:

### **Reviews:**

- Training Review
- GOPR/Hidden Harm Review
- MEDACS Review
- Review of Referrals to Police 2005
- Review of whole force reference document for child protection.
- Review of Highland policies and processes in light of the Eilean Siar and Colyn Evans report recommendations.

### **Audits & self-evaluations:**

- Audit of 128 Social Work cases - these presented an improving picture. Children were being seen timeously, and risk assessments had improved. There were positive examples of joint police/social work interviewing and good practice with children. However, there were some instances when children did not get the help they should get when they need it. This audit is continuing and findings will be reported on a regular basis.
- Education, Culture & Sport Service has evaluated against Care, Welfare and Protection of Individuals criteria.
- In 2003-2004 an audit commenced of the handover between health visitors and school nurses. When significant organisational risks were identified a protocol was designed and implemented and the handover protocol is currently being re-audited within the academic year 2005-2006, this will also include a qualitative component.
- A short-life evaluation has been undertaken between Raigmore Hospital NHS personnel and Raigmore SW Child Health Team to address referral and response times following anecdotal concerns. The evaluation and findings were completed in 2005 and recommendations made. Recommendations have been implemented and a re-evaluation will be undertaken in June 2006.

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- A rolling audit of child protection activity within NHS Highland is being undertaken by the Designated CP leads. A Microsoft Access program was designed with the help of the NHS Audit Department. Areas covered by the audit include: child protection training, case conferences discussions and attendees, referrals, induction training, distribution of guidelines, child protection library borrowings, staffing, and clinical supervision. The audit will be reviewed and reconfigured following transfer from GroupWise to Outlook in 2006.
- NHS Highland has undertaken 6 audits against the inspection framework:
  - o Ongoing and comprehensive audit of midwifery record keeping.
  - o One parentcraft evaluation completed and one nearing completion.
  - o Evaluation of 'Health & Wellbeing, 0-5's Setting, a Guide'.
  - o Evaluation of CROCUS child bereavement service.
  - o Evaluation of Neonatal community liaison service.
  - o Child and family psychiatry evaluation – currently an enquiry.
- Northern Constabulary have carried out a number of audits:
  - o OP48/1's have been and are the subject of ongoing audit.
  - o Each medical during 2005/6 has been audited.
  - o Four internal audits are in the process of being completed. Feedback to the referrers has not yet been given.

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.

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

During 2005 the CPC considered the recommendations of two key reviews: '*An Inspection into the Care and Protection of Children in Eilean Siar.*', and '*Review of the Management Arrangements of Colyn Evans by Fife Constabulary and Fife Council.*' Individual member agencies were reviewed their practice and processes against the recommendations in these two reports.

CP staff and senior officers from all partner agencies maintain strong national links with peers, to enhance knowledge and inform best practice. Members of the CPC have been closely involved with the National Reform Programme and have kept the Committee informed of developments. Over the past year, considerable good practice guidance has emerged. In particular:

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- *Getting It Right For Every Child*, integration of children services and the Independent Assessment Framework - Highland is a path-finder for this and awareness raising has commenced to promote new ways of working.
- Children Missing from Education and *Safe & Well* – Highland introduced specific guidance in respect of children missing from education. This has been complemented by the national guidance and a CPC subgroup has been established to consider wider responses to missing children and families. All schools have been issued with this guidance and it has been incorporated into internal and inter-agency training. The NHS CP Advisor has undertaken to develop and pilot an early years model as part of her MA in Child Protection.
- *A Common Approach to Inspecting Services for Children & Young People and How well are children and young people protected and their needs met?* – The pilot inspection of Highland was instrumental in informing the development of this guidance and the resulting framework will be used to inform the development of a quality assurance framework for Child Protection in Highland. Three staff from partner agencies have so far trained as Associate Inspectors.
- *Special Measures for Vulnerable Adult and Child Witnesses* – Multi-agency training was offered to staff likely to play a supporting role for young witnesses and external training was brought in, from Bond Solon, for staff likely to give evidence in child protection cases.
- Bichard recommendations and *Protection of Children Scotland Act* – The CPC chair has chaired the national ACPO (Scotland) group considering the Bichard reforms. The implementation of legislation relating to vetting and barring has had a significant impact on the voluntary sector, in particular. A specific module has been designed by the Training Officer for ‘Keeping Children Safe’ and rolled out across the voluntary sector. Additional information has been incorporated into inter-agency training.
- Scottish Executive Training Review – The Director of Education, Culture & Sport has chaired the national group. The Training Lead for Education, Culture & Sport Services is a member of the group and has begun using Highland training modules for peer review and kite-marking. The suggested National Framework for Training has been used to inform the review of training in Highland.
- *Hidden Harm* – The Vice Chair has been involved at a national level with development of guidance in relation to Social Work support for children of substance misusing parents and, whilst awaiting the publication of *Hidden Harm- Next Steps*, the recommendations of the original *Hidden Harm* document were used to inform a review of substance misuse protocols.
- Development of Managed Clinical Networks – The Lead Consultant Paediatrician is involved in national discussions in respect of the development of MCNs. In addition,

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the three consultant paediatricians who undertake all clinical aspects of child abuse assessment have formed a peer review group and meet quarterly.

- The appointment of three Designated General Practitioners for Child Protection (DP GPs), in November 2005, one identified for each CHP, is a first within Scotland. They will provide support and training, and promote best practice for GPs in child protection. The pilot will be evaluated in 2006-2007. It is hoped to extend this initiative to include dentists by 2006.
- The strategy to support post-graduate, certified child protection training to NHS specialists working with adult groups, such as mental health, substance misuse and learning disability is also a national leader and will promote best practice from within these groups.

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

Between in-house and inter-agency training in 2005/6 approximately 3,800 places on a wide range of child protection training and awareness events were taken up. These numbers were achieved despite the presence of two Training Officer vacancies within 'Keeping Children Safe' and Highland CPC for a substantial part of the year. Both have now been filled and it is anticipated that, if full capacity can be maintained, at least 5,000 training places will be made available in 2006/7.

A review was undertaken by the CPC Training sub-group into provision of single and interagency training, quality and effectiveness of training provided, and the roles and responsibilities of staff in relation to training delivery. In particular, the review considered the tiered model provided by the national reform programme, and recommendations made by the Child Protection Strategic Training Group (CPSTG) to date.

The review confirmed a great deal of training in relation to child protection across Highland. The majority of courses delivered in Highland are evaluated positively. This includes commissioned training such as the recent Emotional Abuse Seminars and Bond Solon courses.

The existing inter agency training currently sits between Tiers 1 and 2 with the majority of participants having attended some basic child protection training prior to this course. The inter agency training currently includes staff from health, education, social work, police and the voluntary sector. Staff from housing, the prison service, and other agencies involved in the protection of children, have also attended this training.

By standardising training courses, especially in Tier 1, and ensuring they conform to the Framework of Standards, this option is likely to become more readily available and effective within multi-disciplinary teams and local communities.

The review findings and recommendations will be presented to the CPC in June 2006 and will provide a starting point for an updated training strategy for Highland. Scottish

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Executive initiatives such as GIRFEC and the ‘Hidden Harm’ guidance also need to be considered when developing the CPC Training Strategy and prioritising training requirements for Highland.

**Child Protection Training –1<sup>st</sup> April 2005-31<sup>st</sup> March 2006**

**Inter Agency Training Provision**

<b>Training</b>	<b>Number of Participants</b>
Day 1 – Response and Recognition	233
Day 2 – Case Conferences	169
<b>Total</b>	<b>402</b>

**Northern Constabulary**

<b>Training</b>	<b>Number of Participants</b>
Joint Police/Social Work Course	16
Refresher Training	6
Probationer Training	31
Designated Officer Training	27
<b>Total</b>	<b>80</b>

**Highland Council Social Work Service**

<b>Training</b>	<b>Number of Participants</b>
Introduction to Child Abuse and Neglect	21
Foundation Course in Child Care and Protection Studies	24
Child Protection Investigation training for Out Of Hours staff (with emphasis on health information)	32
HMIe Quality Assurance in Child Protection – training for Children and Families Social Work staff across Highland	98
Children Service Workers Induction Training	37
<b>Total</b>	<b>212</b>

**Highland Council Education Culture and Sport**

<b>Training</b>	<b>Number of Participants</b>
Basic Awareness in Child Protection	878
Basic Awareness Refresher	(including Early years)
<b>Total</b>	<b>878</b>

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**NHS Highland**

<b>Training</b>	<b>Number of Participants</b>
Child Protection	495
CP Awareness – Part 2	15
Introduction to Child Abuse	13
CP SAT	40
Child Protection Update	17
Child Abuse	4
Clinical Supervision for Health	26
Prep for DP Role (GPs)	3
Scottish CP System	5
Child Health Surveillance Course	27
Child Abuse: Microcephaly/Neurocutaneous disorders	13
Scottish Legislation/Sexual Health/Child Protection	11
Orientation	76
Report Writing	19
<b>Total</b>	<b>764</b>

**Keeping Children Safe**

<b>Training</b>	<b>Number of Participants</b>
Basic Awareness Raising	455
POCSA	107
Basic Awareness and POCSA	200
<b>Total</b>	<b>762</b>

**Additional Training Provision**

In addition to Inter and Single Agency training provision, there have also been a number of other events commissioned to raise awareness of specific issues.

This includes:

**Bond Solon** who provided training on Witness Familiarisation and Courtroom Skills for staff in Social Work, Health, Education, Police and the Voluntary Sector across Highland. Over 40 people benefited from this training which evaluated extremely well.

Two **Vulnerable Witness Training** sessions for staff from Education, Health, Social Work, Police and Voluntary Organisations were also delivered. 86 people benefited from this training.

Eight **Emotional Abuse and Neglect Seminars** were delivered across Highland by Children 1<sup>st</sup>. The aim of this training was to explore issues around identification, assessment and intervention processes in relation to Emotional Abuse and Neglect. The

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target audience were key staff from Health, Social Work, Education, Police and the Voluntary Sector. Of the 125 individuals who returned evaluations from this training, 96% felt the course had been a good use of their time.

An inter agency training event for those working with Looked After Children who are over 16 years of age. **‘Protecting 16+’** aimed to highlight issues for those working on through and after care issues with young people who have reached the age of 16. 138 members of staff from Social Work, Barnardos The new Quality Improvement Framework PI from HMIe, to be included in the ‘Safe’ section of Integrated Children’s Services Plans is:

The % of child protection referrals that are repeat referrals within 12 months of initial referral or removal from the register has reduced.

**Education, Culture and Sport** Spring Forums highlighted issues affecting all staff within schools, youth and community groups including the introduction of the ‘Safe and Well’ Guidance and more specifically, Children Missing from Education. These events also provided an opportunity to raise awareness of issues for children affected by parental substance misuse in anticipation of the revised Hidden Harm guidance. Spring Forum sessions have occurred in eight venues and targeted over 300 members of staff.

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

The HMIe pilot inspection highlighted issues in communication with hard-to-reach groups. During 2005/6 consideration has been given to how this can be improved. In particular, work has been undertaken to provide interpretation services for migrant families, in response to a significant influx of families from Eastern Europe.

A number of situations have arisen in respect of child protection cases involving foreign nationals. These have high-lighted difficulties in relation to national Benefits provision. Whilst legislation allows support to be given in relation to the welfare of children it has not always proved possible to elicit further support for families, e.g. accommodation, to enable children to remain with their families.

Consideration has also been given to the support needs of Gypsy/Traveller families and to the sensitive application of Children Missing from Education protocols.

The Children’s Right’s Officer and the ‘Who Cares Scotland’ worker produced Annual Reports in respect of progress on ‘Safeguards for children Living Away from Home’ and presented them to Children’s Services Managers and to the Housing and Social Work Committee.

The Highland Child Protection Committee facilitates essential communication, working and co-operation across agencies and provides an annual and topic specific reports member agencies. Each partner agency has, or is currently developing, 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.

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The development of a network of Designated Persons, - lead officers for Child Protection - across Health, Education, Leisure Services, the Police and Voluntary Sector Childcare Services is progressing well. This network provides a conduit for communication and the implementation of change within and across organisations. The DPs 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 a DP appointment. The Scottish Executive inspection commended the efficacy of this framework.

### • 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.

Following the Pilot HMIe Inspection, and cognoscente of the recommendations of the self evaluation research and the Herbison report, the CPC produced a 15 point action plan. This has forms a 3 year workplan to 2008.

Individual partner agencies have produced detailed operational plans to take single agency, contributory actions forward.

Amongst these actions is further development of the CPC website to support a training calendar, discussion forum for sharing good practice and a dynamic, updateable version of the Policy and Practice guidelines. The guidelines will be downloadable and a system will be developed to alert all Designated Persons when updates have been added. The DPs will then ensure that copies of updated sections are downloaded and added to agency-held files.

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:



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

As previously mentioned, Highland is a path-finder for '*Getting It Right For Every Child*' and CPC members and staff are working closely with the GIRFEC project team to ensure integration of child protection issues and to avoid duplication of effort in respect of developing assessment tools and training, etc.

National and local initiatives in respect of protocols for sharing information are being progressed. A generic inter-agency information sharing protocol is being progressed by the GIRFEC Path finding Team.

The assimilation of Argyll and Bute NHS services into Highland, from April 2006, has led to wider partnership working around Child Protection issues and the sharing of practice guidelines, etc. Planning for 2006 has included Argyll and Bute and initial consultations on child protection systems and process began in January 2006. As new guidance is being developed, plans are being made to align policies across the two areas as far as is practicable.

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 e.g. The Integrated Assessment Framework, Awareness Raising campaign materials, core Policy and Procedures guidelines, etc., in which Highland participates.

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

The perspectives of children and young people and their families have been taken account of in a number of ways. Guidance has been provided to chairs of case conferences and children's hearings on the involvement of children and, during 2005, the JCCYP approved funding for a research proposal from the Highland Children's Forum.

In addition there has been an ongoing contribution from local children's rights and advocacy services, and the commissioning of external research to inform policy development. The Children's Rights Officer produces an annual report, which highlights the issues and complaints that young people have raised with him. The Social Work Service now also records all reported incidents of bullying in residential care.

In addition:

- A piece of work has also been done on out of area placements.
- The **Have Your Say**' tools are being used to encourage participation by children & young people.
- Young people were consulted on the design and content of a leaflet on confidentiality produced jointly by education and NHS school nurses.

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- Young people's focus groups had been consulted by Education and Culture Services in relation to 'For Highland's Children 2'.
- All secondary schools have a youth forum and these send representatives to Highland Youth Parliament.
- Most schools in Highland have buddying systems.

### **Future Planning:**

The Child Protection Committee has played a key role in the development of 'For Highland's Children 2' in relation to the theme around keeping children safe. This involved members of the Committee participating in interagency planning seminars which focused discussion on needs and priorities, and the confirmation of a 3 year action plan: 2005-2008. The Committee is now overseeing 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 Child Protection Committee workplan, as at June 1<sup>st</sup> 2006, is attached. Priority issues to be tackled in the forthcoming year include:

#### **• Public Information:**

- A new communications strategy to be produced in 2006 supported by an appropriate budget. Awareness campaign to be launched in September.
- Redesign of leaflets and posters etc.
- Further development of the web-site, including a training calendar and CPC minutes.

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

- Publication of revised Child Protection Policy Guidelines, including a new version of "*Child Protection Policies for Your Community Group*", and development of a dynamic, web-based version to enable ongoing update in response to new legislation and good practice recommendations.
- Update and re-launch GOPR/Hidden Harm protocols.
- A scoping exercise has begun in respect of existing NHS protocols for timed-contact with prescribed methadone users. A review of the current policy document will run concurrently and will be completed in 2006. Cognisance will be taken of *Getting Our Priorities Right* and *Hidden Harm* to identify children who are in need or are in need of protection to inform the protocol.
- A joint protocol between GPs and Acute Services is being developed in respect of children who fail to attend outpatient appointments. This will address and action the link between failed appointments and child abuse and neglect.

#### **• Management Information:**

- Introduction of a new electronic system to replace SSID.
- The potential for additional or improved management information from new sources such as e-health, e-care & GIRFEC will be scoped.

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- A pilot project will be undertaken between NHS Highland and Highland Social Services to facilitate access by NHS Highland Accident and Emergency Departments to the names of children on the child protection register.
- Protocols between social services and an information sharing pilot between Scottish Ambulance Service (Highland area) and CPA for NHS Highland will be progressed, in collaboration with the Scottish Executive Health Department.
- **Quality Assurance:**
  - A new Quality Assurance Framework will be introduced and a system for joint audit and benchmarking will be implemented to improve self-evaluation.
  - Individual agencies will implement in-house systems for regular sampling and audit of case files. Additional planned audits include:
    - Evaluation of substance misuse pregnancy guidelines to be extended to include domestic violence guidelines and perinatal mental health guidelines. Also evaluating midwifery record-keeping in relation to these.
    - Evaluation of two new community midwife – Surestart posts.
    - Re-audit of parentcraft in East Highland 2007.
- **Promotion of Good Practice:**
  - Implementation of ‘Getting it Right for Every Child’
  - Role out of Safe & Well, CME guidance and GOPR via spring forums.
  - Piloting of an area based learning set.
- **Training and Staff Development:**
  - Production of a new Training Strategy.
  - Development of ongoing training needs assessment more closely linked to agency PDP processes.
  - Training for Trainers to increase capacity to deliver and cascade Child Protection training.
- **Communication and Co-operation:**
  - Development of a DP network, including training for trainers to promote cascading of information and new Guidelines update system, etc.
  - Further work will be undertaken to improve communication around Missing Children and Families, including mechanisms to involve Early Years services.
  - An information sharing pilot between Scottish Ambulance Service (Highland area) and CPA for NHS Highland will be progressed, in collaboration with the Scottish Executive Health Department.
- **Planning and Connections:**
  - Further work via Chairs & Leads Group
  - Specific work with Argyll & Bute
  - Development of website and DP network.
  - Training links with appropriate partnerships.

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

- To improve the involvement of children, a trainer has been identified to enhance such communication, and training on speaking to and listening to children will be progressed in 2006.
- Quality Assurance Group to audit cases for evidence of the impact of guidance on involvement of children and young people.

### **Conclusion:**

2005 has been a year of reflection, review and further developments. The resulting action plan will inform the work of the CPC for some years. Considerable progress has already been achieved towards progressing recommendations from a variety of sources and it is hoped that the interim follow-through inspection, taking place in June 2006, will support this self-evaluation.

2006 promises to be a challenging year. The introduction of the 'Getting It Right For Every Child' pathfinder will require a transition to new and more seamless ways of working to protect children in Inverness and then all of Highland. The CPC will need to maintain and build upon the progress already made, whilst responding flexibly to external change. The development of meaningful quality assurance systems will therefore be a key priority.

### **Appendix 1 CPC Membership:**

#### **Highland Child Protection Committee membership**

1. Chief Constable Ian Latimer, Northern Constabulary (Chair)
2. Ms Harriet Dempster, Director of Social Work, The Highland Council
1. (Vice Chair)
2. Mr Arthur McCourt, Chief Executive, The Highland Council
3. Mr Roger Gibbins, Chief Executive, NHS Highland
4. Mr Andrew Laing, Procurator Fiscal, Inverness
5. Mr Tom Boyd, SCRA, Children's Reporter
6. Ms Jan Baird, Director of Community Care, NHS Highland
7. Mr Bruce Robertson, Director of Education, The Highland Council
8. Mr Gordon Fisher, Director of Housing, The Highland Council
9. Mr Bill Alexander, Head of Service, The Highland Council & NHS Highland
10. Detective Superintendent Gordon Urquhart, Northern Constabulary
11. Ms Leslie Johnstone, Legal Manager, Litigation and People Services, The Highland Council
12. Ms Pene Rowe, Development Officer

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

<b><u>BUDGET 2005/06</u></b>			
<b><u>CHILD PROTECTION COMMITTEE (18JA011)</u></b>			
			£
	Salaries		65,281
	National Insurance		6,280
	Superannuation		5,053
	Car Allowances		4,080
	Training Courses & Other Activities		13,668
	Printing		2,040
	Printing of new Guidelines		6,120
	Rent		1,020
	Telephone		408
	Stationery		306
	Miscellaneous		510
	<b><i>Sub Total</i></b>		<b><i>104,766</i></b>
	less Contributions from Other Bodies:		
	Education Service (20%)		-14,953
	Northern Constabulary (20%)		-14,953
	Highland Health Board (20%)		-14,953
	<b>Social Work Contribution (40%)</b>		<b>29,907</b>
	<b><i>Scottish Executive additional funding for Training Officer Post</i></b>		<b><i>30,000</i></b>
	Staffing		
	Development Officer	POA	1.0
	Senior Clerical Assistant	GS3	0.5
	Training Officer (Delayed appointment 04/06)		1.0
			<b>2.5</b>

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

**Highland CPC Lead Officer Group membership:**

1. Ms Harriet Dempster, Director of Social Work, The Highland Council (Chair)
2. Mr Bill Alexander, Head of Service, The Highland Council & NHS Highland
3. Ms Alison Wylie, Procurator Fiscal, Fort William
4. Ms Rhona Morrison, Chair, Highland Children's Panel
5. Mr Julian Innes, Detective Inspector-Child Protection, Northern Constabulary
6. Mr Ian Murray, Head of Community Learning & Leisure Services, The Highland Council
7. Captain Alan Kennedy, Army Welfare Services Highlands
8. Ms Helen Ross, Head of Housing Strategy, The Highland Council
9. Ms Ann Brady, Voluntary Sector – Director Keeping Children Safe
10. Mr Laurence Young, Area Education Manager, The Highland Council
11. Ms Leslie Johnstone, Legal Manager, Litigation and People Services, The Highland Council
12. Ms Linda MacLennan, Principal Officer (Looked after Children and Child Protection) Social Work Services, The Highland Council
13. Dr Malcolm Baxter, Consultant Paediatrician
14. Mr Tom Boyd, SCRA, Children's Reporter
15. Ms Sandie Young, Child Protection Advisor, NHS Highland
16. Ms Sandra Campbell, Head of Operations ( Children & Families) Social Work Services, Highland Council
17. Ms Suzy Calder, Co-ordinator, Highland Drug & Alcohol Action Team
18. Ms Pene Rowe, Development Officer & chair of Quality Assurance Group.
19. Ms Donna Munro, Training Officer & chair of Training Sub Group.

**Highland CPC Training Group membership:**

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 Claire Collins, Voluntary Sector, Training and Development Officer (Keeping Children Safe)
  5. Mr Gavin Saunders, Training Officer, Social Work Services, The Highland Council
  6. Mrs Shelagh Newton, Child Protection Policy Officer, Social Work Services, The Highland Council
  7. Detective Sergeant Jenny Macdonald, 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
- Co-opted Practitioner - Ms Mairi Morrison, Area Team Manger, Social Work Services, The Highland Council.
- Co-opted Trainers from specialist partner agencies e.g. Domestic Violence, Substance Misuse, Mental Health, Disabilities, etc.

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**Quality Assurance Group Members:**

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. Mr Julian Innes, 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)

**Missing Children & Families members:**

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 Ann Brady, Director, Highland Preschool Services  
Mr Julian Innes, Detective Inspector-Child Protection, Northern Constabulary  
Ms Linda MacLennan, Principal Officer (Looked after Children and Child Protection)  
Ms Pene Rowe, Child Protection Committee, Development Officer

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**Appendix 4:  
Workplan.**

Attached.

**Further Information:**

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

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

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