



TAYSIDE POLICE



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Cathy Jamieson MSP
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Date 31 May 2006

Ministers

Child Protection

We refer to your letter of 22nd March 2006 and the subsequent letter issued by Mr Colin MacLean dated 4th May 2006.

In relation to your question about functioning of the Children and Young Persons Protection Committee (CYPPC), we would refer you to the committee's 2004-2005 Annual Report, already with you, and to the 2005-2006 Annual Report, a draft of which is enclosed. Please note that this document will be finalised and submitted to you by 30th June, as per national guidance. We believe these demonstrate that the Dundee committee has implemented national guidance. The reports demonstrate how the committee is functioning and the impact it is having.

In relation to your questions about issues raised by cases of children and young people affected by drug abuse, we were disappointed that you chose to focus on drugs rather than the wider issue substance misuse. Alcohol misuse remains a significant problem in Scotland and one that impacts significantly on the wellbeing of children and young people. Our systems and services are planned and developed accordingly.

Mr MacLean's letter clarifies the questions you asked in your letter and our comments are set out under his statements:

- "In relation to the first point, Ministers are seeking information about the systems you have to ensure that children adversely affected by drug misuse are identified, including related quality assurance mechanisms, and your assessment of how well these systems are working."

We believe it is important that you understand and acknowledge the context in which the development of systems is taking place. This is one of a growing demand for services and the obligation on our agencies to develop and manage systems and services so that the many needs we have to meet, can be appropriately met.

Both the Dundee CYPPC and DAAT were re-structured in 2003 and 2004. This resulted from an understanding of the need to better integrate system and service development and delivery. That both bodies were chaired by the same senior officer contributed significantly to connections being made

between the two. This also led to the acknowledgement that their remits needed to be joined up in relation to children and young people affected by substance misuse. This led to the establishment of a CYP/PC/DAAT Joint Sub Group. This group is responsible for feeding in, on relevant matters, to the newly established Integrated Children's Services Strategic Planning Group. The sub-group reports jointly to the CYP/PC and to the DAAT and is convened by a senior manager from social work.

Under the auspices of the sub-group a protocol, 'Getting Our Priorities Right for Children Affected by Substance Misuse in Dundee', was developed. This was implemented via a series of commissioned seminars and workshops for front-line professionals. This reached over 550 members of staff. The sub-group is now undertaking evaluation of the impact and implementation of the protocol. In the same vein, the sub-group will examine our systems and services in the light of your publication of 'Hidden Harm: Next Steps...'.

A focus of the work of our agencies has been to develop systems and services to identify unborn children who may, when born, may be at risk of harm. To this end, the NHS Tayside Unborn Baby Protocol is congruent with other developments. Prime amongst these is the existence of our 'New Beginnings' Project, a joint initiative between NHS Tayside and the local authority social work service. The purpose of 'New Beginnings' is to work with substance misusing pregnant women with the aim of ensuring that, when born, the child can be safely cared for or, if not, ensuring that other services are ready to intervene appropriately. An evaluation of this service will be undertaken.

Our agencies are committed to developing robust self-evaluation systems using the existing Quality Indicators Framework developed by the Services for Children Unit and HMIE. This, of course, will be built upon when the programme of multi-agency inspection to encompass all children's services in 2008, as per your earlier commitments, is implemented.

The Dundee CYP/PC has already taken a leading role in developing our self-evaluation systems in a way that complements multi-agency inspection. An 'arms length' evaluation was carried out in the latter part of 2005. We ask you to note that effective self-evaluation not only seeks to identify whether we are delivering good services and achieving good outcomes for children and young people. Effective self-evaluation also aims to understand - Why services do, or do not, produce good outcomes. This is an extremely resource intensive activity. This, in turn, requires decision-making as to how we balance our resource allocation - to delivering the services or to evaluating them.

- "In relation to the second point, Ministers are not asking you to carry out a fresh audit of every single case. They expect you will have an up-to-date assessment of the needs of those children known to be adversely affected, and a plan to meet those needs. If so, all you need to do is describe your local systems for ensuring these plans exist and are meeting needs, and your assessment of how well children's needs are being assessed and met."

In common with other areas of Scotland, Dundee has a system of child protection case conferences and Looked After children reviews. A primary purpose of these fora is to ensure that appropriate assessments have been carried out and plans are in place. As described above, systems exist to identify pregnant substance misusers and to assess the likely risks to the child when born.

Under the integrated children's services strategic planning framework that now exists in Dundee, relevant agencies and services have increasingly become aware that every professional must understand that the needs of children are paramount. This means, of course, that information should be shared when appropriate and that everyone will be equally committed to working together. We note evidence that adult-oriented services are now more aware of the need to understand the issues facing their patient/client who is a parent, in the context of the possible impact on children. We are of the view that continued strong leadership is required from the Scottish Executive to ensure that every professional, in every discipline is directed towards understanding this need and acting accordingly. As chief officers we have a key role to play, but this can only be achieved if there is continuing support from the Scottish Executive as a key partner.

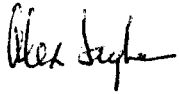
- "Ministers have a third concern: that local agencies identify and tell Ministers what local and national barriers exist that make this work harder that could be overcome by collective or Executive led action. Can you please also use your replies to their letter to identify these constraints, and indicate what action it would be helpful to take nationally to address these issues."

We are of the view that substance misuse and its impact on all members of society, including the children of the misusers, is an extremely complex matter. The long-term solutions to the problems

caused will not result from reactive policies that focus on one area or another. To this end, we believe a national debate needs to take place to consider what, as a society, we consider the problems to be and how we achieve a consistency of approach that will address the wide spectrum of social problems caused by substance misuse.

We also believe this debate needs to consider how all the agencies build in the capacity to effectively manage assessment and care plans for the increasing numbers of children and young people identified in this category. If society judges that there should be a move towards less tolerance of care being provided by substance misusing parents, then the debate needs to take account of the impact of separation and consider what is to be done to address the substantial shortfall in alternative placement options.

Yours faithfully



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Dundee City Council



John Vine QPM, BA, MSc, MCIPD
Chief Constable
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Professor Tony Wells
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