

**East Dunbartonshire
Child Protection Committee
Delivering For Children and Young People**

Annual Report on Protecting Children and Young People

April 2007-March 2008

Business Plan

April 2008 – March 2009

Annual Report Contents

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PREFACE FROM CHIEF OFFICERS

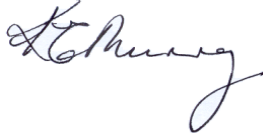

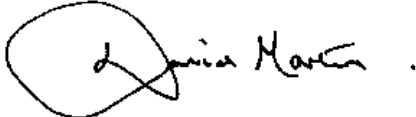


“Children and young people should be protected from abuse, neglect and harm by others at home, at school and in the community”.

All partner agencies represented on the East Dunbartonshire Delivering For Children And Young People Themed Partnership (DCYPP) are fully committed to the vital work of protecting children from harm. The Joint Inspection Of Services To Protect Children To Protect Children follow up report, which was published in August 2007 identified that commitment as a key strength and commented favourably on the motivation and dedication of staff to ensuring safety of children.

The past year has been characterized by a tremendous amount of child protection activity as DCYPP prepared for the HMle Follow Up inspection and sought to improve child protection services delivered to the most vulnerable families in the area. DCYPP members are committed to continuous improvement and joint working, there is also a drive to take forward the “Getting It Right For Every Child” agenda and integrating strategic planning processes.

While the membership of the themed partnership remains stable, there has been a new chair elected due to the previous post holder moving to a new position outwith the area. The Chief Officers recognize the contributions made by the previous post holder and fully endorse the new chair. We also acknowledge the work undertaken by DCYPP members and the agencies they represent in striving to achieve the aim of ensuring children and young people in the East Dunbartonshire area are protected from harm.

The Chief Officers are pleased to endorse this Child Protection Annual Report summarizing key activity throughout the last year and the Business Plan, which identifies our key objectives for the period April 2008-March 2009.

<p>Karen Murray Director East Dunbartonshire Community Health Partnership</p>	<p>Signature</p> 
<p>Sue Bruce Chief Executive East Dunbartonshire Council</p>	<p>Signature</p> 
<p>Chief Superintendent David Martin Divisional Commander Strathclyde Police</p>	<p>Signature</p> 
<p>John Simmons Corporate Director-Community East Dunbartonshire Council DCYPP Chair</p>	<p>Signature</p> 
<p>Tony Keogh Chief Social Work Officer East Dunbartonshire Council</p>	<p>Signature</p> 

INTRODUCTION

East Dunbartonshire is situated in the West Of Scotland, has a population of 105,460 and covers 175 square kilometres, it is in the mid-range of Scottish local authorities. The population density is 604 people per square kilometre. It has a combination of rural and urban areas and comprises the following suburban and rural settlements of Bearsden (27,460), Bishopbriggs (23,080), Kirkintilloch (19,660), Milngavie (12,820), Lenzie (8,770), Milton of Campsie (3,810), Lennoxtown (3,770), Torrance (2,420) and Twechar (1,390). The population of East Dunbartonshire has decreased by 4.8% since 2000, while overall, Scotland's population has increased by 0.04%.

In East Dunbartonshire, 60.4% of the population is of working age. This compares with a Scotland figure of 62.8%. 20.7% of the population is of pensionable age (Scotland figure is 19.2%), while 18.9% are under the age of 16 (Scotland's figure is 18.0%). East Dunbartonshire's under 16 population is due to decrease by 21.9% by 2014 and decrease by 30.6% by 2024. The equivalent Scotland figures are a decrease of 9.7% by 2014 and a decrease of 12.4% by 2024.

The working age population of East Dunbartonshire is due to decrease by 6.5% by 2014 and decrease by 14.3% by 2024. The equivalent Scotland figures are a decrease of 0.8% by 2014 and a decrease of 1.0% by 2024. People of working age account for 60% of all people in East Dunbartonshire, This is lower than for Scotland as a whole. Eighty three percent of working age people in East Dunbartonshire is economically active which is higher than the Scotland average of 79.9%. The unemployment rate in East Dunbartonshire (1.2%) is lower than Scotland as a whole.¹

There are few areas of multiple deprivation in East Dunbartonshire. Figures from the Scottish Index of Multiple Deprivation in 2004, (*SIMOD-04*) identified there were four datazones which fell within the top 15% of the most deprived datazones in Scotland. Through work with community planning partners through East Dunbartonshire's Regeneration Outcome Agreement, one of these datazones in Twechar has fallen outwith the top 15%.

¹ Scottish government labour market statistics

As at the 2001 Census, 3.1% of the population of East Dunbartonshire was from the black and minority ethnic community compared to 2.0% for Scotland as a whole.

In order to improve planning and connectivity of integrated children's services in East Dunbartonshire the Child Protection Committee meetings are an integral core of the Themed Partnership "Delivering For Children and Young People" (DCYPP). The DCYPP in East Dunbartonshire is an inter-agency, integrated, strategic group which is responsible for all Child Protection activity carried out within the area and is overseen by the Chief Officers' Group.

The current Chair is John Simmons, Communities Director, East Dunbartonshire Council. The Vice Chair was Lynda Hamilton, Head of Planning and Health Improvement, East Dunbartonshire Community Health Partnership; Lynda has, however, moved to a new post and a new vice chair will be elected in accordance with the constitution. The DCYPP includes representatives from Health, Education, Police, Scottish Children's Reporter's Administration, Social Work, including Children and Families, Criminal Justice, Addiction Services, Housing, Youth Justice, Integrated Children's Services, Leisure Services and Procurator Fiscal's Office. All work of the DCYPP is carried out under the guidance "Protecting Children and Young People: Child Protection Committees" which was issued by the Scottish Executive in January 2005.

This DCYPP Annual Report covers the period March 2007 to March 2008. This has been a time of consolidation of work embarked upon as a result of self-evaluation and inspection which generated a significant amount of child protection activity. The work of the Child Protection Unit of N.H.S. Greater Glasgow and Clyde continues to have a major impact on the development of Policies, Procedures and Practice in Child Protection, both within Health Services and across partner agencies. Partnership working is particularly important for a small authority where it is vital to share practice with others and learn from wider experience. The joint appointment of the Lead Officer, along with West Dunbartonshire CPC, continues to offer opportunities for joint work. The Annual Report is a summary of key achievements and is structured under the nine recommended headings.

The DCYPP Business Plan covers the period April 2008 to March 2009. The identified objectives result from recent HMle follow up inspection, self evaluation and outstanding tasks from the previous year.

DCYPP ANNUAL REPORT: CHILD PROTECTION STATISTICS 2007/08

Section 1 - Referrals

Table 1: Total Referrals and Sources

Referral Source	No. of Referrals 07/08	No. of Referrals 06/07	No. of Referrals 05/06
Anonymous	5	5	3
Carer	1	1	0
Child(ren)	10	1	0
Child Protection Line	0	1	0
CPN	4	2	0
DCFP	0	1	0
Education	14	34	26
GP	3	0	1
Health Visitor	5	1	0
Hospital	1	6	2
Housing	4	2	0
Neighbour/Friend/Relative	0	9	8
Nursery	0	1	0
Parent	6	10	11
Police	33	28	16
Procurator Fiscal	0	1	0
Standby Service	1	1	12
Social Work EDC	62	17	9
Social Work Outwith EDC	1	3	2

Voluntary Organisation	0	1	0
Total	150	125	90

- The total number of child protection referrals has increased by 20% on the previous year's figures.
- One of the most significant changes in the source of the referral is the increase in the number of referrals from Social Work staff within EDC. There were 17 referrals last year compared with 62 this year.
- Referrals from Education have decreased significantly from 34 last year to 14 this year.
- There has been an increase in health visitor referrals, from 1 last year to 5 this year.
- Referrals from Standby Service remain consistent across both years with one referral. However, how Standby referrals are currently being recorded is an area that requires investigation.
- Referrals from Health sources continue to be low with a total of 13 for 2007/08.

Table 2: Referrals By Location

Area	2007/08			2006/07		
	Referrals	%	Per 1,000 Popn* (0-16)	Referrals	%	Per 1,000 Popn* (0-16)
Bearsden	9	6	1.6	16	13	2.8
Bishopbriggs	31	20	6.6	18	14	3.8
Lennoxton	9	6	10.7	4	3	4.7
Lenzie	2	1	1.1	2	2	1.1
Kirkintilloch	64	43	15.8	48	39	11.9
Milngavie	15	10	5.8	18	14	6.9
Milton of Campsie	0	0	0	0	0	0
Torrance	0	0	0	0	0	0
Twechar	19	13	61.3	16	13	51.6
Outwith EDC	1	1		3	2	
Total	150	100		125	100%	

*Population estimates taken from the 2001 Census in Scotland

- Bearsden referrals have decreased from 13% in 2006/07 to 6% in 2007/08.
- Bishopbriggs area referrals have increased by from 14% in 2006/07 to 20% in 2007/07.
- There has been an increase in referrals from both Kirkintilloch and Lennoxton.
- Referrals from the Milngavie area have decreased from 14% last year to 10% this year.

- Referrals from the Twechar area have increased slightly but the percentage of referrals has remained consistent at 13%.
- The area of East Dunbartonshire with the highest number of referrals continues to be Kirkintilloch. However, the area with the highest number of referrals, per 1000 population, is Twechar at 61.3.
- In 2007/08 there were no referrals from Milton of Campsie and Torrance.

Table 3: Age Bands and Gender

	2007/08		2006/07	
Age Band	Referrals	Percentage	Referrals	Percentage
0 - 4 years	41	28	39	32
5 – 10 years	56	37	43	34
11 – 16 years	53	35	43	34
Total	150	100	125	100%
Gender	Referrals	Percentage	Referrals	Percentage
Female	72	48	54	43
Male	78	52	71	57
Total	150	100	125	100%

- Children aged 5-10 years had the most referrals in 2007/08 with 56 referrals. This is an increase from 43 in 2006/07.
- Referrals for children aged 11-16 increased from 43 in 2006/07 to 53 in 2007/08.
- The numbers of referrals in all age bands have increased from last year.
- Females account for 48% of all referrals and males 52% of all referrals.

Table 4: Breakdown By Family Status

Status	2007/08		2006/07	
	Referrals	Percentage	Referrals	Percentage
Aunt	3	2	0	0
Father and Partner	0	0	0	0
Father and Spouse	2	1	0	0
Mother and Partner	8	5	13	10
Mother and Spouse	7	5	11	9
Single Parent – Father	12	8	5	4
Single Parent – Mother	58	39	35	28
Natural Parents	58	39	58	47
Grandparents	2	1	3	2
Total	150	100	125	100%

- The family group status “Natural Parents” and “Single Parent – Mother” both account for 39% each of all referrals. However, the number of referrals for family status “Single Parent – Mother” has increased but referrals for “Natural Parents” remains the same.
- “Mother and Partner” has decreased from 10% last year to 5% this year and “Mother and Spouse” has decreased from 9% last year to 5% this year.
- “Single Parent – Father” has increased at 4% for last year to 8% this year.
- “Father and Spouse” has increased from 0% last year to 2% this year.
- 3% of referrals received were from family group status “Aunt”.

Table 5: Risk Factors

Risk Factor	2007/08		2006/07	
	Referrals	Percentage	Referrals	Percentage
Addiction	15	10	1	1
Offending Behaviour	7	5	4	3
Mental Health	12	8	18	15
Addiction & Offending	31	21	25	20
Addiction & Mental Health	21	14	8	6
Offending Behaviour & Mental Health	18	12	7	6
Addiction, Offending & Mental Health	18	12	28	22
No Risk Factors Identified/Recorded	27	18	34	27
Total	150	100	125	100%

- Identified risk factors were recorded in 82% of all referrals. There were 27 referrals with no risk factors identified or recorded which is a decrease of 7 referrals compared with the previous year.
- Mental health issues only were identified in 8% of all referrals, this is a decrease from 15% last year.
- There were 31 referrals where addiction issues and offending behaviour were identified as risk factors. Of these 31 referrals, 12 were referred to Case Conference.
- There were 21 referrals where addiction and mental health issues were identified as risk factors. Of these 21 referrals, 19 were referred to Case Conference.

- There were 18 referrals where offending behaviour and mental health issues were identified as risk factors. Of these 18 referrals, 13 were referred to Case Conference.
- There were 18 referrals where addiction, offending behaviour and mental health were identified as risk factors. Of these 18 referrals, 12 were referred to Case Conference.
- Of the 27 referrals where no risk factors were identified, only 9 were referred to Case Conference.
- The above clearly indicates a correlation between offending, mental health and addiction in terms of Child Protection referrals.

Table 6: Grounds / Reasons for Referrals

Referral Reason	2007/08		2006/07	
	Referrals	Percentages	Referrals	Percentages
Emotional Abuse	14	9	8	6
Failure to Thrive	0	0	0	0
Sexual Abuse	14	9	9	7
Physical Neglect	50	34	28	23
Physical Injury	72	48	80	64
Total	150	100	125	100%

- Physical Injury accounts for 48% of all referrals and is the highest reason for referral.
- Physical Neglect accounts for 34% for all referrals which is a significant increase from 23% last year.
- The percentage of cases where the reason for referral was sexual abuse has increased from 7% last year to 9% this year.
- Referrals for emotional abuse have increased from 6% last year to 9% this year.
- Of the 14 children referred on the grounds of sexual abuse, there were risks factors recorded in 9 of the referrals.

Table 7: Outcomes

Outcome	2007/08		2006/07	
	Referrals	Percentage	Referrals	Percentage
No Further Action	38	25	25	20
No Further Action but continued SW support	15	10	31	25
To Case Conference	84	56	63	50
To Case Discussion	13	9	6	5
Total	150	100	125	100%

- As can be seen from the above table, 56% of all referrals proceeded to Case Conference. This is an increase from 50% last year.
- Of the 84 cases that proceeded to case conference, 46 children were registered. This equates to 55% of all referrals proceeding to case conference being placed on the register.
- There has been a increase in the number of referrals that proceeded to Case Discussion, from 5% last year to 9% this year.
- The no further action rate for referrals is 25%, which is an increase from 20% the previous year.
- 75% of referrals require some form of social work support following on from the initial referral. This is a decrease from 80% the previous year.

Section 2 – Registrations

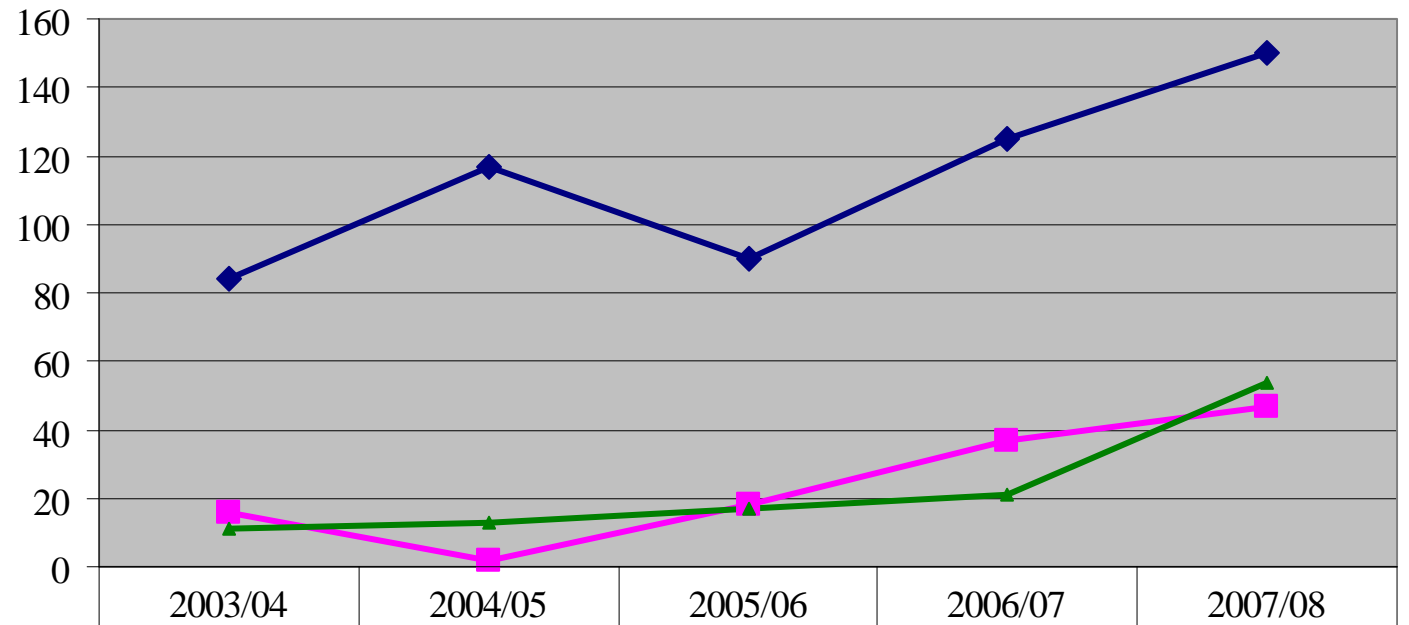
	2007/08	2006/07	2005/06
Number of children placed on the Child Protection Register in the reporting year	47	37	18
Number of children removed from the Child Protection Register in the reporting year	54	21	17
Number of children on the Child Protection Register at 31 st March	18	25	9

- The number of children on the Child Protection Register at 31st March decreased in 2008 to 18 from 25 in 2007.
- There has been an increase in the number of children placed on the Child Protection Register, from 37 in 2006/07 to 47 in 2007/08.
- There has been a significant increase in the number of children removed from the Child Protection Register, from 21 in 2006/07 to 54 in 2007/08.

Indicator	2008	2007	2006
% of children on the register at 31 st March for:			
less than 6 months	94%	88%	89%
6 months to 1 year	0%	0%	11%
1 to 2 years	6%	12%	0%
2 years or more	0%	0%	0%

- The % of children on the Register for less than 6 months has increased from 88% in 2007 to 94% in 2008. However, there has been an increase in the number of children on the Register for 1 to 2 years.

Child Protection Statistics



◆ Child Protection Referrals	84	117	90	125	150
■ Registrations	16	2	18	37	47
▲ De-registrations	11	13	17	21	54

HMIe FOLLOW THROUGH INSPECTION

HM Inspectorate of Education (HMIe) published a report on the pilot inspection of services to protect children and young people in the East Dunbartonshire Council area in July 2005. Working together, services within the area prepared an action plan indicating how the main points for action would be addressed.

Inspectors revisited the area in April 2007 to assess the extent to which services were continuing to improve the quality of their work, and to evaluate progress made in responding to the main points for action contained in the initial report. The follow through inspection report was published in August 2007.

Summary of findings

Services in East Dunbartonshire had worked well together to improve the protection of children and young people. Aspects of planning, service development and policy development were noted to have been enhanced in particular. More effective leadership of joint services was also observed.

“Services in the East Dunbartonshire Council area had improved outcomes for vulnerable children and their families. More effective risk and comprehensive needs assessment had led to clear identification of what was required to support families and meet children’s needs”. (Joint Follow-through inspection of services to protect children and young people in the East Dunbartonshire Council Area, August 2007, HMIe).

The identified areas requiring action were evaluated as follows:

1. Ensure all children have the right to be heard and consulted: very good progress
2. Improve initial CP assessment processes: good progress.
3. Better sharing of information: very good progress.
4. Increase range and accessibility of services aiding recovery: very good progress.
5. Implement reviews and improvements previously identified: very good progress.

FULFILLING FUNCTIONS

1. PUBLIC INFORMATION

- The DCYPP designed, printed and distributed throughout the community a range of public information. The demand for the written information resulted in the depletion of existing stock and a group was established to redesign and reprint the materials.
- The DCYPP has developed a website, this is under review in order to make the site more interactive and target young people.
- East Dunbartonshire is actively involved in the Working Group overseeing the implementation of the National Child Protection Line. Publicity on phone boxes has been featured in East Dunbartonshire. National awareness raising materials have been distributed.

2. POLICIES, PROCEDURES AND PROTOCOLS

- Through the West of Scotland Child Protection Chairs Consortium, East Dunbartonshire is involved in the process of commissioning the review of the Inter-agency Child Protection Procedures. Funding has been committed by East Dunbartonshire to this process and a company has been engaged to undertake this work. It is expected that the new procedures for the West of Scotland will be available by August. It has been agreed that these will also be available electronically with an annual update.

- The Getting Our Priorities Right Protocols and Procedures have been implemented and a multi-agency training programme supported this. A monitoring group has been established with a joint chair from addictions and child protection.
- Having identified a gap in service, skills and knowledge in work with young people with problem sexual behaviour, a short-life working group, along with West Dunbartonshire, has developed a multi-agency framework and protocol for the risk management of young people with problem sexual behaviour. This is about to be printed and distributed, backed up by tiered training. Several sessions of Sexual Abuse Basic Awareness Training and sessions of more specialised training have already been run.
- Inter-agency risk assessment and risk management has been scrutinized and as a consequence an interagency training programme was delivered.
- A review of School Nursing and Health Visiting Services will be completed on a Health Board-wide basis. Partner Agencies are being fully-involved in that process.
- School nurses are key partners in working with vulnerable families. They know when children are on the CP register and regularly attend Case Conferences. They receive information through Education and ensure that GPs are informed if necessary. The work which will be required to immunise against HPV will be shared with other staff to maintain work with vulnerable young people.
- In all cases where child abuse is suspected, Social Work and Health Services now contact the Child Protection Unit as part of the investigation. The C.P.U. collate all information regarding the child and can advise on issues regarding the medical of a child. Taking contextual history from a child is also standard operating procedure within N.H.S. Greater Glasgow and Clyde.
- All agencies have improved the quality of child protection case recording, have produced case chronologies and have improved the quality of child protection report writing, a training programme has been delivered on this.
- The development of the Integrated Assessment Framework takes Child Protection issues into account.
- As a result of considering the training needs of those who might be involved in a Significant Incident Review, Root Cause Analysis Training was hosted by West Dunbartonshire Council and attended by staff from ED DCYPP.

- Child Protection training is mandatory for both GPs and staff in the Acute Sector. All doctors are now having their training before starting work in hospital.
- The EDIS system is in place at the Royal Alexandra Hospital and flags more than 2 attendances at Accident and Emergency Departments. This is also available at the Minute Injuries Clinic at the Vale of Leven Hospital. This system is being rolled out across Glasgow.
- A protocol to address the issue of follow up for children who fail to attend appointments is out for consultation.

3. MANAGEMENT INFORMATION

- Statistical audits are carried out regularly and reported to DCYPP.
- CPC members have an overview of management information relating to CPC activity.
- The CPC is actively-involved in the development of Management Information Systems such as Child Protection Messaging and the Integrated Assessment Framework.
- Within Social Work, Case Recording standards have recently been revised and issued to staff. Case File Audits have been undertaken and checking the adequacy of Child Protection Recording has been part of that Audit. Information for the CPC is used to develop child protection practice training, communication, planning and development of services. All of this work is integrated into wider children's services planning through the Integrated Children's Services Plan.
- There is a clear process for identifying emerging issues and bringing information from a National level to the DCYPP. The National Meeting is always attended by a member of East Dunbartonshire DCYPP with issues arising at the National Meeting, being a regular item on the DCYPP Agenda.
- All partner agencies are actively involved in the local data-sharing partnerships and Joint Information Groups, which have been working on technological systems of sharing Management Information and Protocols to support this.

4. QUALITY ASSURANCE

- Child Protection Case Conference Minutes record the absence of parents and young people and the reason for this. Guidance on this has been distributed to the Chairs of Case Conferences and if families do not attend, this must be addressed in the Minute and a reason for their non-attendance given.
- All agencies have a relevant and robust quality assurance framework in place. The CHP has Clinical Governance structure which monitors child protection. There is an open invitation for social work to attend the clinical governance meetings.
- A multi-agency child protection operations group has been established to ensure the sharing and assessment of quality child protection information.

5. PROMOTION OF GOOD PRACTICE

- East Dunbartonshire CPC has a mechanism in place for disseminating lessons from past and current practice.
- East Dunbartonshire contributes to the West of Scotland Chairs Consortium, West of Scotland Lead Officers and Coordinators network, West of Scotland Trainers network, the National Lead Officers Network and the National Chairs' Meeting.
- The CHP is committed to developing joint interagency training and the training sub group has representatives from the CHP and the NHS GG & C Child Protection Unit.
- New Inter-agency Procedures are in the process of being written and, when they are available, this will be a focus for promoting the best practice.
- Processes for immediate Assessment of Risk are included in the work being done to develop the Integrated Assessment Framework. In all cases where there is concern, the Child Protection Unit Line is now phoned.

- Guidance has been issued, clarifying the status of Child Protection Case Discussions and Child Protection Case Conferences.
- Within East Dunbartonshire, Child Protection Case Conferences are always chaired by an experienced Manager and Senior Social Workers are always present at Conferences.
- East Dunbartonshire DCYPP fully supports the delivery of the JJIT Training for staff.
- Standard Operating Procedures introduced in Acute Health settings ensure that full background information is taken.
- The CD-Rom “Key Papers in Child Welfare and Child Protection” (Sneddon, 2006) has been distributed nationally.
- A research directory of “Internet Favourites” has also been shared with the Government in order to further develop e-learning opportunities via the NHS eLibrary.
- A 2 day interagency training event took place in March 2008 focusing on issues associated with the neglect of children.

6. TRAINING AND STAFF DEVELOPMENT

- All Partner Agencies continue to provide a tiered Child Protection Training Programme for staff working with children, with adults and with vulnerable families.
- Opportunities are constantly sought to provide training jointly, both with partner agencies and with neighbouring local authorities.
- Staff in all agencies have access to professional development processes. Each agency also has a commitment to child protection training, beginning with induction.
- Integrated Assessment Framework Training has been provided on an inter-agency basis and continues as a rolling programme.

- East Dunbartonshire's DCYPP continues to fund a share of a post dedicated to the provision of Joint Investigative Interviewing.
- Root Cause Analysis and Professional Dangerousness training were arranged, delivered and attended by both East Dunbartonshire DCYPP and West Dunbartonshire's CPC.

7. COMMUNICATION AND CO-OPERATION

- East Dunbartonshire DCYPP is committed to effective communication and co-operation, both within East Dunbartonshire, amongst Partner Agencies and with neighbouring authorities and National Bodies.
- The shared Child Protection Lead Officer's post with West Dunbartonshire Council continues to offer opportunities to share and learn from a wider Network.
- The Child Protection Operations Group is an interagency group of senior managers who progress child protection referrals and identify and areas for improvement in the services delivered.

8. PLANNING AND CONNECTIONS

- The DCYPP has membership from a wide range of departments and agencies. In addition, members of the DCYPP are involved in other related forums, for example, the Community Planning Board, Multi-agency Public Protection Arrangements, the High Risk Offenders Forum, Getting Our Priorities Right Review Group.
- An external review of the DCYPP structure has been undertaken and recommendations will be discussed considered.

9. LISTENING TO CHILDREN AND YOUNG PEOPLE

- The DCYPP is committed to seeking and listening to the views of children and their families. Meetings are conducted in a manner which encourages communication with families; their views are recorded and taken into account when decisions are made.
- Inter-agency Guidance has been developed and distributed to staff on obtaining the views of children, young people and families.

Future Planning

Business Plan April 2008 - March 2009

Introduction

East Dunbartonshire DCYPP has identified the following areas for action throughout the coming year. These areas for improvement have been agreed by the DCYPP. Each objective has been identified either through the process of self evaluation or the HMle Inspection report published in July 2007. The business plan is reported under the 9 required headings.

The column entitled “who” indicates the lead group charged with the progression of each objective. The following abbreviations are used:

CPC: Child Protection Committee

DCYPP: Delivering For Children and Young People Themed Partnership

ED CHP: East Dunbartonshire Community Health Partnership

PI: Public Information Sub Group

LO: Lead Officer Child Protection

GIRFEC: Getting it Right For Every Child

MI/QA: Management Information/Quality Assurance Sub Group

IAF: Integrated Assessment Framework

SCRA: Scottish Children’s Reporters Administration

IAT: Interagency Training Sub Group

DA: Domestic Abuse

CPOG: Child Protection Operational Group

PHG: Parenting Handbook Group

NHS GG&C CPU: National Health Service Greater Glasgow and Clyde Child Protection Unit.

PUBLIC INFORMATION

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>Re-publish and distribute information leaflets for families, children and for staff.</p>	<ul style="list-style-type: none"> • Publish new leaflets on the CPC Website. • Review previous leaflets. • Distribute written information through education, health and social work pathways. 	<p style="text-align: center;">PI</p>	<p style="text-align: center;">September 2008</p>	<p>Finance Distribution action plan. IT Skills Logistical support</p>	<ul style="list-style-type: none"> ✓ Each agency will have leaflets available for staff emphasising their child protection responsibilities. ✓ Referral rates will rise from teams whose main focus is to provide services to adults. ✓ Each child and family in ED will have written information regarding child protection contacts and processes. ✓ Evidence increased awareness from survey and questionnaires.
<p>Publicise achievements in local press.</p>	<ul style="list-style-type: none"> • Issue press releases twice a year. 	<p style="text-align: center;">PI</p>	<p style="text-align: center;">March 2009</p>	<p>Finance Liaison with Public Relations in each agency. IT Skills</p>	<ul style="list-style-type: none"> ✓ Each household receives copies of the free local paper containing information relating to CPC business. ✓ Response to articles. ✓ Citizen's Panel feedback.
<p>Display CP promotional material in public areas</p>	<ul style="list-style-type: none"> • Display CP information in Education establishments, Council Offices, Libraries, CECs, Health Centres, 	<p style="text-align: center;">PI</p>	<p style="text-align: center;">September 2008</p>	<p>Finance CPC Member Time</p>	<ul style="list-style-type: none"> ✓ Regular standardised displays of materials in each agency. ✓ Numbers of leaflets and posters required.

	Leisure Facilities and Police Stations.				
Support the service provided by the national CP Line.	<ul style="list-style-type: none"> • Display promotional material. • Support the national CP Line Working Group. 	PI LO	March 2009	Finance DCYPP Member Time Logistical support	<ul style="list-style-type: none"> ✓ Each agency displays national materials. ✓ Rise in referral rates to CP line.
Design and print Parenting Handbooks for all families in ED.	<ul style="list-style-type: none"> • Customize the templates available. • Order the print. • Distribute the handbook 	PHG	March 2009	Finance DCYPP Member time.	<ul style="list-style-type: none"> ✓ Each family in East Dunbartonshire has a Parenting Handbook.

POLICIES, PROCEDURES AND PROTOCOLS

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>Implement the revised West Of Scotland interagency CP procedures.</p>	<ul style="list-style-type: none"> • Contribute to the working group established to oversee the revision. • Launch the revised procedures. • Ensure all staff in each agency receive training on the revised procedures. 	<p>DCYPP</p>	<p>March 2009</p>	<p>CPC Member Time Finance Training Plan Logistical Support Hospitality</p>	<p>✓ Revised WoS Interagency CP Procedures are operational.</p>
<p>Implement an ED DCYPP SIR protocol within the national guidance.</p>	<ul style="list-style-type: none"> • Write the local protocol • Brief and consult CPC Members • Train SIR members on Root Cause Analysis 	<p>DCYPP</p>	<p>September 2008</p>	<p>CPC Member Time Finance Briefing Plan Training Plan</p>	<p>✓ ED CPC have an operational SIR protocol</p>

POLICIES, PROCEDURES AND PROTOCOLS (cont)

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and evaluation
<p>Implement the NHS protocol on non attendance.</p>	<ul style="list-style-type: none"> • Implement the protocol • Contribute to the consultation on the protocol. 	<p>ED CHP DCYPP NHS GG&C CPU</p>	<p>December 2008</p>	<p>CHP/CPC Member time. Admin support.</p>	<ul style="list-style-type: none"> ✓ When staff have attended an awareness raising event on the new protocol. ✓ When children failing to attend are followed up.
<p>Implement the findings of the Health Visitor and School Nursing review</p>	<ul style="list-style-type: none"> • Ensure quality information is shared inter and intra agency. • Multi-agency membership of Local Implementation Group. 	<p>ED CHP DCYPP</p>	<p>March 2009</p>	<p>CHP Member Time Briefing plan</p>	<ul style="list-style-type: none"> ✓ Monitor quality of information shared on an inter and intra agency basis.
<p>Learn from Domestic Abuse pathfinders and make appropriate changes to service delivery.</p>	<ul style="list-style-type: none"> • Reduce the prevalence of domestic abuse. • Ensure victims and children receive appropriate support when they need it. • Improve response time and quality of information sharing in respect of domestic abuse referrals. 	<p>DA Co-ordinator DCYPP</p>	<p>March 2009</p>	<p>Liaison with WD Pathfinder CPC Member time Training needs analysis Finances</p>	<ul style="list-style-type: none"> ✓ When the prevalence of domestic abuse reduces in ED. ✓ When victims and children receive the support they need when they need it.

MANAGEMENT INFORMATION

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
Identify best practice in the gathering, analysis and application of management information.	<ul style="list-style-type: none"> • Research findings of HMIe Inspection. • Contribute to the collaborative work undertaken by the national LO group. 	DCYPP LO MI/QA	March 2009	Finance Time Impact Assessment Training	<ul style="list-style-type: none"> ✓ Examples of best practice have been identified. ✓ Appropriate statistical data is available and used to inform the planning and delivery of future cp services.
Report CP statistics and trends to DCYPP on a quarterly basis.	<ul style="list-style-type: none"> • Continue to gather cp statistics. • Report trends to DCYPP on a quarterly basis. 	DCYPP MI/QA	March 2009	Time Admin Support	<ul style="list-style-type: none"> ✓ When all appropriate information is regularly reported to DCYPP. ✓ When local and national comparisons are made and analysed.

QUALITY ASSURANCE

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
Impact Assessment of Interagency CP Training	<ul style="list-style-type: none"> • Evaluate the impact of interagency training delivered in the last 12 months. • Consult staff 	IAT MI/QA	August 2008	Time Survey Tools	<ul style="list-style-type: none"> ✓ Impact assessment complete. ✓ Areas of weakness identified. ✓ Future training needs identified.
Impact assessment of public information	<ul style="list-style-type: none"> • Evaluate the impact of public information • Consult young people and their families 	PI MI/QA	March 2009	Time Survey Tools	<ul style="list-style-type: none"> ✓ Impact assessment complete ✓ Areas of weakness identified. ✓ Future media opportunities identified. ✓ Increased referral rates.

<p>Self Evaluation of CP services and processes</p>	<ul style="list-style-type: none"> • Self evaluate using the “How well am I protected and my needs met” tools. • Assess impact of previous HMle inspection. 	<p>DCYPP</p>	<p>March 2009</p>	<p>Time Self Evaluation Tools Action Plan</p>	<ul style="list-style-type: none"> ✓ Areas of improvements and strengths are identified. ✓ Areas for further development are identified.
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Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
Interagency audit of each service in relation to the provision of cp service provision.	<ul style="list-style-type: none"> • Undertake interagency audit. • Identify areas of strength and weakness. 	DCYPP MI/QA	March 2009	CPC Members' Time Interagency audit	<ul style="list-style-type: none"> ✓ When an interagency audit has been completed. ✓ When areas of weakness have been identified.
Regular audit of cp interagency processes and outcomes	<ul style="list-style-type: none"> • Regularly audit all cp paperwork • Review audit processes • Regularly review through East Dunbartonshire Child Protection Operational Group 	DCYPP CPOG NHSGG&C CPU	March 2009	CPC Members' Time Interagency audit	<ul style="list-style-type: none"> ✓ When an interagency audit has been completed. ✓ When areas of weakness have been identified.

PROMOTION OF GOOD PRACTICE

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>Continue to contribute to the work of the National and West of Scotland Chairs' meetings.</p>	<ul style="list-style-type: none"> • Attend all scheduled meetings. • Participate in all scheduled meetings. 	<p>DCYPP Chair/LO</p>	<p>March 2009</p>	<p>Time Expenses</p>	<ul style="list-style-type: none"> ✓ ED attends and participates in all national and West of Scotland meetings.
<p>Identify examples of best practice</p>	<ul style="list-style-type: none"> • Research HMIE Inspection findings. • Liaise with other CPCs • Contribute to the work undertaken by national LO. 	<p>DCYPP LO</p>	<p>September 2009</p>	<p>Time Consultation</p>	<ul style="list-style-type: none"> ✓ Identify examples of best practice. ✓ Consult DCYPP members on local applicability. ✓ Learn lessons from research.
<p>Improve practitioner skills and resources to help young people recover from abuse or neglect.</p>	<ul style="list-style-type: none"> • Improve skills and knowledge in risk assessment. • Promote early intervention. • Develop appropriate resources to help children recover. 	<p>DCYPP IAT NHSGG&C CPU</p>	<p>March 2009</p>	<p>Time Training Consultation</p>	<ul style="list-style-type: none"> ✓ Identify best practice in relation to recovery. ✓ Develop appropriate resources. ✓ Contribute to National work in this area.

<p>Reduce the prevalence and impact of domestic abuse on children and young people.</p>	<ul style="list-style-type: none"> • Extend prevention programmes in schools and in the community. • Continue with the DAPS project supported by the Community Safety Partnership. • Implement the Violence Against Women and Domestic Abuse strategy. • Liaise with Pathfinders. 	<p>DCYPP DA Co-ordinator</p>	<p>March 2009</p>	<p>Time Training</p>	<ul style="list-style-type: none"> ✓ Staff in all agencies have been briefed on the strategy. ✓ Prevalence of domestic abuse is reduced. ✓ Children and young people receive appropriate support when they need it.
<p>Enhance the skills and knowledge of young people in relation to keeping safe from child exploitation online.</p>	<ul style="list-style-type: none"> • Develop staff skills and knowledge in relation to child exploitation and online protection. • Attend CEOP conferences. • Roll out CEOP training. 	<p>DCYPP IAT</p>	<p>March 2009</p>	<p>Time Training Direct work with young people.</p>	<ul style="list-style-type: none"> ✓ Staff from all agencies have attended CEOP training. ✓ A programme of training has been implemented. ✓ Young people have been made aware of risks and equipped with skills to keep safe.
<p>Enhance skills and knowledge of practitioners in relation to neglect.</p>	<ul style="list-style-type: none"> • Develop staff skills and knowledge in relation to neglect. • Implement the use of the Graded Care Profile tool. 	<p>DCYPP IAT</p>	<p>March 2009</p>	<p>Time Training</p>	<ul style="list-style-type: none"> ✓ Staff from all agencies have attended training on the use of the Graded Care Profile tool. ✓ The tool is used in cases where neglect is suspected.

<p>Develop Special Needs In Pregnancy Services.</p>	<ul style="list-style-type: none"> • Ensure GOCR protocols are used. • Continue to promote joint working between addictions and child care services. 	<p>DCYPP GOCR</p>	<p>March 2009</p>	<p>Time Training Evaluation Staff briefing</p>	<p>✓ Unborn babies and expectant families are given the right support when they need it.</p>
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TRAINING AND STAFF DEVELOPMENT

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>Develop better services for children by increasing skills of practitioners in all services.</p>	<ul style="list-style-type: none"> • Continue the work undertaken by the Interagency Training Group • Ensure Child Protection Training is prioritized by the Interagency Training Group 	<p>IAT</p>	<p>March 2009</p>	<p>Time Training needs analysis Training plan Training budget</p>	<ul style="list-style-type: none"> ✓ Staff supervision ✓ PDP processes ✓ Training impact assessment
<p>Develop and implement an Interagency Training Strategy for 2008-2009</p>	<ul style="list-style-type: none"> • Identify inter-agency training needs • Plan and deliver appropriate interagency training 	<p>IAT CPU</p>	<p>March 2009</p>	<p>Time Training needs analysis Training plan Training budget</p>	<ul style="list-style-type: none"> ✓ Training plan is available to CPC ✓ Delivery of training has commenced
<p>Continue to improve initial and risk assessment processes for all key agency staff.</p>	<ul style="list-style-type: none"> • Continue the work undertaken by the Interagency Training Group 	<p>IAT</p>	<p>March 2009</p>	<p>Time Training needs analysis Training plan Training budget</p>	<ul style="list-style-type: none"> ✓ Staff supervision ✓ PDP processes ✓ Training impact assessment

<p>Train all staff on the interagency procedures when they are available</p>	<ul style="list-style-type: none"> • Research numbers of staff requiring interagency training. • Consult with neighbouring CPCs to ensure best use of training resources. 	<p>IAT DCYPP</p>	<p>March 2009</p>	<p>Time Training needs analysis Training plan Training budget</p>	<p>✓ Appropriate staff in each agency have been trained in the new procedures.</p>
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COMMUNICATION AND CO-OPERATION

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>Improve collaborative working between partner agencies.</p>	<ul style="list-style-type: none"> • Continue to facilitate good networking through joint training, practitioner forums and staff briefings. • Continue to implement the IAF. 	<p>DCYPP IAT</p>	<p>March 2009</p>	<p>Time Finances</p>	<ul style="list-style-type: none"> ✓ Staff survey ✓ Attendance at networks ✓ Training evaluations

PLANNING AND CONNECTIONS

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
<p>DCYPP continue to build on existing relationships through the Voluntary Sector Forum.</p>	<ul style="list-style-type: none"> • Review current involvement of voluntary sector in other children’s planning mechanisms. • Convene Voluntary Sector Forum twice per year. 	<p>DCYPP</p>	<p>March 2008</p>	<p>DCYPP Members’ Time Admin support</p>	<ul style="list-style-type: none"> ✓ Attendance at the forum ✓ Feedback from forum
<p>Continue to strengthen the role of DCYPP</p>	<ul style="list-style-type: none"> • Implement the recommendations from the DCYPP review • Review membership 	<p>DCYPP</p>	<p>September 2008</p>	<p>DCYPP Chair/Vice Chair time Admin support</p>	<ul style="list-style-type: none"> ✓ Appropriate representatives from partner agencies attend and contribute to the work of the DCYPP
<p>Continue to strengthen connections between staff teams and DCYPP.</p>	<ul style="list-style-type: none"> • Promote the role of DCYPP within staff teams. • Involve practitioners in DCYPP working groups. 	<p>DCYPP LO</p>	<p>March 2009</p>	<p>Time Staff briefing</p>	<ul style="list-style-type: none"> ✓ Staff from all agencies are connected to the work of DCYPP.

LISTENING TO CHILDREN AND YOUNG PEOPLE

Objective	What are we going to do?	Who?	When will we do it by?	What resources do we need to do this?	Monitoring and Evaluation
Routinely seek views of children and young people regarding cp services	<ul style="list-style-type: none"> • Seek views on an individual basis. • Seek views through multi media (Website) • Establish focus groups 	DCYPP	March 2009	DCYPP Staff Time Finances IT Consultation	<ul style="list-style-type: none"> ✓ Views of children are routinely sought. ✓ Services are changed and improved according to the reported views of children. ✓ Children's views recorded in casenotes.
Identify best practice with regards to evidencing listening to children and young people	<ul style="list-style-type: none"> • Research HMle Inspection report findings • Continue to support the work undertaken by the national LO group. 	LO DCYPP	March 2009	Time Finances	<ul style="list-style-type: none"> ✓ Examples of best practice are identified. ✓ Local applicability is considered by DCYPP.

Conclusion

In East Dunbartonshire our Delivering for Children and Young People Themed Partnership provides a strategic overview of, and supports change and improvement in child protection service delivery. We believe our performance has been strengthened by the learning secured through the process of inspection and self evaluation. As a result, we are working vigorously to improve areas of identified weakness.

The past year has been very busy for the DCYPP as, among other activity, we completed our self evaluation, underwent HMIE Inspection, instigated a Significant Case Review, developed a child protection website and a suite of accompanying written information with a focus on public awareness raising and contributed to national child protection developments. Over the next twelve months we aim to assess the impact of these strategies as well as continue to identify areas for improvement. We have also reviewed the remit and role of the DCYPP sub groups and are confident improvement will continue in the areas of interagency child protection training, quality assurance and public information.

All our DCYPP activity is multi-agency and involves partners working together, levels of commitment and motivation cannot be underestimated. Amongst DCYPP members there is a shared vision and an expectation that we will improve services to protect children in our area. Our vision is that children living in East Dunbartonshire will be protected from harm and afforded the best opportunities to reach their potential. We believe the key to this lies in our well trained staff who have skills and knowledge in early identification of harm, risk assessment, risk management and crisis intervention.

Our services are developing in tandem with the work of the Getting It Right For Every Child agenda and within our Interagency Children's Services Planning processes. Developing services to protect children is our priority and the momentum of continual improvement continues.

APPENDIX 1. DCYPP Membership

NAME	ADDRESS	EMAIL	PHONE NO.
EDC			
John Simmons Community Corporate Director, EDC DCYPP Chair	Tom Johnston House Civic Way Kirkintilloch G66 4TJ	john.simmons@eastdunbarton.gov.uk	0141 578 8720 / 8709
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	Kirkintilloch G66		
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	G61 2TQ		
Gordon Smith Head of Community Services, EDC	Omnia Building 103 Westerhill Road Bishopbriggs G64 2TQ	gordon.smith@eastdunbarton.gov.uk	0141 761 4810
Maureen Wylie Children's Services Planning Officer, EDC	Omnia Building 103 Westerhill Road Bishopbriggs G64 2TQ	maureen.wylie@eastdunbarton.gov.uk	0141 761 4806
HEALTH			
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PROCURATOR FISCAL			
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SCRA			
Paul Harkness Authority Reporter	SCRA 10-20 Bell Street Glasgow G1	paul.harkness@scra.gsx.gov.uk	0141 567 7928
STRATHCLYDE POLICE			
John Duff Superintendent	Kirkintilloch Police Office 45 Southbank Drive Kirkintilloch G66 1XJ	Calum.Murray@strathclyde.pnn.police.uk	0141 532 4450
Wilson McMillan Detective Inspector	Family Protection Unit Strathclyde Police 104 Barloch Street Glasgow	Wilson.McMillan@strathclyde.pnn.police.uk	0141 532 3940

APPENDIX 2

DCYPP: Training Sub-group

Reports to	Delivering for Children and Young People Partnership
Broad Purpose of the Group	<p>The Training Group is a Sub-group of the DCYPP.</p> <p>The overall aim of the sub-group is to achieve better outcomes for children, young people and their families by:</p> <ul style="list-style-type: none">• Ensuring strategic and integrated training opportunities• Promoting cooperation between services/agencies• Developing and implementing an Integrated training Strategy
Membership	Membership of the group comprises senior officers from council services and partner agencies, who have responsibility for planning and training.
Remit of the Group	<ul style="list-style-type: none">• have an overview of single agency child protection training and consider the implications for inter-agency training;• plan, review and quality assure inter-agency training and development activities;• have in place, and review at least annually, a programme for inter-agency child protection training; and• ensure relevant, effective and consistent inter-agency training is provided for practitioners, managers, non-statutory agencies and for CPC members themselves.
The role of the Chairperson	<p>The Chairperson is responsible for:</p> <ul style="list-style-type: none">• Scheduling the meetings• Chairing the meetings

	<ul style="list-style-type: none"> • Ensuring the Integrated Training Strategy is produced • Reporting progress to DCYPP
The role of the Children's Services Planning Officer	<p>The Children's Services Planning Officer is responsible for:</p> <ul style="list-style-type: none"> • Supporting the chairperson • Coordinating and collating information • Producing progress reports for DCYPP • Ensuring all group members are informed of developments/progress from other sub-groups that impact on training.
Administrative support	<p>Administrative support is provided by Children's services – Integrating Planning who will ensure that agendas, minutes and supporting papers are timeously circulated.</p>
Frequency of Meetings	
Accountability and Governance	<p>The sub-group will report regularly to the DCYPP.</p> <p>The sub-group will also be responsible for coordinating, monitoring and evaluating the implementation of the Integrated training Strategy.</p>

NAME	ADDRESS	EMAIL
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APPENDIX 3

DCYPP Budget 2008-2009

COMMITTEE : Delivering for Children and Young People Partnership

ON: 29 April 2008

SUBJECT: Financial Update

1.0 PURPOSE

1.1. This paper seeks to update DCYPP on the establishment of a shared budget to cover child protection costs, in particular, and also other aspects of DCYPP'S joint business; and to agree the way forward in terms of financial planning.

2.0 SHARED COSTS

2.1 DCYPP previously considered and agreed to share costs, in relation to its child protection responsibilities. Since then, £10,714 has been received from Strathclyde Police towards these costs, while East Dunbartonshire Community Health Partnership (CHP) has contributed £5,000 towards the purchase of child protection information leaflets and a further £5,000 towards training costs in relation to implementing "Getting It Right For Every Child." These monies are presently in the budget while the full cost of these activities is not yet known. East Dunbartonshire Council (EDC) will make a contribution when the final figures are confirmed and there will be further reporting to the Partnership.

2.2 In addition, the CHP contributed £15,000 towards the costs of Parenting Handbooks, while Strathclyde Police gave £3,000 with EDC covering the balance of £11,478. A group of officers from partner agencies are currently involved in finalising the handbooks and the order has been placed.

2.3 Training places have also been purchased from the Virtual Staff College who will deliver their “Knowing the Business “ module to three separate groups of 12 members of staff, later in the year. Tutors from the Virtual Staff College will address a future meeting of DCYPP. EDC has covered the cost of this training, in terms of tuition and hire of venues, but individual services may be required to pay accreditation costs (of around £250 per head) if this is desired.

2.4 The table below sets out these contributions, in terms of their source and to where they have been directed.

Funding Source	Parenting Handbooks	Child Protection Public Information	Child Protection Training	Others	Total
East Dunbartonshire Community Health Partnership	£15,000	£5,000	£5,000 (GIRFEC)		£25,000
East Dunbartonshire Council (CSIP)	£11,478	To be advised	£2,000 (GIRFEC) Already committed. Still to advise full amount.)	£36,000 (Knowing The Business)	£49,478
Strathclyde Police	£3,000	£10,714			£13,714
Total:	£29,478	£22,714		£36,000	£88,192

3.0 SPECIFIC FUNDING STREAMS

3.1 Recent guidance from the Scottish Government advised that a number of the specific funding streams which were previously in place, are now mainlined within the local authority’s settlement but that these can still be used to fund posts or activities within partner agencies.

3.2 Of particular relevance to DCYPP is the Changing Children's Services Fund, which was planned, agreed and monitored by the previous Children's Services Core Group (CSCG). More recently, DCYPP requested that an evaluation be completed on the impact of this funding stream. Timescales in relation to this work have been delayed because of staff turnover and competing demands, but this work is now almost complete and will be reported at our next meeting.

3.3 From the outset it was agreed that this budget be held centrally and that any savings incurred be pooled and reported through CSCG to enable further service developments to be supported.

4.0 **PROPOSALS**

4.1 DCYPP is asked to consider:

Having financial reporting, on shared costs and CCSF, as a standing item.

DCYPP Minute (29/04/08) records "the DCYPP agreed to note the contents of the report and that a standing item on finance will be included on the agenda"