

Annual Report

Protecting Children and Young People in Highland.

April 2006 – March 2007

**Highland Child Protection Committee Annual Report
April 2006– March 2007**

**Annual Report on Protecting Children and Young People in Highland CPC area
2006-7**

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**Highland Child Protection Committee Annual Report
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**Annual Report on Protecting Children and
Young People in Highland CPC area.
2006 -7**

Preface from Chair and Chief Officers:

We present the 2006/07 Annual Report of the Highland Child Protection Committee. This is the third report submitted to the Scottish Executive in line with the Guidance for Child Protection Committees published in January 2005.

2006 was another productive year for the Committee, continuing the implementation of the action plan that was produced in response to the HMIE pilot inspection of Child Protection Services, published in June 2005 and further recommendations from the critical incident review conducted by Dr Jean Herbison. A Quality Assurance Framework was adopted during 2005 and evidence of progress against the action plan was presented to HMIE inspectors during their interim follow-through inspection, which was conducted in June 2006. The report of their findings was published in January 2007 and this has been used to inform the Committee's action plan for 2007/8.

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

Signed:

Alistair Dodds, Chair	Ian Latimer, Chief Constable	Arthur McCourt, CE Highland Council	Roger Gibbins CE NHS Highland
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Introduction:

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

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

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

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

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

The Child Protection Development Officer sits on the Integrated Children's Services Lead Officer Group and reports accordingly. Following the restructuring of Highland Council during 2007 it is envisaged that the CPC's core staff will be located with other strategic leads within the framework of Integrated Children's Services.

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

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through external consultation and through the ongoing development of multi-agency quality assurance processes.

Highland is a pathfinder area for the implementation of ‘*Getting It Right For very Child*’. The pathfinder is currently limited to the Inverness area of Highland pending roll out to the rest of Highland in 2008/9. This presents some unique challenges for the CPC:

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

These challenges have, of necessity, impacted upon the speed of progress in implementing the CPC workplan; a fact that was acknowledged in the recent HMIE interim follow-through inspection.

Evaluation and Inspection:

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

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

Comparative Analysis – During 2007 an attempt was made to undertake a comparison of trends against both national trends and against trends for 3 areas considered to have roughly similar demographics to Highland – Argyll & Bute, Scottish Borders and (rural) Aberdeenshire.

Comparative numbers of referrals, case conferences, CPR registrations and de-registrations, and numbers on CPR, by CPC area 2005-6

CPC	Referrals / 1,000 pop	CC's / 1,000 pop	CPR Reg / 1,000 pop	CPR de-reg / 1,000 pop	On CPR / 1,000 pop	Case Conferences as % of Referrals	CPR registrations as % of Case Conferences
HIGHLAND	7.92	2.24	1.88	0.71	2.80	28.16%	84.36%
Aberdeenshire	18.00	2.54	2.37	2.35	2.20	14.53%	93.79%
Argyll & Bute	12.00	6.50	4.46	2.93	3.50	50.35%	73.50%
Borders	15.07	3.63	3.01	2.91	2.30	24.14%	83.19%
SCOTLAND	11.50	4.37	3.05	3.03	2.50	37.96%	83.73%

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Whilst Highland has approximately the same number of Child Protection registrations per 1,000 population as the national average this would appear to be the product of a low rate of de-registration rather than of new registrations. It is surmised that this is partly due to the small number of families involved and the fact that a number of families of greatest concern happen to be larger than average. However, the quality of decision making may also be a factor and it is planned to develop training around a new risk assessment and evidence based decision making model to be introduced alongside the '*Getting It Right For Every Child*' pathfinder. As part of the Quality Assurance Group workplan for 2007/8, it has been agreed to audit the reviews of all cases where children have been on the register for more than 12 months to ensure that decisions are clearly evidence based.

It is unclear why the level of referral is lower than in comparable areas. This may be a product of the definition used and/or of moves to intervene early, at a point where the concern has not reached the threshold for recording as a child protection referral. The implementation of '*Getting It Right For Every Child*' is expected to increase the number of cases identified at the child 'in need' stage and decrease the number of children accessing support in crisis and 'at risk'.

Inspections – Highland was subject to a number of inspections, which included reference to Child Protection links, during 2006/7. These included SWIA inspections of Criminal Justice Services and of Social Work Child and Family Services together with a visit from consultants involved in the national stock-take of ADATs. The CPC Chair and the Development Officer were interviewed in the course of these inspections and reviews. The Vice chair also took part in her role as Director of Social Work Services. The inspections took a light touch approach to the child protection element in view of the HMIe inspections in January 2005 and June 2006.

Highland participated in the pilot child protection inspection programme, which reported in June 2005. Subsequent to the publication of the independent review into the circumstances surrounding the death of Danielle Reid (March 2006) ministers requested HMIe to bring forward its planned follow-through inspection and to include a review of progress against the recommendations contained in the critical incident review. This took place in June 2006 and reported in January 2007.

The report concluded that:

Overall, considerable progress had been made in meeting the recommendations in the pilot inspection report and the report 'Danielle Reid: independent review into the circumstances surrounding her death'. A high priority had been given to improving services to protect children by all services in Highland. The CPC and agencies across Highland had worked well together to improve services.

*Stronger and more ambitious strategic leadership continued to provide a clear commitment to implementing change and continuous improvement. **Progress made in meeting the recommendations was based on careful planning, review and monitoring that were undertaken jointly between agencies.** Staff had successfully introduced changes which had improved outcomes for children and young people.*

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The pace of progress was encouraging in most areas but the assessment of risks and needs required further improvements to ensure that appropriate services reached all children.

The latter comment referred to specific issues related to slippage in the time-table for implementation of 'Getting it Right for Every Child' and its knock-on effects for the rest of Highland.

The original pilot report 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, taking 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.*

The interim follow-through inspection found:

There were clear signs that progress had been made to ensure services provided a positive outcome for children and young people.

- Involvement of children:

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Children and young people were helped to express their views and participate in meetings. Professionals within services gave high priority to involving children and young people in making decisions which impacted on their lives.

Comprehensive assessments were presented at decision-making meetings and assessments took account of the views of children, young people and parents.

Most children who were involved in the development of a care package knew what was going to happen and why. Some young people had developed sufficient confidence to inform or challenge decisions made by professionals.

The participation of children and young people in policy and planning had improved.Children were consulted on all new policy proposals presented to the Highland Joint Committee for Children and Young People.

- **Risk assessment:**

Within child protection services assessment of risks and needs had improved.....Across child protection services the pace of progress in assessment was slower. As part of the pathfinder project for 'Getting it right for every child', piloted initially in the Inverness area, agencies had begun to improve procedures for information-sharing and assessment.....The need to improve assessment of risk and needs within the traditional model of service delivery remained, particularly for areas outside the pilot area.

- **Arrangements for medical examinations:**

*Recent progress had been made in improving the arrangements for medical examinations. A 24 hour rota of paediatricians had been introduced to provide advice on the need for medical examination. The involvement of health professionals in discussion of referrals, and the auditing of medical examinations by the police were welcome developments. However, too few medical examinations were undertaken for therapeutic reasons.**

- **Prioritisation and shared responsibility:**

Joint working was supported by information-sharing protocols and by the example of senior managers. Significant progress had been made in enhancing communication between services..... Professionals increasingly shared information about adults who might be a risk to children and young people.

There was also a strong ethos of partnership working between public services and voluntary organisations, based on a collaborative culture promoted successfully by senior managers.

- **Staff support and safety:**

There were clear signs of improvement in operational management of services. Individual services had an appropriate range of policies and procedures in place which related well to the CPC's policies for protecting children and young

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people..... Overall, staff across agencies were well supported and policies were in place to promote their safety.

- Evaluation of effectiveness:
The CPC had strengthened its capacity for change and improvement. Additional posts in development and training were contributing to the development of a detailed and evaluated child protection training programme and there had been a renewed focus on quality assurance.
- Evaluating and raising of public awareness.
Considerable progress had been made in improving public awareness of services to protect children..... The CPC had recently audited and reported on public awareness of child protection. The part played by the CPC in raising public awareness was beginning to have an impact.

The report also identified some continuing areas of weakness that need to be addressed:

- *The challenge of delivering services across a wide rural area was not always met, with some targeted services only available in an urban centre or to users travelling long distances.*
- *Across services, some staff were yet to undergo basic awareness training.*
- *Some weaknesses remained in planning for the longer-term needs of children, including those children for whom the local authority had parental responsibilities.*
- *The assessment of risks and needs required further improvements to ensure that appropriate services reached all children.*
- *There was some variation in thresholds for referral to School Liaison Groups and in securing the attendance of all relevant staff.*
- *The incompatibility of information systems within and between agencies limited the scope of effective information sharing.*
- *Too few medical examinations were undertaken for therapeutic reasons*.*
- *There had been a review of the existing arrangement with the contracted locum organisation, but this had not yet led to benefits for children.*
- *Self-evaluation was not yet firmly established across all agencies.*

*It was noted that medicals were used, primarily, to gather forensic evidence of physical and sexual abuse rather than to check on the general health status of the children, which may have been affected by neglect or could impact on their fitness to undergo interview, etc.

These recommendations have informed the review of the CPC's action plan and the development of the workplan for 2007/8, which will be incorporated into the Integrated Children's Services Plan.

Fulfilling Functions

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• Public Information:

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

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

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

A multi-agency review of all websites relating to Integrated Children's Services was held during 2006 with a view to improving coherence and ensuring long-term sustainability in the face of cost pressures. CPC staff undertook training in basic website development and maintenance skills and, in addition to streamlining the existing pages, additional free-host space has been allocated for the development of further pages to support awareness raising, training and quality assurance.

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 was reviewed during 2005 and this has promoted the redesign of several leaflets and the updating of others. The CPC Development Officer has also kept abreast of developments of new materials being undertaken collaboratively by CPC Lead Officers across Scotland.

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• Policies, Procedures and Protocols:

The Committee oversees the development of all policies and procedures related to child protection to ensure that the needs and risks for a child remain at the centre of decision-making. Policy development is influenced by a range of factors including national guidance, reform programme initiatives, research recommendations in respect of good practice, local and national recommendations from Critical Incident Reviews and HMIe findings. These are progressed through the Highland Child Protection Committee in respect of multi-agency and interagency recommendations. Individual partner agencies all conducted reviews of policy following the HMIe 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 was reviewed in 2006 and it was recognised that the impact of the implementation of *'Getting It Right For Every Child'* would need to be determined before a new edition of the guidance could be produced and disseminated. In the interim it was agreed to update the existing guidance electronically by bundling revisions and additions in downloadable format on the CPC website. A number of new pieces of guidance have been drafted. These include:

- *'Child Protection Policies for Your Community Group'* (Edition 4) - Existing guidelines for Community Groups in Highland were updated to reflect the vetting and barring requirements of the *'Protection of Children (Scotland) Act 2003'* and recent good practice guidance e.g. *'Safe and Well'*. These guidelines complement the Scottish Sports Council's new *'Child Protection in Sport Accord 2006'* which was adopted by Highland CPC in March 2007. In view of the speed of reform and the likely need to update again when the *'Vulnerable Groups Bill'* becomes legislation, this new edition has been created in a sectionalised, electronic format to enable updating as and when required rather than at set intervals. 8 Designated Child Protection Leads have been identified within Community Learning and Leisure to assist groups with implementing this guidance. Training for the voluntary sector is provided through *'Keeping Children Safe'*, which is part funded from the Community Learning and Leisure budget.
- Education, Culture and Sport guidance on *'Managing and Vetting Volunteers'* was also updated to reflect the outlined above.
- 2006/7 has seen the further development of Highland's Children Missing from Education system to include children in early year's provision.
- Social Work systems for responding to local and national circulars in respect of this group have been reviewed.
- The NHS Highland model for raising a missing family alert was modified for national use by the LCPA supported by the SEHD in 2006; this included NHS 24, Scottish Ambulance Service, Practitioner Services and CME. The LCPA will undertake the national audit of this initiative. An interim national evaluation held at St Andrew's

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House in January 2007 reported very positive outcomes. A final evaluation will be undertaken in autumn 2007.

- *'Getting Our Priorities Right'* – protocols have been reviewed in light of *'Hidden Harm – Next Steps'* and the Inverness *'Getting It Right For Every Child'* path-finder. The revised protocol, to be produced during 2007, will link to:
 - o The new NHS Highland pregnancy pathway for substance misusers. In a unique move this has been endorsed by both the CPC and the ADAT in addition to usual NHS approval routes. It has also been shared with the CPC and ADAT in Argyll and Bute.
 - o The *'Highland Information Sharing Policy'*, is a pan-highland policy which was adopted by the Highland Council, NHS Highland and Northern Constabulary in 2003. Over 2006/2007 this document has been updated to reflect the standards outlined in the Gold Standard issued by the Scottish Executive and capture the new organisational area for the Data Sharing Partnership which includes Argyll and Bute Council and Strathclyde Police. Supporting protocols such as the SE guidance on information sharing, for the protection of children and any subsequent protocols that may be issued to support Hidden Harm will reflect the principles and require to relate to the overarching policy. Additional reference will be made to the new NHS Perinatal Mental Health pathway.
- In order to facilitate the joint review and audit of case files a new *'Protocol for the Sharing of Case-File Information for the Purposes of Quality Assurance and Service Improvement'* was adopted by the CPC. This is another example of a supporting protocol.
- Work on the sharing of information in relation to child protection and underage sexual activity is ongoing. It is anticipated that a protocol will be agreed in Spring/Summer 2007. However, it is recognised that revisions may be required should National guidance be agreed.
- 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. The Acute Services aspect has been completed and agreed. The subsequent work with GPs and agreement on response and reaction is under way.
- *Protecting Vulnerable Adults. Good Practice Guidance (2005)* – A protocol, *'Protection of Vulnerable Adults interface with Child Protection'*, has been produced in respect of dual registration at the point of transition from vulnerable child status and child protection to vulnerable adult status.
- Revisions to practice guidance for Social Work Services in 2006 included:
 - o Case Closure on the Social Services Information Database

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- Core Groups Guidance
 - Protocol for transfer of calls from the national Child Protection Line
- Revisions to two appendices to the Interagency guidance were made in light of HMIE recommendations and new national guidance:
- *Appendix G – Critical Incident Reviews Policy and the Critical Incidents Review Pathway*
 - *Appendix M – NHS Highland Child Protection Medical Examinations*
- New guidance was also added for Housing Staff.
- During 2006 Highland Housing Department reviewed its Homeless Policy and has introduced changes, to be implemented from April 1st 2007, that will affect young people:
- Young people between the ages of 16 and under 21 years, if homeless, will automatically be assessed as vulnerable and therefore in priority need.
 - Any young person under 25 years, who has been in LA care at any time during their life, if homeless, will be assessed as in priority need.

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

• **Management Information:**

The Committee receives quarterly statistical reports on Child Protection referrals, registrations and de-registrations. An annual report is presented; utilizing a range of materials listed below, and includes an analysis of trends. (See Appendix 4) This enables the committee to maintain an overview of activity levels.

2006/7 saw the investment of over £1million, by Social Work Services, to procure a new information management system. With the addition of an adaptor this will have the capacity to connect to the national e-messaging framework. The NHS continues to assess whether the locally developed heart will be their vehicle to enable the Highland partnership to meet the Scottish Executive deadline to share information electronically. 'Care First', also signals significant changes to business process and will, in effect, be a new management tool to enable more effective monitoring of practice and deployment of resources. Used with the tablet computers that all field staff now have, it has the potential to reduce bureaucracy. The Director of Social Work Services has seconded practitioners and managers into a 'Care First' project team which is currently training and supporting staff in preparation for the system going live in the summer of 2007.

Incompatibility of NHS IT systems has delayed progression of the proposed pilot project between NHS Highland and Highland Social Work Services, to facilitate access by NHS Accident and Emergency Departments to the names of children on the child protection register, has delayed progression. Noelle Murphy, A&E Consultant, as chair of a national group progressing IT enhancement for the NHS, is facilitating this work.

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

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The new Children Missing from Education System is generating data on the number of children reported as missing together with information on who has been found, when and where, etc. Similar systems are being developed for collection of data in respect of vulnerable children and families known to Social Work and Health Services.

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

Statistics:

Method of Collection – Each local authority is asked to submit an annual survey form providing aggregate data for children going through the process of child protection. Figures were collected for the number of child protection referrals, number of child protection referrals that resulted in a case conference, number of registrations, number of de-registrations and number of children on child protection registers. The dates for the collection is throughout the financial year, 1st April to 31st March.

The author wishes to draw attention to factors that impact on the comparability of data across years:

Estimations and Revisions – In 2005/06, to improve consistency in reporting across local authorities, the question in relation to the number of child protection referrals was revised from asking for the number of children who had a child protection referral to asking for the total number of child protection referrals and the total number of children these involved. The reason for this change was to take into account that a child may be subject to more than one child protection referral in the same year, and that more than one child could be involved in a single child protection referral. In previous years, the child was only being counted once by some local authorities, whereas in 2005/06 this became a count of referrals and a child could be counted more than once. Also, if a number of children were included in a single child protection referral, then all children were to be counted (as if they had each had their own child protection referral). This change is reflected in the large increase of child protection referrals shown from 2005/6 onwards compared with previous years and so any comparison should be made with caution.

This change in the way Child Protection Referrals were to be counted may also have affected the number of Case Conferences and any subsequent Child Protection Registrations (see Tables 2 – 4) as a child who was subject to more than one Case Conference and Child Protection registration during the year is now counted more than once by some local authorities.

In 2005/6, new data was requested from local authorities. National figures were compiled for whether children were known to have been registered before and the length of time since their last de-registration of children registering. Further changes in 2006/07 mean that some 2005/06 comparators are unavailable.

1: Child Protection Information for the Period 1st April 2006 – 31st March 2007

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Provisional Figures	Male	Female	Total	%	Male	Female	Total	%
	2006/07				2005/06			
	1 The No of Referrals	138	191	329		211	226	437
2 The No of Children with the outcome of no further action			248					
3 The No of Children subject to a Case Conference (new) *Including Reviews			81				109	?*
4 The No of Children Registered as a result of the Case Conference	78	77	150		76	56	132	
			40		Physical Injury		27	
			10		Sexual Abuse		12	
			51		Emotional Abuse		23	
			40		Physical Neglect		37	
			150		TOTAL		132	
5 The No of Children not Registered as a result of the Case Conference			333				?	

2: Child Protection Referrals as a rate per 1000

2006/07	2005/06	2004/05	2003/04	2002/03	2001/02
8.70	11.03	11.8	10.6	11.9	13.5

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

2006/07	2005/06	2004/05	2003/04	2002/03	2001/02
2.2	3.0	3.1	4.2	4.4	3.4

4: Number of Children on the Child Protection Register

2006/07	2005/06	2004/05	2003/04	2002/03	2001/02
125	111	119	102	125	125

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5: Number of Children on the Child Protection Register as a Rate per 1000						
	2006/07	2005/06	2004/05	2003/04	2002/03	2001/02
	3.4	2.8	3	2.6	3.1	2.7

6: Rate of Registrations per 1000 population 0 – 15 yrs						
	2006/07	2005/06	2004/05	2003/04	2002/03	2001/02
	4.1	3.3	2.5	3.4	4.3	3.2

7: Registrations						
	As at 31/3/07	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
Emotional Abuse	52	33	46	50	48	54
Physical Injury	22	36	20	19	32	24
Physical Neglect	39	31	42	21	28	16
Sexual Abuse	12	11	11	12	17	17
Failure to Thrive	0	0	0	0	0	1
TOTAL	125	111	119	102	125	112

• 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. The recommendations of the HMIe pilot inspection, together with the publication of HMIe guidance on Self Evaluation, prompted the establishment of a standing Quality Assurance Group (QuAG) in March 2006. The QuAG was tasked with the production of a robust framework based upon the HMIe guidance, appropriate tools and a strategy for joint audit.

Utilising the permissions gained for the HMIe interim follow-through inspection, the QuAG undertook a pilot joint review of two of the selected child protection cases in April/May 2006. This enabled the testing of the framework and informed the further development of tools for such reviews.

Legal advice was sought on the development of a protocol to enable further joint case reviews and this was ratified by the CPC at its March 2007 meeting.

Most agencies in membership of the CPC have put forward at least one member of staff to be trained as an associate inspector for HMIe inspections. Associate Inspectors from Education, Health, Social Work, the Police and SCRA, in addition to staff from the

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Getting It Right For Every Child pathfinder, have been involved in developing a road-show presentation on day-to-day quality assurance to be delivered to staff during 2007/8.

Training in the use of the self-evaluation framework was delivered to Police and Health Child Protection Advisors and Social Work Team Managers. This will be rolled out to other managers and Voluntary Sector child protection leads in 2007/8.

Work undertaken this year under the quality assurance banner included:

Reviews:

- Review of Guidance for Community Groups
- Review of Referrals to Police 2006
- Review of Highland policies and processes in light of the recommendations of the Herbison and Cantrill reports.
- Review of Highland Homeless Policy
- Whilst there have been no official Significant Incident Reviews, there have been two debriefs following difficult cases for NHS workers.

Audits & self-evaluations:

Social Work:

- Audit of cases has been established as a regular activity.

Education, Culture & Sport Service:

- Evaluation against Care, Welfare and Protection of Individuals criteria is a regular, ongoing activity.

NHS Highland:

- Audit of GP to Health Visitor communication on newly registered pre-school children. (For completion in 2007)
- Re-audit of the handover between health visitors and school nurses.
- Evaluation of neonatal community liaison services in Highland.
- Evaluation of Community Midwife Sure Start Posts – Alness/Tain and Inverness. (For completion in 2007)
- Re-evaluation of implementation of recommendations from the audit undertaken between Raigmore Hospital NHS personnel and Raigmore SW Child Health Team to address referral and response times.
- A rolling audit of child protection activity within NHS Highland is being undertaken by the Designated CP leads. A bid for IT support to update the existing Microsoft Access program has been written and submitted. 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 redesign identified the requirement for enhanced communication and smart-phones will be issued to all Child Protection Advisors; these will have Microsoft Word, Excel and e-mail facilities.
- Evaluation of the sharing of all OOH NHS 24 contacts for children, with caseload holders within NHS Highland is ongoing in collaboration with the NHS 24 Hub.

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- The sharing of OP/48/1s with Child Protection Advisors and caseload holders is ongoing. Anecdotal evidence suggests greatly enhanced identification of and ability to target resources to children ‘in need’ or ‘in need of protection’.
- Evaluation of De-brief model for professionally ‘difficult’ cases.

Northern Constabulary:

- OP48/1’s have been and are the subject of ongoing audit.
- Audit of enquiries – 3 cases per month.
- Audit of all joint investigations involving a medical examination.

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

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

• Promotion of Good Practice:

Good practice findings from national inspection, audits and critical incident reviews are brought to the attention of the CPC through the CP Development Officer and incorporated into guidance updates and inter-agency training. In addition the Development Officer takes a proactive approach to circulating information regarding research, guidance and legislative changes.

During 2006/7 the CPC reviewed progress against the recommendations of the *Independent Review into the Circumstances Surrounding the Death of Danielle Reid – Herbison*, and also considered the recommendations of the *‘W’ Children Serious Case Review December 2005 – Cantrill*. Individual member agencies 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:

- *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 continued 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 which was rolled out to schools during 2005/6 and further promoted through Highland’s Spring Forums for head teachers. A CPC subgroup was established in 2005 to consider wider responses to missing children and families.

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During 2006/7 members of this group have developed protocols for Health and for Early Years, both of which have been well received at national as well as local level.

- *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 was used to inform the development of a quality assurance framework for Child Protection in Highland. This was used, successfully, to assist in compiling evidence for the Interim Follow-through Inspection, which was also a national pilot. Staff from at least 5 partner agencies have so far trained as Associate Inspectors and have supported the Quality Assurance Group by introducing regular case audit processes in their individual agencies and with the development of the Quality Assurance Road-show.
- Bichard recommendations and *Protection of Children Scotland Act* – Until July 2006, the CPC chair was chair of 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 and the CPC's *Child Protection for your Community Group* guidance was updated this year to reflect this. This complements the Sports Council's *Child Protection in Sport Accord 2006* which was adopted by the CPC in March 2006. 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. The CPC continues to play an active part in responding to ongoing consultations and disseminating emerging guidance on information sharing, etc.
- Scottish Executive Training Review – The Director of Education, Culture & Sport chaired the national group until it was disbanded. The Training Lead for Education, Culture & Sport Services was also a member of the group and submitted Highland training modules for peer review and kite-marking. The suggested National Framework for Training was used to inform the 2006 review of training in Highland and has formed the basis for the development of a three year training strategy.
- *Hidden Harm* – The Vice Chair was involved at a national level with development of guidance in relation to Social Work support for children of substance misusing parents. The publication of *Hidden Harm- Next Steps*, in March 2006 informed a review of local practice the recommendations of the original *Hidden Harm* document were used to inform a review of substance misuse protocols. Awareness of the issues has been raised in a number of ways including the 2006 Spring Forum for head teachers. Children at the Centre training was delivered to 4 cohorts of qualified social workers and Midwives received STRADA training on this issue. In addition to training delivered through the local STRADA trainer, a specific child protection and parental substance misuse package has been developed and delivered to staff in specialist substance misuse services.

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- Development of Managed Clinical Networks – The Lead Consultant Paediatrician is involved in national discussions in respect of the development of MCNs. In addition, the three consultant paediatricians who undertake all clinical aspects of child abuse assessment have formed a peer review group and meet quarterly.
- Most CPC partner agencies have now appointed specific staff to act as child protection leads across a variety of disciplines. These staff have received more specialised training in child protection issues and many are engaged in undertaking one of the many certificate, diploma and degree courses offered by Dundee University. During 2006/7 there has been increasing networking between CP leads in different agencies, the development of multi-disciplinary learning sets and a specific group has been established for those engaged in cascading child protection training. In addition, Local Area Children's Forums have engaged with the CPC to develop occasional training for staff across a range of children's services. During 2006 CPC staff delivered training on communicating with children and raised awareness of the experience of children attending case conferences, in conjunction with the Children's advocacy worker.
- During the summer of 2006 the Child Protection and Sexual Health protocol working group was fortunate to avail itself of the services of Professor Gerard Magill, Executive Director and Department Chair of the Centre for Healthcare Ethics in St Louis University, USA, who assisted the group to formulate an ethical framework for decision making in respect of information sharing. This approach has been welcomed by a number of practitioner groups and Youth Voice as it will ensure that decisions are made on the best possible information.
- Health colleagues have continued to develop the DNA (did not attend) policy in relation to vulnerable children who fail to attend medical appointments and have also established monthly multi-disciplinary meetings between Health Visitors, Midwives, School Nurses and GPs to discuss families of concern in the Caithness/Wick area.
- Within NHS Highland the Clinical Supervision Model for Child Protection has been added to the generic Guidance.
- Work is ongoing to improve staff safety and support. This includes personal safety training for lone children's workers in the Voluntary Sector and for staff on children's wards. Staff support and debrief protocols have been piloted by Health and discussions are underway with partner agencies with a view to establishing similar protocols for all staff engaged in child protection.
- The involvement of Paediatricians in the process of child protection investigation has been enhanced, with all Joint Paediatric/Forensic medical examinations now being co-ordinated by the Northern Constabulary Child Protection Unit. The Child Protection Investigation Case Review Sheet has been further developed to reflect changes in procedure both locally and nationally. The Child Witness Statement form has been revamped to bring it in line with the New National Standard and the Scottish Executive Guidelines on Interviewing Child Witnesses. These changes have been reflected in the

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new National Joint Investigative Interview Training course now being delivered by the Child Protection Unit.

- Officers across the Force are encouraged to attend inter-agency training where appropriate and members of the Child Protection Unit have delivered presentations on good practice to Post Graduate GPs, Designate Child Protection Officers, Police Family Liaison Officers and Paediatricians during 2006/7. An officer from the Unit has also been directly involved in the ACPOS Working Group developing the Child Protection Investigators Guide for Police and another is seconded to the multi-agency team engaged in developing and delivering the 'Getting It Right For Every Child' pathfinder.
- Considerable work has been undertaken with partners in the Domestic Violence and Mental Health fields. Child Protection staff have been involved in the review of the Violence against Women Strategy and have participated in various conferences at local and national level. Women's Aid have identified particular child protection issues which have generated a specific piece of policy work for 2007. A conference has been held on the topic of Child Protection and Parental Mental Health.

• Training and Staff Development:

2006/07 saw an increased focus on the design and delivery of child protection training across Highland. In April 2006, the Child Protection Training Officer took up post with the key task of producing a three year Training Strategy for the CPC. Whilst much of the consultative work had been carried out by the Training Sub-group and Child Protection Development Officer prior to April 2006, this continued through the summer of 2006 and the strategy document, along with annual action plan were completed and signed off by the CPC in September 2006.

The Strategy required the Training Group to look at the wider provision of Child Protection Training in Highland, considering the National Framework and ensuring that training is targeted towards staff who need it most. Whilst the provision of Response and Recognition and Case Conference training continues to provide Levels 1 and 2 training for staff, there is also a need to consider the needs of staff with specialist roles, and those who have completed Levels 1 and 2 but require additional inputs for registration or personal development purposes. In addition to this, the Training Group adapted the Response and Recognition course to meet the requirements of Level 2 training, with the pre-requisite that attendees must have received Level 1, basic awareness raising, prior to attending the course.

- Inter agency Recognition and Response and Case Conference Training:

In 2005/06, HCPC provided inter agency child protection training and awareness raising to 402 people. In 2006/07, HCPC provided this inter agency training to an additional 474 individuals. Both the Recognition and Response and Case Conference programmes and materials have been reviewed in line with the National Training Framework.

Trainers have adapted Case Conference training to include the Integrated Assessment Framework, and are updating programme materials to reflect current developments. In

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addition to inter agency training, agencies have also continued to provide a variety of single agency training courses.

-Training Development:

In 2006/07, the Training Group has been able to develop stronger links with other strategic groups and agencies to ensure that training provision is more co-ordinated and accessible to those who require it. In line with the National Framework, the CPC provided training in relation to Hidden Harm for staff working in adult services. This included staff working in specialist addiction services, housing support and offender services. HCPC also commissioned three Training the Trainer courses to support the personal and professional development of trainers across Health, Education, Social Work and the Voluntary Sector. This will facilitate the provision of Level 1 child protection training across the Highland area.

In addition to this, the Child Protection Training Officer and Education, Culture and Sport Training Co-ordinator developed and rolled out training for Housing Staff across Highland. Previously, staff did not have access to basic awareness raising and therefore were unable to access any of the more specialist training on offer. In total 127 staff from Highland Council Housing Service and Housing Support Services received this training in nine locations across Highland. The Child Protection Training Officer has further committed to providing two sessions per year to ensure this training is available to new staff in line with the Housing Child Protection Guidance issued to all staff.

The Training Group has also been asked to provide one-off training to specific groups such as Foster Carers, the Merkinch Family Centre and Children's Panel members. A full list of training provided is available below.

-Conferences and Events:

The CPC organised a Child Protection and Parental Mental Health Seminar in March 2007 which attracted 128 delegates from across Highland. Health, Social Work, Police, Education and Voluntary Sector staff attended along with representatives from the Army Welfare Service, Children's Panel, Scottish Children's Reporters Authority and other departments within Highland Council (Housing and Legal Services). The seminar highlighted the need for training for staff working within adult and children's services, with a focus on the impact on children, as well as support for parents with mental health issues. The full conference report is available on the HCPC Website.

In addition to the Conference, the CPC also supported a number of Highland events including the Education, Culture and Sport Spring Forums. Approximately 350 staff from across the service attended over six sessions. The Child Protection Development and Training Officers, together with the ECS Child Protection lead presented information on Hidden Harm, Safe and Well and the Children Missing From Education protocols issued by the Scottish Executive.

Personnel within Highland have undertaken postgraduate qualifications in child care and protection. During 2006/7 3 staff completed the Post graduate certificate and 8

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completed the Graduate Certificate. From NHS Highland 4 nurses are working towards an award of MSc in Child Care and Protection including a substance misuse charge nurse with two more nurses due to begin the three year MSc course in 2007: 6 others are working towards the award of the Child Protection Certificate; these include midwives, health visitors, mental health workers, an accident and emergency nurse, and the children's ward sister.

One CPA and the LAC Nurse Coordinator attended an advanced course on attachment and resilience theory.

NHS Highland was one of 3 pilot sites for a training programme by NHS Education Scotland (NES) on Adults with Early Trauma. The national evaluation will be published in 2007.

STRADA Training for Trainers was delivered and most CPAs attended one of the courses. Members of the '*Getting It Right For Every Child*' pathfinder team also attended.

CPC representatives also attended Area Children's Service Forum events to discuss the involvement of children and young people in policy development and the impact of parental substance misuse on children.

The Vulnerable Witness Training rolled out in 2005/06 continued in 2006/07 with an additional six events and 89 participants receiving information on the Vulnerable Witness Act and associated services (Victim Information and Advice Service). All areas of Highland have now had an opportunity to access this training and no further roll out is planned in the near future.

The pilot of the National Child Protection Helpline also required specialised training for Helpline staff based at the Essentia Group in Brora. This was provided by the Child Protection Development Officer in conjunction with Childline trainers.

- Highland Child Protection Committee Website:

The Child Protection Development Officer in consultation with the Child Protection Training Officer is currently working to develop a training section to the CPC website. This will ensure that all current training information is available online and staff will be able to download application forms, as well as assess their own training needs in relation to the training information available (course outcomes, target groups, pre-requisites etc). In 2007/08 we aim to progress this further, including the provision of basic child protection awareness courses online.

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Child Protection Training –1st April 2006-31st March 2007

Inter Agency Training Provision and Training Provided by HCPC Training Group

Training	Number of Participants
Level 1	
Response and Recognition – 1 day	255
Child Protection for Housing Services – 0.5 days	127
Child Protection for Merkinch Family Centre – Joint ECS/Social Work – 0.5 days	6
Level 2	
Case Conferences – 1 day	219
Hidden Harm and Child Protection – 1 day	30
Dealing with Allegations – Training for Children’s Resource Staff and Foster Carers – 1 day	34
Level 3	
Child Protection and Parental Mental Health – 1 day	128
Training for Area Children’s Service Forums	40
Level 4	
Training for Trainers – 3 days	35
Telephone Helpline Training	9
Vulnerable Witness Training – 1 day	89
Child Protection and Substance Misuse – Community Paediatricians – 0.5 days	9
ECS Spring Forums – Children Missing from Education and Hidden Harm for ECS staff – 0.5 days	350
Training for Children’s Panel Members – Child Protection and Hidden Harm – 0.5 days	71
Total Number of Individuals Trained	1402

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Single Agency Training Provision:

Northern Constabulary

Training	Number of Participants
Joint Investigative Interviewing Training (Police & SW)	8
Designated Officer Training	10
Total	18

Highland Council Social Work Service

Training	Number of Participants
Introduction to Child Abuse and Neglect	40
Total	40

Highland Council Education Culture and Sport

Training	Number of Participants
Basic Awareness in Child Protection	1024
Basic Awareness Refresher	
Total	

Keeping Children Safe

Training	Number of Participants
Basic Awareness Raising and POCSA – Community Groups	261
Basic Awareness Raising and POCSA – CLL Staff*	330
Personal Safety Training	10
Total	601

*Community Learning and Leisure

Total Numbers trained in 2006/07	
HCPC Training Group Provision	1402
Single Agency Provision	1665
Total	3067

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• Communication and Co-operation:

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

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

Members of the Lead Officer Group are the Child Protection policy advisors for partner agencies of the CPC. They are responsible for the development of a network of Child Protection leads who act as advisers on child protection issues or signpost other staff to sources of advice. Such posts exist across Health, Education, Leisure Services, the Police and Voluntary Sector Childcare Services. Post holders receive a high level of training including training on quality assurance. Many are also undertaking Child Protection qualifications through the Dundee University graduate certificate, diploma and degree courses. During 2006/7 considerable networking has been undertaken including joint training and learning sets. This network provides a conduit for communication and the implementation of change within and across organisations. The advisors are well respected and valued within their localities and provide access for all agencies and voluntary organisations to appropriate agency personnel within those localities. The ability to communicate and co-operate with others within and outwith their agency is requisite to an advisor appointment. HMIe inspections have commended the efficacy of this framework.

The Highland Information Sharing Policy is a pan-Highland policy endorsed by Chief Officers. It forms the basis for all other information sharing policies e.g. for Quality Assurance purposes and Getting Our Priorities Right, etc. During 2006/7 it has been reviewed and updated to conform to the 'golden' standard. It is disseminated via inter-agency training, specific information sharing seminars run by Northern Constabulary and through the CPC website. In addition there has been considerable work to improve information sharing in relation to missing children and families.

An information sharing pilot between Scottish Ambulance Service (Highland area) and CPA for NHS Highland has been agreed. The LCPA will implement this in 2007.

Members of Highland CPC participate in a wide variety of national forums and have engaged in collaborative work on many topics including: launch of the national telephone signposting service, training, information sharing, single shared assessment, missing children and Hidden Harm, etc. Highland endeavours to work closely with neighbouring CPCs and has collaborated on training on a number of occasions, hosting, facilitating or attending events involving staff from Orkney, Shetland, Western Isles, Moray, Aberdeen and Argyll & Bute. Particular attention has been paid to collaboration with Argyll and Bute because of the recent boundary change for NHS Highland and Northern

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Constabulary provides policing in Orkney, Shetland and Western Isles. Members of CPC staff also have involvement in National CP Lead Officer Forum and work with Argyll & Bute and Aberdeen, etc. Highland’s early experience of HMIE inspection and its role as a pathfinder for Getting It Right For Every Child have also led to the sharing of experience with other CPCs.

• **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 forms a 3 year workplan to 2008 and forms the major part of the ‘Safe’ element of Highland’s Integrated Children’s Services Plan. It is reviewed on an ongoing basis and forms the basis for the annual action plan (attached at Appendix 5)

Individual partner agencies have produced detailed operational plans to take single agency, contributory actions forward. These are supported by in-house meetings e.g. NHS Highland’s Child Protection Action Group (CPAG), Northern Constabulary’s Force Executive Group and Social Work’s Child and Family Team Managers Group.

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

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



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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 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 policies for sharing information are being progressed. The Highland Information Sharing Policy, a pan-highland inter-agency information sharing protocol has been updated, in line with the national golden standard, by the Data Sharing Partnership.

The assimilation of Argyll and Bute services into NHS Highland, from April 2006, has led to wider partnership working around Child Protection issues and the sharing of practice guidelines, etc. This extends to CP relationships with ADATs in connection with Hidden Harm. Where possible, as new guidance is being developed, plans are being made to align policies across the two areas as far as is practicable. As the HMIe inspection of Argyll and Bute Child Protection Services, in 2007, will almost certainly include recommendations for NHS Highland, it is anticipated that Highland CPC will consider the implications for Highland.

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

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

The CPC Quality Assurance Group has a remit to audit cases for evidence of the impact of guidance on involvement of children and young people.

The 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 2006 this resulted in the commissioning of '*Are We There Yet*', a consultation that gathered young people's views on the progress of the Integrated Children's Plan. A representative sample of 257 children aged 9 – 16 years, from across Highland, were consulted on all facets of the plan. In terms of child protection issues the following responses are worth noting:

- 99% felt loved and cared for by their mother and 90% by their father.
- Less than 1% of respondents felt unloved and cared for by parents or carers.

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- 83% felt bullying was a problem in Highland but only a small number were worried about being bullied.
- 19% of children identified themselves as living with family substance misuse. (This seems high and requires further clarification.)
- Only a small number worried about safety at home or at school and an even smaller number worried about stranger danger.
- Most felt that the key issue to be tackled to make them feel safe was bullying and the main thing that would help was having adults to turn to who would listen, stand up for children and young people and would take action to stop the bullying behaviour.

Research has also been undertaken into the views of families on the Integrated Assessment Framework and also on the experience of families involved in child protection processes.

There has been an ongoing contribution from local children's rights and advocacy services. The Children's Rights Officer produces an annual report, which highlights the issues and complaints that young people have raised with him. During 2006, the Children's Rights Officer and the Child Protection Development Officer jointly delivered training to Inverness, Nairn, Badenoch and Strathspey Children's Services Forums on involving children in multi-agency meetings and case conferences as part of a training day on communicating with children.

The Children in Highland Information Point (CHIP) provides information on a variety of issues of interest to children and young people. In addition, Northern Constabulary's Community Safety Department works in partnership with other agencies and has a large amount of positive contact with children and young people across the area. 3,000 visited the 'Safe Highlanders' event in 2006/7 and received information on a wide range of safety issues including child protection materials.

All secondary schools have a youth forum that sends representatives to Highland Youth Parliament. Highland Youth Voice is another consultation mechanism available to the CPC. During 2006/07 young people from HYV took part in a consultation on the development of policy around information sharing and confidentiality in relation to under-age sex and the use of sexual health services.

Future Planning:

The Child Protection Committee has played a key role in the development of 'For Highland's Children 2' in relation to the 'Safe' theme. This involved members of the Committee participating in interagency planning seminars that 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 5th 2007, is attached. (See Appendix 4)

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Conclusion:

2006/7 has seen significant progress against the CPC workplan. Of the 69 actions originally agreed for 2005 – 2008, 32 are now complete and significant progress has been made on a further 36. The main constraints have been in connection with the pace of development of the '*Getting It Right For Every Child*' pathfinder, national initiatives e.g. the Telephone signposting service, organisational restructuring and servicing the requirements of inspection. In addition, the 3 outstanding local actions in response to recommendations from the Independent Inquiry into the death of Danielle Reid have been completed.

Having reviewed progress against the workplan a further 17 actions have been added to build on the completed activity. These relate to the further development of Quality Assurance and training; responses to the review of the police contract with MEDACS; further development of staff support; and anticipated developments at a national level in respect of CP messaging, Child Protection and Domestic Violence, Child Trafficking, the Licencing Act and The Vulnerable Groups Act.

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**Appendix 1
CPC Membership:**

Highland Child Protection Committee membership

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

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

<u>BUDGET 2006/07</u>			
<u>CHILD PROTECTION COMMITTEE (18JA011)</u>			
		£	£
<i>Budget as assigned:</i>			
Staffing & Administration costs		102,389	
Training Courses & Other Activities		13,000	
Awareness Raising		15,000	
Publications (Guidance & Publicity updates)		20,000	
	Total:	150,389	
<i>Income</i>			
Underspend on Training Post Rolled Forward from 2005/6 budget			30,000
CCSF contribution			25,000
Education Service			27,609
Northern Constabulary			27,609
Highland Health Board			27,609
Social Work Contribution			42,560
	Sub Total:		150,389
Additional costs related to final costs of publishing the Herbison Report were shared equally between the Police, Health and the Local Authority.			54,202
	Total Income:		204,591
<i>Some underspend is anticipated in relation to awareness and publicity. This will be rolled forward as 'committed' funds against these activities in 2007/8.</i>			
<i>Staffing:</i>			
Development Officer		POA	1.0
Training Officer			1.0
Senior Clerical Assistant		GS3	0.8
			2.8

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

Highland CPC Lead Officer Group:

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

Outputs:

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

Membership:

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

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Highland CPC Training Group:

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

Outputs:

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

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 Doreen Bell, Depute Child Protection Advisor, NHS Highland
 5. Ms Claire Collins, Voluntary Sector, Training and Development Officer (Keeping Children Safe)
 6. Ms Martha Kirby, Training Officer, Social Work Services, The Highland Council
 7. Ms Linda MacLennan, Principal Officer (Looked after Children and Child Protection)
 8. DS Eddie Ross, Child Protection Unit, Northern Constabulary
 9. DS Jennie MacDonald, Child Protection Unit, Northern Constabulary
 10. Mr Kevin Thomson, Sports Development Co-ordinator, The Highland Council
 11. 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:

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

Outputs:

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

Membership:

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)
12. Ms Fiona Duncanson, Community Learning & Leisure Services
13. Mr Kevin Thomson, Community Learning & Leisure Services

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Missing Children & Families:

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

Outputs:

During 2006/7 the group has considered Health and Social Work mechanisms for monitoring and responding to missing children and families; developed a protocol for use in Nursery Education and Early Years services; and considered Highland responses to national consultations on child trafficking and runaways.

Membership:

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

**Appendix 4:
Annual Information Report**

Attached

**Appendix 5:
Workplan.**

Attached

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Further Information:

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

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

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