

HIGHLAND CHILD PROTECTION COMMITTEE

Minutes of the Meeting held on Tuesday 26th June 2018, Committee Room 2, Highland Council HQ, Inverness, 2pm-4pm

Present :

DCI Vince McLaughlin (VM), PPU, H&I Division, Police Scotland (Chair)
 Ms Sandra Campbell (SC), Head of Children’s Services, HC
 Ms Sally Amor (SA), Child Health Commissioner, NHS
 Ms Stephanie Govenden (SG), Lead Doctor Child Protection, NHS Highland
 Ms Gillian Pincock (GP), Lead Nurse Child Protection (Health)
 Ms Kate Stephen (KS) Councillor, HC
 Ms Diane Smith (DS) Chair of CSE Sub-Committee, Police Scotland
 Ms Tracie McDermott (TMc), Welfare Officer, Forces Welfare
 Ms Donna Munro (DM), CP Training Officer, HCPC
 Ms Fiona Malcolm (FM), Legal Manager
 Ms Bernadette Cairns (BC), Head of Additional Support for Learning, HC
 Ms Gillian Gunn (GG), Violence Against Women Training and Development Officer, NHS
 Ms Dawn Main Fraser, Children's Reporter (DMF), SCRA
 Ms Karen Ralston, Area Manager, Care & Learning – South
 Mr James Martin, Head of Development, High Life Highland
 Ms Lyn Grant, Administrative Assistant 2 (Minutes)

In Attendance

Annette Keough (AK), Welfare Officer, Forces Welfare

	Item	Summary	Action
1.	Welcome & Apologies	Chair welcomed everyone to the meeting. There were introductions around the table. Apologies were received from: Mr Hugo Van Woerden (HVW), Lead Director Children’s Services, NHS Highland Ms Norma Ruettimann (NR), CALA Debbie Milton (DMi), District Manager - Mid Ms Karen Erskine (KE), Authority Reporter, SCRA Ms Suzann Barr (SB), Children’s Hearing	

	<p>Safe and Together presentation – Tracie McDermott and Annette Keough</p>	<p>TMc and AK gave a presentation on Safe and Together. Questions and discussions took place thereafter.</p> <p>SG enquired if there was any evidence of before and after Safe and Together model had been rolled out, TMc advised Army Welfare did not have any but GG stated Edinburgh Council had found huge difference in practice after they had rolled it out and was able to send the evidence to SG as she had the report. DMF reported since the new SCRA legislation around domestic violence has been in place it has made a difference for grounds of referral.</p> <p>VM thanked TMc and AK for their presentation and asked members if they had any further questions.</p> <p>SC noted from the presentation, the Safe and Together model had stalled and enquired how long after it being stalled it took for it to get back on track. TMc advised Safe and Together model was delivered in May 2016, workshops were held around June 2017 and between May – December 2017 the model was delivered to the point they are at now. AK stated it would have been useful to have set up an implementation group and ensured all the correct people were on board before commencing with the workshops as this would have avoid the model from stalling.</p> <p>VM stated the improvement plan has been ongoing for 3 years now and there is a need to take it away and prepare a proposal paper on moving the priority forward, given this is a shared priority between CPC and the Violence Against Women Partnership (VAW). . VM noted the good advice from TMc and AK about setting up an implementation group prior to scheduling workshops.</p>	<p>GG/GP/DM</p>
<p>2.</p>	<p>In Camera</p>	<p>Chair updated members regarding feedback from Chief Officers and publication of SCRs</p>	
<p>3.</p>	<p>Minutes of the Meeting of 13th March 2018</p>	<p>Minutes were agreed to be true and accurate record of meeting.</p>	
<p>4.</p>	<p>Matters Arising/Actions</p>	<p><u>CP Guidance update</u></p> <p>DM stated this was more complex than initially thought in order for the CP Guidance to be user</p>	<p>DM</p>

		<p>friendly. Mike Mawby has had 2 consultation sessions, one with Social Work and one with Health. DM advised a lot of time has been spent with Police Scotland but none with Education as yet. DM stated the CP Guidance is in draft format at the moment and any comments to be back to her by the end of summer.</p> <p>DM advised roadshows will be held in October and CP Guidance to be highlighted. Aim is to have it ratified, published and online by the time of the next CPC meeting.</p> <p><u>Viewpoint update</u></p> <p>VM reported this is now sitting under Quality Assurance Sub Group. DM advised herself, GP, KR and Katrina Beaton will meet with Murray Davies from Viewpoint on 14/08/18 to arrange rolling it out for young people on the child protection register.</p> <p><u>Data Collection</u></p> <p>There is a national issue trying to agree the data set for CPC's. GP had responded to the national data set consultation on behalf of CPC but it would be impossible to collect the amount and range of data suggested. DM stated at the CPC Scotland meeting, CELCIS and Care Inspectorate said the data set had been pulled together from all the various sources collected in recent years and it was recognised nationally this was not viable as a single data set. They were going to meet and go through the consultation responses with a view to creating a core data set.</p> <p>In order to create a core data set for CPC, Consortium data will be looked at, along with a maximum of 5 pieces of data from Police Scotland and NHS Highland. KR had submitted some current information from child protection registrations - if members require this then please request it from DM. KR stated when she looked at the data it had stayed about the same as when she came into post 2 years ago – some things had an indicator i.e. holidays, drinking/sporting events and KR proceeded to talk through the paper she had submitted.</p> <p>KR questioned where Children and young people have been on the Child Protection Register (CPR) more than once, on the CPR for more than a year and for a length of time, should this be looked at by the CPC? Also to pick out cases of good examples and send out to staff for learning. VM asked how realistic it is for the stats to be produced for CPC - quarterly stats would be needed. KR advised the stats she had submitted for this meeting did not give the whole story, not</p>	<p>ALL</p> <p>DM/ALL</p> <p>DM/GP</p> <p>KR/FS</p>
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		<p>all child protection investigations lead to Child Protection Plan Meetings (CPPM), referrals or the child/children being registered.</p> <p>VM stated the CPC are required to know how processes are working, trend data – what does it mean in terms of what’s gone before. Without creating a massive industry, develop trend data and task specific pieces of work on data set that comes to CPC where questions are identified and fuller understanding of the data is required.</p> <p>SG reported the information submitted by KR regarding younger children, sibling groups and very vulnerable children was really useful. To make it manageable as a CPC, could it be done as a multiagency audit – produce as CPC the learning points/system and structure to pull it together. If other questions come from the data set that would be another piece of work, CPC would look at data submitted.</p> <p>SC advised some questions about practice cannot be answered without the data from other areas – is practice different in one area than the other?</p> <p>Sustainability and achieving – data set for CPC with comparative data, not for all the answers to be found at CPC, it’s for CPC to ask questions and for the teams/workers to find out the information and report back – keeping it simple. Data set should include Health, Police and Social Work and be built on from there. Data set to be compiled by the QA Sub-Group.</p> <p>SG stated she will share the template Health use with GP and DM, it’s a snapshot and description of where things are at just at that moment.</p> <p>Factor case file audits into the Quality Assurance Sub-group</p> <p>SG advised they had done as many forensic examinations this year so far as they did for the whole of last year and numbers had increased from the previous year; it was thought it may be down to reporting being better now. CPC need to see this evidence and data set is a step into it, build on what works and maybe even sources of referrals and more confidence in services.</p> <p>Quality Assurance group have a plan in place – lots of useful information and if there are trends, CPC should be notified formally to take to Chief Officers Group (COG). COG will have a public protection solely so direct route to CPC.</p>	<p>GP</p> <p>SG</p> <p>GP</p> <p>DM/ALL</p>
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5.	Analysis of SCR/ICR Update from Chair CPC Discussion and identification of key themes	<p>Report noted there had been lots of good work done but there were still areas that could be improved on.</p> <p>VM reported there is a proposal is to develop a short life working group with strong representation to take forward recommendations from report.</p> <p>VM stated Committee feedback to practitioners is what has been identified as could be done better; he would be keen for the short term working group to look at this.</p> <p>DM reported that most things had been achieved from the last improvement plan, the 2 points that were noted as amber were disseminate learning from case reviews and ensure information got back to Practitioners. DM queried if there were topic based 7 minute briefings that could go onto the CPC website and be used with teams. DM advised the public awareness is an area for improvement and there is a need to get messages out to the general public. James Martin has agreed to assist in developing the communications plan for CPC.</p>	<p><i>VM/DM/ Short life working group</i></p> <p><i>JM/DM</i></p>
6.	CPC Development Day – Feedback and discussion	<p>DM stated the Roadshows have been agreed and CPC members will facilitate and deliver the sessions, good practice and training. DM has spoken to the Eastgate Centre and Raigmore about having a presence and trying to look at different ways to get the information out there. CPC Scotland wanted a campaign out for the summer holidays – CPC press release went out today (26/06/18). DM advised if the CPC had known about this at Easter then they could have been better organised in getting the messages and engagement out to Practitioners and the general public. The timing of campaigns has been raised by CPCs nationally.</p> <p>SC advised people were unaware of who were members of the CPC and stated it would perhaps be good to have photos of members on the CPC website. DM asked that members send photo's</p>	<p><i>ALL</i></p> <p><i>ALL/ DM</i></p>

		<p>to her for uploading on the website.</p> <p>Quality Assurance Sub-group – evidence work has been done and know which direction it is to be taken. There is an inspection coming up and there has to be evidence as to what has been done and what is being focussed on.</p> <p>It was noted the Improvement Plan and Sharon Vincent’s report should be on the agenda for the next CPC.</p> <p>SG advised for the annual report evidence can be provided of work that has been happening and continuous improvement on learning as Inspector’s may be looking for that. DM to draft a newsletter about what has been done and show the evidence of works done, she will do this over the summer. Since the last CPC Committee meeting, the annual CPC Conference had been held as well as Rock Challenge, Community Guidance launch and lots of other work is being done but will need to continue to evidence it. The improvement plan is ongoing.</p> <p>KS stated post it notes had been given out at the Community Guidance launch, one of the schools recognised the logo, which is really strong, and advised it should be used on all briefings.</p>	<p>GP</p> <p>DM</p> <p>DM</p>
7.	Standing Items		
	(a) QA Sub-group (report attached)	<p>Improvement plan developed and in papers for members to consider. It was noted there is a lot of work to do with limited resources so need to manage expectations and focus on priorities.</p> <p>IRD process - GP thought it needed to come back just to be agreed on the agency responsibilities. VM asked that it be circulated before CPC Committee on 27/09/18, GP advised she would. SC enquired if it would be part of the CP Advisors role, GP agreed it would –there would be one point of contact, discuss with Paediatrician if needed.</p>	GP
	(b) CSE Sub-group	<p>Work streams now established - meeting tomorrow (27/06/18) to appoint leads for each work stream. DM advised she was holding a consultation session with a group of young carers from Tykes in Golspie and representation from pubs/clubs in Inverness to discuss CSE issues.</p> <p>KS stated some children who have conflict at home, will perhaps meet up at the local bus station; girls are being picked up and exploited so perhaps some work could be done around that.</p>	<p>DM</p> <p>DS</p>

	(c) CAPSM Sub-group	DM reported the Practioner tool kit is out for pilot at the moment with 8 Social Workers from teams across Highland and she would receive feedback at the end of summer.	DM
	(d) Learning and Development Sub-group (report attached)	<p>Training is all being reviewed, Core Child Protection training is now 2 hours meaning all direct contact staff can access.</p> <p>Full day Child Protection training is for those who have direct and regular contact and builds on core training – the training includes disguised compliance, engaging with families, lessons learnt amongst other things. It was suggested Practioners need something to get their teeth into rather than just looking at guidance. Dates for the Roadshow will be released in due course.</p>	DM
	(e) Keeping Children Safe Group (report attached)	Any comments then please let VM or DM know.	ALL
8.	AOCB	<p>National Standards for Case Reviews</p> <p>Part of the Child Protection Improvement programme – national standard. Child Protection Committees across Scotland are looking at training, skill sets etc. – this should be fed back into our own work and Significant Case Reviews (SCR).</p> <p>DM advised there were a lot of lessons learnt from the SCR, the CPC have to ensure the correct people are part of the group and it fits well with Highlands’s protocol. Any comments should be sent to GP and DM.</p> <p>SG thanked TMc and AK for the presentation and stated it was a good model. TMc handed out a paper which included a toolkit that can be used.</p>	ALL/DM/ GP
9.	Date of Next Meeting	Thursday 27 th September 2018, 2 - 4pm in Committee Room 4, Highland Council HQ, Glenurquhart Road, Inverness, IV3 5NX.	