

# West Dunbartonshire Child Protection Committee

Annual Report on Protecting Children and Young People

April 2007-March 2008

Business Plan

April 2008 – March 2009



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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 West Dunbartonshire Child Protection Committee are fully committed to the vital work of protecting children from harm. The Joint Inspection Of Services To Protect Children report, which was published in June 2007 identified that commitment as a key strength and commented favourably on the motivation and dedication of staff to ensuring safety of children. The inspection also identified areas where our practice needed to improve. We have taken these messages seriously and are pleased to note the work which has been undertaken to address these issues which is reflected in this Annual Report and continuing identification of areas for improvement which underpins the Business Plan for the coming Year.

This Annual Report and Business Plan is the working document for the use of West Dunbartonshire’s Child Protection Committee and Partner Agencies, to guide and direct work to improve the protection of children within our area. The work of the Child Protection Committee forms the basis of the section in the Integrated Children’s Services Plan on keeping children safe.

The Chief Officers' Group for West Dunbartonshire has endorsed this report and the Associated Business Plan.

<p><b>Keith Redpath</b> Director, West Dunbartonshire Community Health Partnership</p>	<p> Signature</p>
<p><b>David McMillan</b> Chief Executive West Dunbartonshire Council</p>	<p> Signature</p>
<p><b>Mitch Roger</b> Divisional Commander Strathclyde Police, Argyll, Bute and West Dunbartonshire Division</p>	<p> Signature</p>
<p><b>Anne Ritchie</b> Head of Social Work (Operations), West Dunbartonshire Child Protection Committee ; Chair</p>	<p> Signature</p>

## INTRODUCTION

West Dunbartonshire is located to the North West of Glasgow and covers an area of 159 square kilometres from the shores of Loch Lomond to the banks of the River Clyde. There is an estimated population of 91,400, of whom 19,400 are under 18 years of age. The Council area is one of the smallest and most deprived in Scotland, ranked fourth in the Scottish Index of Multiple Deprivation. Unemployment is higher than the National figure, double in some areas. There is a higher number of single parent families, a higher incidence of domestic violence and an increase in the number of people seeking support because of drug misuse.

The Child Protection Committee (CPC) in West 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 Anne Ritchie, Head of Children and Families Services and Criminal Justice in the Department of Social Work and Health. The Vice Chair is Lynn Townsend, Head of Service, Department of Education and Cultural Services. The Committee includes representatives from Health, Education, Police, Scottish Children's Reporter's Administration, Social Work, including Children and Families, Criminal Justice and Addiction Services, Housing, Youth Justice, Integrated Children's Services, Pathfinder Project Team and Procurator Fiscal's Office. All work of the C.P.C. 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 CPC Annual Report covers the period April 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 Work Plan for the CPC and partner agencies.

It has also been a time of innovation and quick response to new issues identified over the past 12 months. For example, concerns about the management of children and young people with problematic sexual behaviour have been tackled through a Short Life Working Group in collaboration with our neighbouring CPC in East Dunbartonshire. A multi-agency framework and protocol have been developed, backed up by an extensive training programme.

The Domestic Abuse Pathfinder has been constructive in driving changes on how the needs of the children in households where domestic abuse is an issue are assessed and responded to.

The CPC set up seven new Sub-groups to progress the work identified in the Work Plan. There was already a well-established Training Sub-group. The seven groups are:

1. Risk Assessment/Thresholds
2. Public Information
3. Organisation of Case Conferences and involvement of Children and Families

## **INTRODUCTION (cont)**

4. Health Issues
5. Policies and Procedures
6. Inter-agency Training
7. Monitoring and Evaluation

Areas requiring attention which were identified in the HMle Joint Inspection of Services to protect children in West Dunbartonshire which reported in June 2007 were added to the Business Plan agreed last April to create the work plan which has prioritised the work of the CPC. An Inter-agency Action Plan was developed in response to the Inspection Report. Information on completed actions is included in the body of this annual report and work which is ongoing is contained in the Business Plan for 2008-2009.

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.

West Dunbartonshire C.P.C. plays a significant role in the West of Scotland Child Protection Chairs Consortium, having responsibility for the Agenda and Minutes of the meetings. 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 East Dunbartonshire CPC, continues to offer opportunities for joint work.

Some significant pieces of work are nearing completion and the coming year will see the launch of the website, as well as the distribution of new leaflets and public information.

The Multi-agency Framework and Protocol for Risk Management for Children and Young People with Problem Sexual Behaviour is about to be published.

The Domestic Abuse Pathfinder will be evaluated and consideration will need to be given to extending this model of working.

Two new ways of involving children and young people in the decisions made about them and eliciting their views will be introduced. These are "Viewpoint" and "In My Shoes" which are computer-assisted systems for communicating with children and young people.

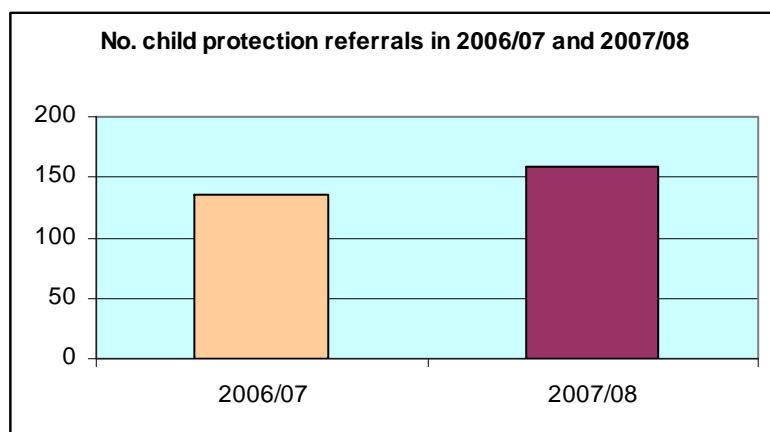
Areas identified for particular attention in the coming year are building on the work undertaken with individual voluntary organisations to develop better links with the Voluntary Sector; evaluating the impact of the considerable investment in training; and undertaking self-assessment to check progress on the Work Plan and prepare for HMle's follow up inspection.

## CPC ANNUAL REPORT STATISTICS 2007/08

The following statistics reflect child protection activity in West Dunbartonshire throughout the period April 2007 to March 2008. Local data is compared with national trends. It should be noted that one of our CPC objectives for the forthcoming year is to improve the quality of our management information in respect of gathering, analysing and application.

### Child Protection Referrals

Table 1

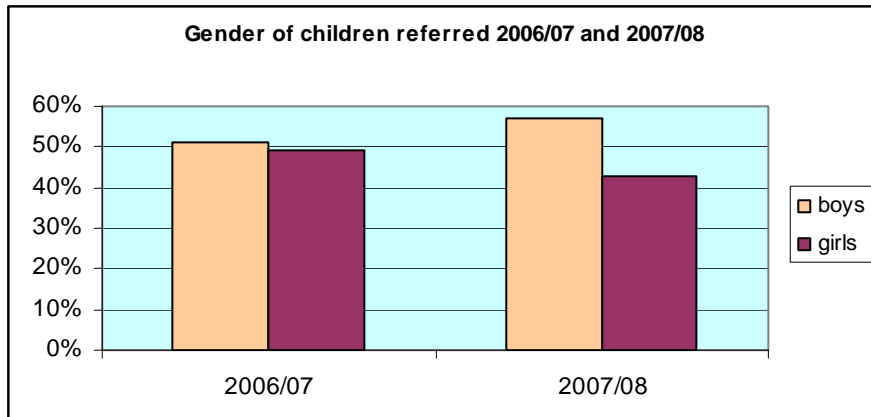


The number of child protection referrals in West Dunbartonshire increased by 16 per cent from 136 in 2006/07 to 158 in 2007/08. Quite a number of the children referred came from large families. This rise in referrals may be attributed to the dissemination of public information designed to raise awareness about child protection concerns within the community. The leaflet "What to do if you are worried about a child" was distributed throughout the education systems and the community and the Safe Parenting Handbook was distributed via schools and nurseries to every household with a child. One other key influence could have been the intensive Interagency Training Programme which raises awareness within referring organisations.

Across Scotland there were 11,960 referrals in 2006/07, an increase of 13 per cent from 10,567 in 2005/06

## Gender of Children Referred

Table 2

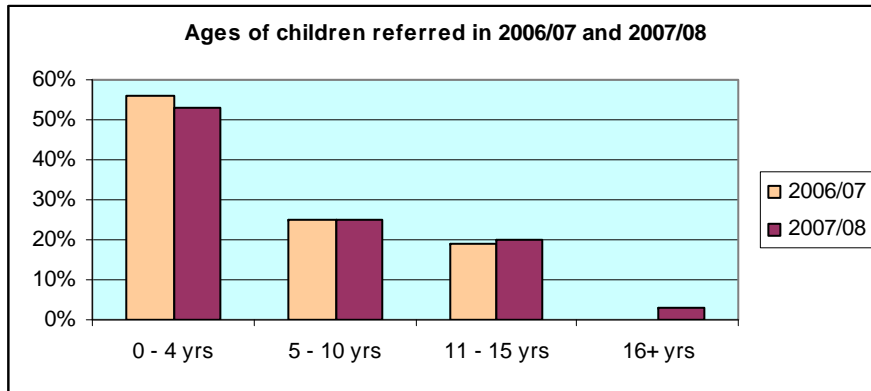


In 2007/08 57 per cent of children referred in West Dunbartonshire were boys and 43 per cent were girls. The proportion of boys referred has increased from last year by 6 per cent when 51 per cent of the children were boys. Further analysis is required in this area although the increase in referral rates for boys may relate to the gender split in the West Dunbartonshire population as a whole.

Across Scotland in 2006/07 the proportion of referrals for boys and girls was fairly equal with 50 per cent of referrals being for girls, 47 per cent for boys and 2 per cent for gender unknown.

## Ages of Children Referred

Table 3



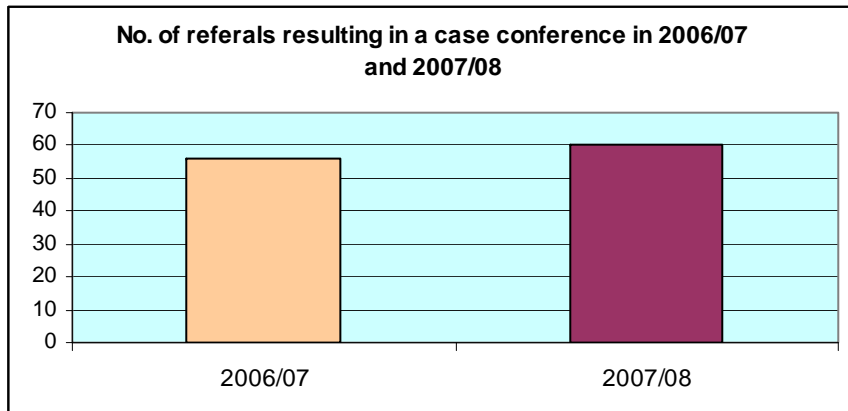
At 53 per cent the proportion of children referred in the youngest age group in 2007/08 in West Dunbartonshire had decreased by 3 per cent from the previous year's total of 56 per cent. Other age groups were very close to last year's totals with the exception of the 16+ age group which increased from 0 per cent to 3 per cent.

Across Scotland in 2006/07 the largest age group of children referred, at 33 per cent, were aged between 5 and 10 years, followed by 32 per cent in the 11 – 15 years age group, 30 per cent in the 0 – 4 years age group and 2 per cent in the 16+ years group.

Locally the statistics may reflect the high levels of drug and alcohol misuse in the area. Due to substance misuse problems there has been a concerted effort to improve early identification of problems, assessment of parenting capacity and risk assessment in early years. Implementation of the "Getting Our Priorities Right" protocols and development of the Special Needs In Pregnancy Services have meant professionals are risk assessing and risk managing both pre and post natal children.

## Referrals resulting in a Case Conference

Table 4

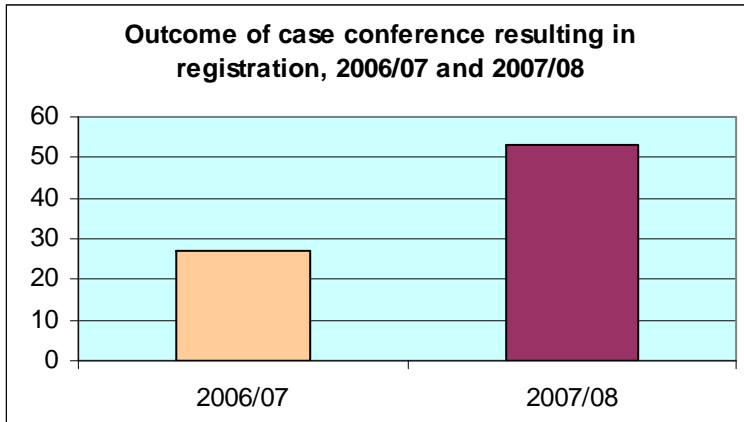


In 2007/08 in West Dunbartonshire the number of referrals resulting in a case conference rose by 7 per cent from the previous year to a total of 60. While this is less than the national increase it may reflect that some cases are deflected away from the need for formal case conference due to appropriate and timely intervention which meets the needs of the child and reduces any immediate risk. This could be a result of the Interagency Training Programme or the development of intensive support services, such as the Young Families Support Service.

Across Scotland in 2006/07 4,608 children who were referred went on to a case conference and this was an increase of 39 per cent from the previous year.

## Outcome of Case Conference

Table 5

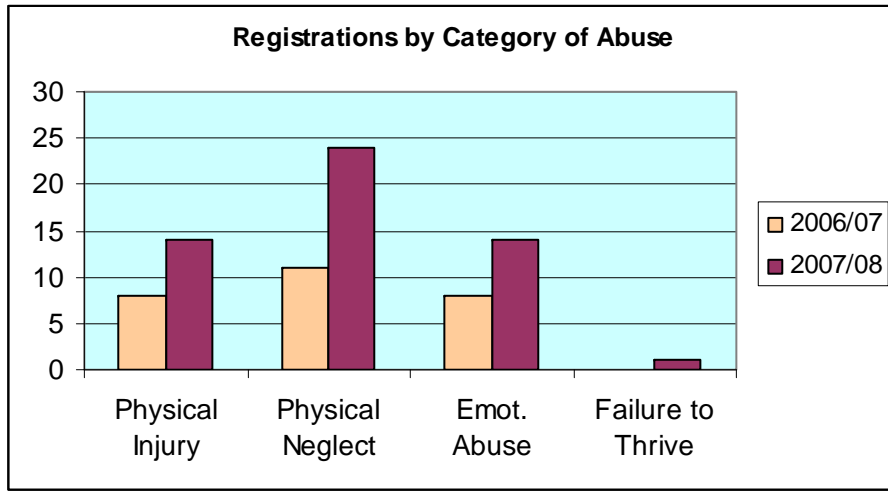


In West Dunbartonshire 53 children were registered during 2007/08. This was 53 per cent of the children whose referral resulted in a case conference. Locally, this demonstrates the fact that most of the child protection case conferences resulted in an initial assessment which concluded there was a need for formal case conference and multi-agency planning to reduce risks.

Across Scotland 68 per cent of children who had a case conference in 2006/07 were placed on the child protection register.

## Registrations by Category of Abuse

Table 6



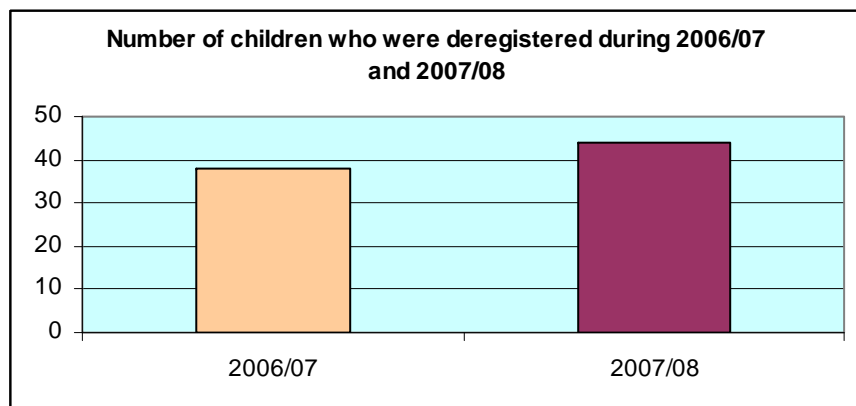
In 2007/08 in West Dunbartonshire the number of registrations under the categories of physical neglect, emotional abuse and physical injury rose. One registration was in the little used category of failure to thrive and there were no registrations under the category of sexual abuse.

Across Scotland there were increases in the categories of physical neglect, emotional abuse and failure to thrive in 2006/07 from the previous year and a decrease in the categories of sexual abuse and physical injury.

Staff from all agencies are now more aware that substance misuse, deprivation, poverty, generational unemployment, among other environmental factors, can all negatively affect parenting capacity; this interagency training programme focus on early identification of risk and risk assessment has meant that detection of neglect and emotional abuse is more prevalent. This would be expected in an area where drug and alcohol misuse is prevalent.

## Number of Children Deregistered

Table 7

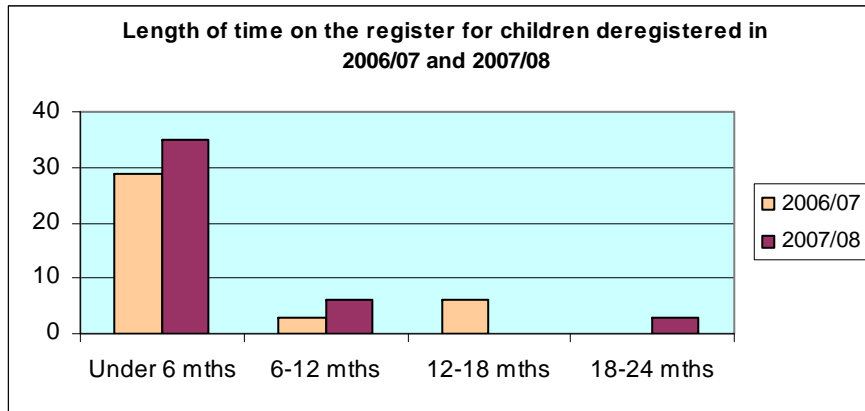


In West Dunbartonshire 44 children were deregistered during 2007/08, an increase of 16 per cent on the previous years total of 38. This may be due to improved risk management and care planning, as risks were targeted with appropriate strategies and the risk was subsequently reduced.

In Scotland 3,084 children were deregistered during 2006/07, an increase of 7 per cent on the 2005/06 total of 2,887.

## Length of time on the register

Table 8



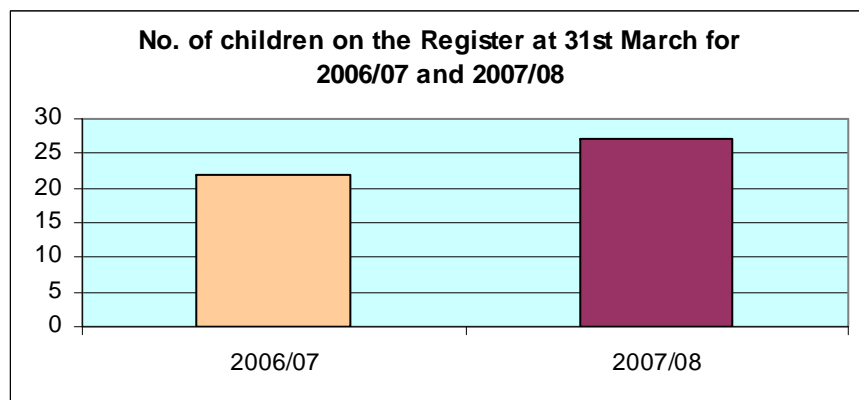
In West Dunbartonshire in 2007/08 79 per cent of children had been on the register for less than 6 months, 14 per cent were on the register between 6 months and 1 year and 7 per cent were on the register between 18 months and 2 years.

In West Dunbartonshire the average length of time for all children on the register increased from 24 weeks in 2006/07 to 25.5 weeks in 2007/08.

The increase in length of time on the register may be due to the fact that the most worrying referrals proceed to case conference, and these cases have more complex care plans. There are also cases involving a small number of children where the risk has been assessed as being long term. This could be the case if a parent was a registered sex offender.

## Number of Children on the Register

Table 9



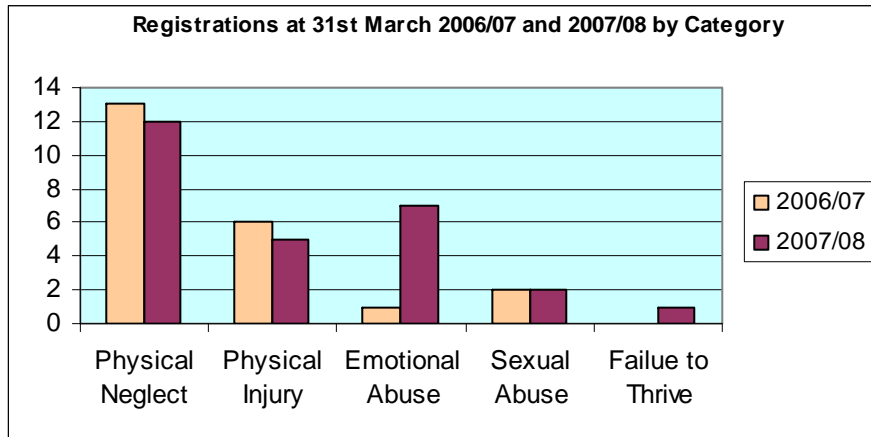
The number of children on the West Dunbartonshire register as at 31<sup>st</sup> March 2007 totalled 27, an increase of 23 per cent from the previous year. A number of the children on the register were from large family groups.

Across Scotland there were 2,593 children on registers at 31<sup>st</sup> March 2007 representing an increase of 13 per cent on the 2006 total of 2,288 with a very similar number of boys and girls on the registers.

The number of girls on the West Dunbartonshire register exceeded the number of boys by 1 at the end of the financial year 2006/07 and all children except one were under eleven years of age.

## Categories of Registration for Children on the Register

Table 10



In West Dunbartonshire 44 per cent of the registrations in 2007/08 were under the category of physical neglect, 26 per cent per cent were registered under the category of emotional abuse, 19 per cent per cent were categorized as physical injury and 4 per cent were under the category of failure to thrive.

Across Scotland at 31<sup>st</sup> March 2007, 48 per cent of all children on child protection registers were registered because of physical neglect, 25 per cent because of physical injury, 17 per cent because of emotional abuse, 9 per cent because of sexual abuse and for 1 per cent the category was unknown.

## HMIe INSPECTION

The report on The Joint Inspection of Services to Protect Children and Young People in the West Dunbartonshire Area was published in June 2007. The following is a summary of the reported outcomes:

### **How effective is the help children get when they need it?**

Children are listened to, understood and respected.	Good
Children benefit from strategies to minimise harm.	Very good
Children are helped by the actions taken in response to immediate concerns.	Good
Children's needs are met.	Good

### **How well do services promote public awareness of child protection?**

Public awareness of the safety and protection of children	Adequate
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### **How good is the delivery of key processes?**

Involving children and their families in key processes.	Weak
Information sharing and recording.	Adequate
Recognising and assessing risks and needs.	Weak
Effectiveness of planning to meet needs.	Good

### How good is operational management in protecting children and meeting their needs?

Policies and Procedures.	Good
Operational Planning.	Good
Participation of children, families and other relevant people in policy development.	Weak
Recruitment and retention of staff.	Good
Development of staff.	Good

### How good is individual and collective leadership?

Vision, values and aims.	Good
Leadership and direction.	Good
Leadership of people and partnerships.	Good
Leadership of change and improvement.	Adequate

## **Strengths**

Inspectors found the following key strengths in how well children were protected and their needs met in West Dunbartonshire:

- A high level of awareness among children about how to keep safe;
- The range of early intervention services and easy access to these by vulnerable families;
- A high level of commitment to ensure the safety of children by motivated and dedicated staff;
- Safe recruitment practices;
- The leadership and direction provided by the chair of the Child Protection Committee.

## **Weaknesses**

Children and families were not fully involved in key processes and more work was needed to ensure their full participation in decisions about their lives. The Chief Officers and the CPC have appropriate structures to identify and implement improvements in services. In doing so they should take account of the need to:

- Develop and implement a co-ordinated strategy to raise public awareness of child protection;
- Improve the processes for the immediate assessment of risk, and, ensure that initial assessments are followed up with a more comprehensive assessment of risk and needs;
- Ensure the full involvement of health practitioners, particularly medical staff, in child protection processes;
- Improve the involvement of children and their families in decisions about their lives; and
- Develop a systematic approach to gathering the views of children and families about services and use this information to ensure service improvement.

## FULFILLING FUNCTIONS

This Annual Report contains updates on West Dunbartonshire Child Protection Committee functions; information is presented under the nine required headings. The information is presented in 2 ways; the first links the progress to the objectives in last year's business plan; the second provides a list of achievements as there was a lot of activity going on to improve child protection services which fell outwith the scope of the business plan.

### **BUSINESS PLAN 2007-08 REVIEW**

The following table depicts the review of the Business Plan of last year (2007-08). The first column describes the objective, the second column provides an update and the final column indicates any related action carried forward to this year's plan (2008-09). The second and third columns have been shaded using the following key:

	Blank means there is no related action in the Business Plan for 2008-09
	Red means there is outstanding action required.
	Gold means there is work in progress: some of the tasks have been completed.
	Green means the objective is complete.

## PUBLIC INFORMATION

Objective	Progress Report	Business Plan 2008-09
<p><b>Implement a co-ordinated strategy to raise public awareness of child protection.</b></p>	<p>Leaflet designed, Distributed Parenting Handbooks to all families within WDC. Distributed CP Helpline Info</p>	<ul style="list-style-type: none"> <li>• Leaflet print and distribution: for young people and for families.</li> <li>• Multi media campaign raising awareness of Child Protection issues within the community.</li> <li>• Create Website information</li> </ul>
<p><b>A leaflet should be produced for all staff in partner agencies emphasising the child protection responsibilities of people who work with adults who may care for children.</b></p>	<p>Leaflet designed.</p>	<ul style="list-style-type: none"> <li>• Leaflet print and distribution.</li> <li>• Make leaflet available on website.</li> </ul>
<p><b>Through the CPC all agencies should improve access to help for children who have been abused or neglected.</b></p>	<p>Designed appropriate information leaflets. Drafted a communication strategy.</p>	<ul style="list-style-type: none"> <li>• Print and distribute leaflets.</li> <li>• Implement communication strategy.</li> </ul>

## POLICIES, PROCEDURES AND PROTOCOLS

Objective	Progress Report	Business Plan 2008-09
<p><b>All agencies and organisations have in place appropriate policies, procedures and protocols to maximise protection of children including identification, referral and response. CP procedures take findings of the Reform programme into account.</b></p>	<ul style="list-style-type: none"> <li>• Review West of Scotland Interagency Child Protection Procedures through the mechanism of the West Of Scotland CPC Chairs Consortium.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to contribute to the WoS Chairs and Procedures Advisory Group.</li> <li>• Train staff on revised guidance.</li> <li>• Implement the revised guidance.</li> </ul>
<p><b>Improve Residential Child Care Procedures to ensure residential childcare staff work to improved communication process.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed Residential CP Procedures.</li> <li>• Ensured any concerning information about a child is discussed with the area team without delay.</li> <li>• Reviewed CP training for residential child care staff.</li> </ul>	
<p><b>Review Interagency Child Protection procedures to consider: health professionals with appropriate skills and access to information should contribute to tri-partite initial discussions and early planning of all child protection referrals.</b></p>	<ul style="list-style-type: none"> <li>• Review West of Scotland Interagency Child Protection Procedures through the mechanism of the West Of Scotland CPC Chairs Consortium.</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss the IRD and tri-partite initial discussion at WoS Chairs group.</li> <li>• Discuss at CPC locally.</li> <li>• Ensure CPU Line is fully utilized.</li> </ul>
<p><b>Review CP Procedures and Information Sharing Protocols to ensure concerns regarding child protection issues are shared speedily between agencies.</b></p>	<ul style="list-style-type: none"> <li>• Contributed to local and national data sharing partnerships.</li> <li>• Implemented Integrated Assessment Framework (IAF).</li> <li>• Health information is now collated and accessible at the point of CP referral.</li> </ul>	<ul style="list-style-type: none"> <li>• Review West of Scotland Interagency Child Protection Procedures through the mechanism of the West Of Scotland CPC Chairs Consortium.</li> </ul>
<p><b>NHS Greater Glasgow and Clyde review protocols and procedures to ensure that the possibility of non-accidental explanations for presenting injuries are actively considered for all children.</b></p>	<ul style="list-style-type: none"> <li>• Requested Health partners to consider a review of single agency protocols and procedures.</li> <li>• Front line health staff now consider non-accidental explanations for presenting injuries.</li> </ul>	

## POLICIES, PROCEDURES AND PROTOCOLS (cont)

Objective	Progress Report	Business Plan 2008-09
<p>Develop a standard of information sharing regarding children between hospitals/health clinics to ensure relevant information or patterns of injury are not missed.</p>	<ul style="list-style-type: none"> <li>• Reviewed existing standards of information sharing between hospitals and identified areas for improvement.</li> <li>• Participated in Data Sharing Partnership.</li> <li>• Implement the CPU Line</li> </ul>	
<p>Develop a protocol that ensures children who fail to attend appointments at the VOL and RAH are followed up.</p>	<ul style="list-style-type: none"> <li>• Reviewed existing practice in the event a child fails to attend for an appointment, identify areas of weakness.</li> <li>• Developed an improved protocol.</li> </ul>	<p>✓ Brief staff on protocol and implement.</p>
<p>To improve information sharing between health visitors and G.Ps.</p>	<ul style="list-style-type: none"> <li>• Reviewed existing Information Sharing Protocol, identified areas of weakness.</li> <li>• Consulted with Health Visitors and GPs about information sharing issues.</li> </ul>	
<p>Historical injuries need to be reassessed in all cases where there are concerns that a presenting child's injuries may not be accidental, non accidental injury to siblings should also be considered.</p>	<ul style="list-style-type: none"> <li>• Review existing practice.</li> <li>• Develop a protocol for re-assessing historical injuries.</li> </ul>	
<p>Cease the current practice of using parents to transport the x-rays of children between the RAH and VOL.</p>	<ul style="list-style-type: none"> <li>• Explored alternative methods of transporting children.</li> <li>• Consulted with CPU (Yorkhill).</li> <li>• Alternative transportation arrangements are now in place.</li> </ul>	

## POLICIES, PROCEDURES AND PROTOCOLS (cont)

Objective	Progress Report	Business Plan 2008-09
<p><b>Children who present under five years and those with limited communication should always be seen by a paediatrician with expertise in child protection</b></p>	<ul style="list-style-type: none"> <li>Progressed this issue through WDC CHP and NHS GG &amp; Clyde</li> </ul>	
<p><b>Improve the information given to CP case conferences by GPs.</b></p>	<ul style="list-style-type: none"> <li>Developed and piloted a proforma in Alexandria.</li> <li>Reviewed and evaluate the proforma.</li> <li>Consulted with GPs.</li> </ul>	
<p><b>Review the role of school nurses in CP.</b></p>	<ul style="list-style-type: none"> <li>Reviewed the school nursing team and re-designed service delivery.</li> </ul>	<p>✓ Implement the recommendations from the review.</p>
<p><b>All child care concerns referred to SWD must be investigated and the child seen within 24 hours.</b></p>	<ul style="list-style-type: none"> <li>Reviewed existing practice in relation to child care concern referrals.</li> <li>Considered resource implications of investigating every child care concern referral and seeing every child within 24 hours.</li> <li>Considered drafting guidance on thresholds of risk and prioritization.</li> </ul>	
<p><b>Seek information from all agencies, including the police, in the case of a referral about child care concerns.</b></p>	<ul style="list-style-type: none"> <li>Reviewed existing practice in relation to child care concern referrals.</li> <li>Considered drafting joint protocols with Police on the investigation of child care concerns.</li> </ul>	

## POLICIES, PROCEDURES AND PROTOCOLS (cont)

Objective	Progress Report	Business Plan 2008-09
Develop local protocol for conducting a Significant Incident Review within the National Guidance.	<ul style="list-style-type: none"> <li>• Responded to The Scottish Executive's National Guidance.</li> <li>• Drafted a local protocol to identifying local response and potential members.</li> <li>• Considered training needs of potential SIR members.</li> <li>• Root Cause Analysis Training has been delivered to CPC members.</li> </ul>	
SWD seek urgent medical advice in all cases of child injury.	<ul style="list-style-type: none"> <li>• Reviewed existing practice in relation to minor injury.</li> <li>• Local protocol in place to supplement new procedures on how best to access medical advice.</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to support CPU Line</li> </ul>
Mandatory implementation of child protection procedures in all cases where there is an injury sustained by a child and an allegation that the injury has been caused non-accidentally. In all such cases a CP1 is completed and that paediatric/forensic medical is carried out as part of the investigation.	<ul style="list-style-type: none"> <li>• Reviewed existing practice in relation to response to injury plus allegation.</li> <li>• Implemented use of the CPU Line protocol.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Improvement of tripartite discussion re medical via CPU Line</li> </ul>
Social Work Standby Services and local authority Social Work Department ensure that in all cases when a child protection investigation is undertaken, the alleged perpetrator of the abuse is interviewed as part of the investigation.	<ul style="list-style-type: none"> <li>• Reviewed existing practice in relation to the interviews of alleged perpetrators.</li> <li>• Discussed issue with Standby Service.</li> </ul>	

## MANAGEMENT INFORMATION

Objective	Progress Report	Business Plan 2008-09
<p><b>Improve electronic information system for child care concern cases to ensure all information can be recorded, stored and shared electronically.</b></p>	<ul style="list-style-type: none"> <li>• Develop IT system for child care concern cases.</li> <li>• Implement IAF.</li> <li>• Contribute to Data Sharing Partnerships.</li> <li>• Ensure single agencies have their own records up to date.</li> <li>• Each agency holds up to date, accurate records.</li> </ul>	<p>✓ Continue to work with The Scottish Government on e-care and CP Messaging.</p>
<p><b>Decisions made by SW Managers regarding child abuse referrals are recorded in the case file.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed current recording practice.</li> <li>• Considered drafting standards of recording.</li> <li>• CP referral Checklist has been developed.</li> </ul>	
<p><b>To have accurate information on child protection statistics available which inform child protection practice, training, communication, planning and development of services.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed current single and inter agency statistical reporting mechanisms.</li> <li>• Reviewed the reasons for gathering and comparing statistics.</li> <li>• CP Statistics are linked to ICSP mechanisms.</li> </ul>	<p>✓ Review management information gathering, analysis and application.</p>
<p><b>Ensure emerging issues, from the Reform Programme or from public inquiries, which affect policies, procedures and protocol, are raised through Child Protection Committee.</b></p>	<ul style="list-style-type: none"> <li>• Review existing mechanisms for disseminating this information.</li> <li>• Link with national and West Of Scotland Chairs.</li> </ul>	

## QUALITY ASSURANCE

Objective	Progress Report	Business Plan 2008-09
<p><b>Minutes of child protection case discussions and conferences distributed within timescales.</b></p>	<ul style="list-style-type: none"> <li>• Minute of child protection case discussion are distributed in same timescale as child protection case conference (5 working days).</li> <li>• Team Leaders ensure CP discussion minutes are distributed within 5 working days.</li> <li>• Resource issues affecting admin are reported to Area Manager.</li> </ul>	
<p><b>Written information should always be submitted to CP meetings by all agencies.</b></p>	<ul style="list-style-type: none"> <li>• Monitoring bi-monthly audits will be circulated to each agency</li> <li>• Training needs analysis</li> <li>• Raise awareness of standards of practice</li> <li>• Review audit process</li> </ul>	<p>✓ Review of management information; gathering, analysis and application.</p>
<p><b>Child protection case conference minutes should always record absence of parents and young person and reason for this.</b></p>	<ul style="list-style-type: none"> <li>• Minute taker records absence of parents and young person and reasons for absence.</li> <li>• Raised awareness of standards of practice</li> </ul>	
<p><b>All agencies should submit a chronology of relevant information for CP meetings. This chronology should contain information relating to the child and where known, information relating to other people in the child's life, for example, any previous deaths of children or a mother's new partner.</b></p>	<ul style="list-style-type: none"> <li>• Each agency now uses a chronology in all child protection cases.</li> <li>• Staff have been brief on the need for a chronology of significant events.</li> </ul>	
<p><b>Interagency audit of each service in relation to procedures for responding to, recording and decision making in relation to referrals about child care concerns.</b></p>	<ul style="list-style-type: none"> <li>• Undertake interagency audit.</li> <li>• Identify areas of strength and weakness.</li> </ul>	<p>✓ Undertake interagency audit.</p>

## PROMOTION OF GOOD PRACTICE

Objective	Progress Report	Business Plan 2008-09
<p><b>Improve processes for immediate assessment of risk and ensure initial assessments are followed up with more comprehensive and holistic assessment of Risks and Needs.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed current processes.</li> <li>• Identified areas of strength and weakness.</li> <li>• Implemented IAF</li> <li>• Reviewed referral tools.</li> </ul>	<p>✓ Training impact assessment</p>
<p><b>When any agency is involved with a family where there is a pre-school child in the household, information must be shared with health professionals who have responsibility of the care of that pre-school child.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed existing practice.</li> <li>• Staff have been briefed.</li> </ul>	
<p><b>In all cases where there is an allegation of child abuse and a decision has been made not to proceed into child protection procedures, if further information or further allegations are made relating to the case there should be a re-assessment of all risk factors by the responsible manager concerned.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed current practice</li> </ul>	<p>✓ When WDC has revised Interagency Child Protection Procedures with West Of Scotland consortium.</p>
<p><b>SWD review risk assessment thresholds for implementing child protection procedures.</b></p>	<ul style="list-style-type: none"> <li>• Reviewed current practice</li> <li>• Reviewed current risk assessment tools</li> <li>• Implemented IAF</li> <li>• Reviewed CP Procedures</li> </ul>	<p>✓ Training needs analysis</p>

## PROMOTION OF GOOD PRACTICE

Objective	Progress Report	Business Plan 2008-09
<p>In all cases where children are presented for a medical examination during a child protection investigation, it is the clinician's responsibility to request pertinent information in relation to the allegation; any historical social background or history of concerns should be provided by the social work member of staff in attendance. Action should be taken to ensure all health staff dealing with children take an accurate contextual history to inform a risk assessment.</p>	<ul style="list-style-type: none"> <li>• Reviewed current practice.</li> <li>• Discussed this issue with WD CHP.</li> <li>• CPU Line in use.</li> </ul>	<p>✓ CP Quality Assurance.</p>
<p>Continue to improve services and processes relating to Domestic Abuse.</p>	<ul style="list-style-type: none"> <li>• Ensured implementation of WD Violence Against Women Partnership Strategy.</li> <li>• Pathfinder Pilot in Clydebank is linked to CPC.</li> </ul>	
<p>Ensure availability of doctors with appropriate training at all times to examine children who present with acute injuries which might be attributed to abuse and consistency in arrangements for undertaking medical examinations.</p>	<ul style="list-style-type: none"> <li>• Reviewed existing practice within NHS GG &amp; Clyde</li> <li>• Identified strengths and weaknesses</li> <li>• CPU Line in use.</li> </ul>	
<p>When health information is sought from other agencies health visitors and school nurses must in all cases access G.P. records for information on A &amp; E attendances prior to January 2007.</p>	<ul style="list-style-type: none"> <li>• Reviewed existing practice.</li> <li>• CPU Line in use.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Link to national and West of Scotland Chairs consortiums.</li> <li>✓ Develop systems for CP messaging with Data Sharing Partnership.</li> </ul>

## TRAINING AND STAFF DEVELOPMENT

Objective	Progress Report	Business Plan 2008-09
Ensure all staff are aware of the status and purpose of child protection case discussion or child protection case conference.	<ul style="list-style-type: none"> <li>• Ensured clarity of status of meetings.</li> <li>• Supplementary guidance on the status of child protection case discussion or case conference has been written.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Quality Assurance</li> </ul>
Ensure further training opportunities for CP Chairs.	<ul style="list-style-type: none"> <li>• Training for chairing child protection conferences to be identified and organised for all relevant managers</li> </ul>	<ul style="list-style-type: none"> <li>✓ Interagency Training Plan</li> </ul>
All Health Staff have undergone appropriate Child Protection Training and consider Child Protection to be their concern.	<ul style="list-style-type: none"> <li>• Foundation and level 3 training is undertaken by frontline health staff who have contact with children.</li> <li>• Formal child protection training for all doctors and nurses at RHSC is undertaken in accordance with new guidance.</li> <li>• Child protection awareness raising is included in all induction programmes.</li> <li>• Requested the medical director of the Community Health Partnership to ensure the inclusion of child protection training in the New G.P. Contract.</li> <li>• All practitioners working in adult services who see children are included in the group receiving mandatory child protection training.</li> </ul>	
Ensure a safe standard of clinical practice and awareness of child protection within Health.	<ul style="list-style-type: none"> <li>• NHS GG &amp; Clyde reviewed current practice of all clinical staff starting on the same day.</li> </ul>	
Develop and implement an Interagency Training Plan for 2007-2008.	<ul style="list-style-type: none"> <li>• Interagency Training Programme was developed and delivered.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Training Impact Assessment</li> <li>✓ 2008-09 interagency training plan.</li> </ul>

## COMMUNICATION AND CO-OPERATION

Objective	Progress Report	Business Plan 2008-09
<p><b>CPC to produce a communication strategy which will include production and dissemination of all child protection awareness raising material and information links to community events and use of local media.</b></p>	<ul style="list-style-type: none"> <li>• Communication strategy has been produced.</li> </ul>	<p>✓ Implement Communication Strategy.</p>
<p><b>Increase professional awareness of the roles and responsibilities of each agency.</b></p>	<ul style="list-style-type: none"> <li>• Interagency Staff Shadowing. As part of staff induction each agency should consider feasibility of shadowing between child care, police, health and education.</li> </ul>	<p>✓ Interagency Training Plan 2008-09</p>

## PLANNING AND CONNECTIONS

Objective	Progress Report	Business Plan 2008-09
<p><b>CPC ensure appropriate communication and information sharing with voluntary sectors, faith communities and clubs.</b></p>	<ul style="list-style-type: none"> <li>• Created a Voluntary Organisation data base</li> <li>• Established a Voluntary Organisation forum</li> <li>• Reviewed current involvement of voluntary sector in other children's planning mechanisms.</li> </ul>	<p>✓ Continue the Voluntary Sector Forum.</p>

## LISTENING TO CHILDREN AND YOUNG PEOPLE

Objective	Progress Report	Business Plan 2008-09
<p><b>Produce and distribute child centered information leaflets on child protection.</b></p>	<ul style="list-style-type: none"> <li>• Designed leaflets.</li> <li>• Continued participation in national child protection line workgroup.</li> </ul>	<p>✓ WD CPC Leaflets to be distributed.</p>
<p><b>Develop and implement a systematic approach to gathering views of children and families about services and use this information to ensure service improvement.</b></p>	<ul style="list-style-type: none"> <li>• Plan a feedback strategy for families involved in CP.</li> <li>• Consult young people about service improvement: Groupwork and LAAC.</li> <li>• Consult with Who Cares and Advocacy Projects about service improvement.</li> </ul>	<p>✓ Identify best practice in listening to children and young people through HMle inspection reports.</p>
<p><b>Develop skills and knowledge in working with children with disabilities who are involved in the child protection process.</b></p>	<ul style="list-style-type: none"> <li>• CPC planned services with Children With Disabilities Team.</li> <li>• Interagency training group reviewed training needs in this subject.</li> </ul>	<p>✓ Interagency Training Plan 2008-09</p>

## FULFILLING FUNCTIONS

### 1. PUBLIC INFORMATION

- The Child Protection Committee designed, printed and distributed 20,000 Safe Parenting handbooks. This universal, practical guide for parents was delivered to all households with children through schools, nurseries and health contacts.
- Public Information leaflets for children, parents and professionals have been written.
- The CPC has engaged the services of an IT consultant in order to design and host the CP website.
- A CPC Communications Strategy has been drafted and circulated for comments. West Dunbartonshire Council's Public Relations Department has been involved in offering advice and guidance on this.
- The CPC contributed to a leaflet distributed by the Community Safety Partnership which was delivered to every household in West Dunbartonshire. A page was devoted to Child Protection information.
- West Dunbartonshire has been actively involved in the Working Group, overseeing the implementation of the National Child Protection Line. Publicity on phone boxes has been featured in West Dunbartonshire. National awareness raising materials have been distributed and a local media campaign launched.
- The Child Protection Committee logo is consistently used on all Child Protection publications.
- The DVD made by West Dunbartonshire Schools about the Children's Charter is now an established part of the curriculum on our schools.
- The Pathfinder on Domestic Abuse has raised the profile of this issue and Dumbarton Academy has produced a DVD on Sexual Bullying which will be used extensively throughout the authority and has received National recognition.
- When the Public Information leaflets have been disseminated and the CPC website is operational it will be necessary to survey the community to measure if there has been a consequential rise in Child Protection awareness and referrals. This will be undertaken over a period of several months for the result to be meaningful, with a report to the CPC by December 2008 at the earliest.

## **FULFILLING FUNCTIONS (cont)**

### **2. POLICIES, PROCEDURES AND PROTOCOLS**

- Through the West of Scotland Child Protection Chairs Consortium, West Dunbartonshire has been involved in the process of commissioning the review of the Inter-agency Child Protection Procedures. Funding has been committed by West 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 are currently being reviewed. There is evidence of considerable improvement in the joint work undertaken as a result of the introduction of the Policy and Procedures.
- 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 East 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.
- Protocols around Special Needs in Pregnancy are well-established and this service was selected to pilot the Integrated Assessment Framework.
- Inter-agency Risk Assessment and Risk Management has been examined by a Sub-group of the C.P.C. A number of models and tools were considered and the Sub-group concluded that the tools currently utilised are fit for purpose. Training for staff on Risk Assessment and Thresholds has been 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.
- Parents no longer have responsibility of transportation of X-rays between Health facilities.

## **FULFILLING FUNCTIONS (cont)**

### **2. POLICIES, PROCEDURES AND PROTOCOLS (cont)**

- 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.
- In order to address issues identified regarding knowledge of Child Protection amongst residential staff and foster carers a training programme was devised and four training sessions delivered to residential workers and foster carers. There is regular input on safe caring to foster carers and training will be delivered to residential workers as required.
- 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 has been delivered.
- An issue identified through a Significant Incident Review regarding the need to always ensure that an alleged perpetrator was interviewed as part of a Child Protection Investigation by Stand-by. A meeting has taken place with the Manager of the Stand-by Service and this is now being addressed.
- 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 (Emergency Department Information System) 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 Minor Injuries Clinic at the Vale of Leven Hospital.
- A protocol to address the issue of follow up for children who fail to attend appointments is out for consultation.

## **FULFILLING FUNCTIONS (cont)**

### **3. MANAGEMENT INFORMATION**

- Statistical audits are carried out every six months and a full analytical discussion is held at the CPC. Local and National comparisons are made.
- CPC members have an overview of management information relating to CPC activity.
- Full statistical information is reported to the Chief Officers' Group. 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.
- 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 CPC. The National Meeting is always attended by a member of West Dunbartonshire CPC with issues arising at the National Meeting, being a regular item on the CPC Agenda.

## **FULFILLING FUNCTIONS (cont)**

### **4. QUALITY ASSURANCE**

- There has been improvement in having Minutes of Case Conferences and Case Discussions distributed within timescales. This is monitored through the auditing of all Child Protection paperwork and there is an improving trend. This information is reported six-monthly and is reviewed by the Child Protection Co-ordinator, the Area Manager and Team Leaders.
- The auditing of Child Protection paperwork also shows an improving trend in the provision of written information to Child Protection Meetings by all agencies.
- Child Protection Case Conference Minutes now almost always 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 are now working towards having chronologies available. Education have an electronic method of doing this and training has been devised for all Head Teachers.
- Discussions have taken place with Strategy Staff to develop a research tool, to be used on both a regular and annual basis, to gather the views of both parents and young people about the Child Protection process. A questionnaire for parents has been drafted and they would be asked to comment on the process following de-registration of their child's name.

## FULFILLING FUNCTIONS (cont)

### 5. PROMOTION OF GOOD PRACTICE

- West Dunbartonshire CPC has a mechanism in place for disseminating lessons from past and current practice.
- West Dunbartonshire contributes to the West of Scotland Chairs Consortium and the National Chairs' Meeting.
- The CPC has reviewed the Risk Assessment tool in use and has endorsed the use of the current tool. Staff have been made aware of this.
- 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.
- The Pathfinder Pilot in Clydebank has significantly altered the way that Domestic Abuse Referrals are being dealt with. Lessons from the Pilot will be used to inform practice across the authority.
- Guidance has been issued, clarifying the status of Child Protection Case Discussions and Child Protection Case Conferences.
- This includes Case Discussions held in cases where there are no Child Protection concerns. This good practice guidance has been distributed to all Chairs of Child Protection Case Conferences.
- Within West Dunbartonshire, Child Protection Case Conferences are always chaired by experienced Managers and Senior Social Workers are always present at Conferences. Comprehensive guidance for Chairs of Child Protection Case Conferences has been issued.
- Guidance for staff involved in supporting a Joint Investigative Interview has been issued.
- Standard Operating Procedures introduced in Acute health settings ensure that full background information is taken.
- Children can be seen if required by a doctor with specialist appropriate training.

## **FULFILLING FUNCTIONS (cont)**

### **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.
- The CPC has a well-established Inter-agency Training Sub Group which undertakes Training Needs Analysis, plans an Inter-agency Training Programme and delivers Child Protection Training.
- 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.
- Local inter-agency Child Protection Network Meetings are held three times a year. The meetings generate their own training agenda which is then facilitated by CPC members.
- West Dunbartonshire's CPC continues to fund a share of a post dedicated to the provision of Joint Investigative Interviewing. This course is based at Strathclyde Police Force Training Centre at Jackton.
- Child Protection Training includes staff within Social Work who are not based within Children and Families' Teams. Criminal Justice Staff, Mental Health Staff and Addiction Staff are all included in the training.
- The Getting Our Priorities Right Protocol is currently being reviewed and it is expected that further training will be required, following that review.

## **FULFILLING FUNCTIONS (cont)**

### **7. COMMUNICATION AND CO-OPERATION**

- West Dunbartonshire C.P.C. is committed to effective communication and co-operation, both within West Dunbartonshire, amongst Partner Agencies and with neighbouring authorities and National Bodies.
- The shared Child Protection Lead Officer's post with East Dunbartonshire Council continues to offer opportunities to share and learn from a wider Network.
- CPC Communication Strategy covers a wide range of strategies for improving communication and co-operation and this will be actively pursued over the coming year.

### **8. PLANNING AND CONNECTIONS**

- The CPC has membership from a wide range of departments and agencies. In addition, members of the CPC are involved in other related forums, for example, the Community Safety Partnership, Multi-agency Public Protection Arrangements, the High Risk Offenders Forum, Getting Our Priorities Right Review Group, Drug and Alcohol Forum and Strategy Group on Young People's Mental Health and Well-being.
- The CPC is actively-involved in the work of the Integrated Assessment Framework Pilot and the Pathfinder for Domestic Abuse.

## **FULFILLING FUNCTIONS (cont)**

### **9. LISTENING TO CHILDREN AND YOUNG PEOPLE**

- Considerable work has been undertaken over the past year to address this area of activity which was identified as a particular issue in last year's Work Plan. A number of systematic approaches to gathering the views of children and their families and subsequently using this information to plan and develop services have been considered.
- The CPC 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.
- Guidance for staff involved in supporting a Joint Investigative Interview has been developed by Social Work, Health and Education Staff and has also been distributed. This includes guidance on communicating with children with communication problems or a disability.
- Social Work and Education Staff attended "In My Shoes" Training which proved to be beneficial. Feedback from staff was positive and this tool is considered to offer a framework for therapeutic work with children and young people. Early indications are that using this tool would improve the involvement of children in decisions about their lives.
- The use of "Viewpoint" is also being considered. Other authorities who are using this tool have been contacted and feedback has been very favourable about its application and value in obtaining the views of children and young people. Subsequently a demonstration has been offered to an Inter-agency Group in West Dunbartonshire and initial views are that this would be a very effective tool.
- The CPC has allocated the necessary funding from last year's budget to purchase both "In My Shoes" and "Viewpoint".
- Leaflets for children and young people are currently being printed.
- Comprehensive guidance on all aspects of communicating with children and eliciting their views is contained in the document Consulting Children and Young People: A Practice Guideline which has been developed within West Dunbartonshire by a group, chaired by one of Education's Psychologists.

## **FULFILLING FUNCTIONS (cont)**

### **9. LISTENING TO CHILDREN AND YOUNG PEOPLE**

- In our Early Education and Child Care Centres, all staff have been trained in circle time which gives children the opportunity to talk about things that upset them in nursery or at home. This has been a rolling programme of training which has now been completed.
- A teaching pack on both of these has been developed and distributed to all Early Education and Child Care Centres. This helps develop Respect, Empathy and Resilience in children. A programme of training for staff on attachment is planned for session 2008-2009. The first 3 years are crucial as if we become mistuned children we develop into mistuned adults. This programme promotes well-being, both mental and physical. It also looks at aspects of responsive care and relationships.

# Future Planning

## Business Plan April 2008 - March 2009

### Introduction

West Dunbartonshire Child Protection Committee has identified the following areas for action throughout the coming year. These areas for improvement have been agreed by the Child Protection Committee. 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 and includes estimated expenditure for each objective based on last year's figures.

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

- CPC ..... Child Protection Committee
- WD CHP ..... West Dunbartonshire Community Health Partnership
- PI ..... Public Information Sub Group
- LO ..... Lead Officer Child Protection
- WD Ed ..... West Dunbartonshire Council Education Department
- GIRFEC ..... Getting it Right For Every Child
- PPP ..... Policies, Protocols and Procedures Sub Group
- IAF ..... Integrated Assessment Framework
- SCRA ..... Scottish Children's Reporters Administration
- IAT ..... Interagency Training Sub Group

## 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
<b>Design and create CPC website with children's pages.</b>	<ul style="list-style-type: none"> <li>• Design website with information for young people and for families.</li> <li>• Multi media campaign raising awareness of Child Protection issues within the community.</li> <li>• Design website with interactive media for young people.</li> </ul>	PI LO	September 2008	Finance Group creative time Design action plan IT Skills IT Consultation	<ul style="list-style-type: none"> <li>✓ WD CPC has a live website.</li> <li>✓ Referral rates from the community rise in number.</li> <li>✓ Number of hits on the website.</li> <li>✓ CP policies and procedures are available through web links.</li> </ul>
<b>Distribution of information leaflets for families, children and for staff.</b>	<ul style="list-style-type: none"> <li>• Website information.</li> <li>• Distribute written information through education, health and social work pathways.</li> </ul>	PI LO	September 2008	Finance Distribution action plan. IT Skills Logistical support	<ul style="list-style-type: none"> <li>✓ Each agency will have leaflets available for staff emphasising their child protection responsibilities.</li> <li>✓ Referral rates will rise from teams whose main focus is to provide services to adults.</li> <li>✓ Each child and family in WD will have written information regarding child protection contacts and processes.</li> <li>✓ Evidence increased awareness from survey and questionnaires.</li> </ul>
<b>Publicise achievements in local press.</b>	<ul style="list-style-type: none"> <li>• Issue press releases twice a year.</li> </ul>	PI LO	March 2009	Finance Liaison with Public Relations in each agency. IT Skills	<ul style="list-style-type: none"> <li>✓ Each household receives copies of the free local paper containing information relating to CPC business.</li> <li>✓ Response to articles.</li> <li>✓ Citizen's Panel feedback.</li> </ul>
<b>Display CP promotional material in public areas</b>	<ul style="list-style-type: none"> <li>• Display CP information in Education establishments, Council Offices, Libraries, CECs, Health Centres, Leisure Facilities and Police Stations.</li> </ul>	PI LO	September 2008	Finance CPC Member Time	<ul style="list-style-type: none"> <li>✓ Regular standardised displays of materials in each agency.</li> <li>✓ Numbers of leaflets and posters required.</li> </ul>

## PUBLIC INFORMATION (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
<b>Support the service provided by the national CP Line.</b>	<ul style="list-style-type: none"> <li>• Display promotional material.</li> <li>• Support the national CP Line Working Group.</li> </ul>	PI LO	March 2009	Finance CPC Member Time Logistical support	<ul style="list-style-type: none"> <li>✓ Each agency displays national materials.</li> <li>✓ Rise in referral rates to CP line.</li> </ul>
<b>Prevent the occurrence of domestic violence.</b>	<ul style="list-style-type: none"> <li>• Continue to build on the work of the Domestic Abuse Pathfinder.</li> <li>• Educate young people on the issues of domestic abuse, bullying and sexual assault.</li> </ul>	PI LO WD Ed	March 2009	Finance CPC Member Time Single agency contribution to Pathfinder Board. Education staff time Linking with Women's Aid Linking with Reduce Abuse Project	<ul style="list-style-type: none"> <li>✓ Each victim of Domestic Abuse receives appropriate support.</li> <li>✓ Secondary school pupils participate in "To Have and To Hold" workshops.</li> <li>✓ Domestic Abuse Education packs distributed to all secondary schools.</li> <li>✓ Peer support programmes.</li> </ul>
<b>Protect children from online exploitation</b>	<ul style="list-style-type: none"> <li>• Increase awareness of online exploitation</li> <li>• Educate young people, parents and teachers on the dangers associated with the internet and mobile technology.</li> </ul>	PI LO WD Ed	March 2009	Finance CPC Member Time Education Staff Time Linking with CEOP	<ul style="list-style-type: none"> <li>✓ Young people are aware of "Think U Know" Campaign.</li> <li>✓ Young People have seen "Cyberspyder".</li> <li>✓ Education Staff have received training on the CEOP materials.</li> </ul>

## 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><b>Continue to implement the GIRFEC agenda.</b></p>	<ul style="list-style-type: none"> <li>• Build upon existing multi agency work.</li> <li>• Strengthen joint work in cases where parents have a learning disability or mental health problem.</li> </ul>	<p>CPC GIRFEC</p>	<p>March 2009</p>	<p>Finance Training CPC Member Time Training Needs analysis</p>	<ul style="list-style-type: none"> <li>✓ Each child who requires it in WD has a multi agency plan addressing their needs and identifying appropriate supports.</li> <li>✓ Parents and carers have appropriate access to professional supports according to their needs.</li> </ul>
<p><b>Implement the revised West Of Scotland interagency CP procedures.</b></p>	<ul style="list-style-type: none"> <li>• Contribute to the working group established to oversee the revision.</li> <li>• Launch the revised procedures.</li> <li>• Ensure all staff in each agency receive training on the revised procedures.</li> </ul>	<p>CPC</p>	<p>March 2009</p>	<p>CPC Member Time Finance Training Plan Logistical Support Hospitality</p>	<ul style="list-style-type: none"> <li>✓ Revised WoS Interagency CP Procedures are operational.</li> </ul>
<p><b>Implement a WD CPC SIR protocol within the national guidance.</b></p>	<ul style="list-style-type: none"> <li>• Write the local protocol</li> <li>• Brief and consult CPC Members</li> <li>• Train SIR members on Root Cause Analysis</li> </ul>	<p>PPP</p>	<p>September 2008</p>	<p>CPC Member Time Finance Briefing Plan Training Plan</p>	<ul style="list-style-type: none"> <li>✓ WD CPC have an operational SIR protocol</li> </ul>

## 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
<b>Implement the protocol that ensures children who fail to attend appointments at the VOL and RAH are followed up.</b>	<ul style="list-style-type: none"> <li>• Implement the revised protocol</li> </ul>	WDC CHP	December 2008	CHP/CPC Member time. Admin support. Liaison with VOL and RAH. Training needs analysis.	<ul style="list-style-type: none"> <li>✓ When staff have attended an awareness raising event on the new protocol.</li> <li>✓ When children failing to attend are followed up.</li> </ul>
<b>Implement the findings of the Health Visitor and School Nursing review</b>	<ul style="list-style-type: none"> <li>• Ensure quality information is shared inter and intra agency.</li> </ul>	WDC CHP	March 2009	CHP Member Time Briefing plan	<ul style="list-style-type: none"> <li>✓ Monitor quality of information shared on an inter and intra agency basis.</li> </ul>
<b>Improve the information given to CP case conferences by GPs.</b>	<ul style="list-style-type: none"> <li>• Consult with GPs.</li> <li>• Research best practice as identified by HMIe Inspections</li> </ul>	WDC CHP	March 2009	CPC/CHP member time. Admin support. Consultation time. Monitoring mechanisms.	<ul style="list-style-type: none"> <li>✓ When GPs consistently submit relevant information to Child Protection Case Conference.</li> <li>✓ When the processes are implemented throughout the WD CPC area.</li> </ul>
<b>Improve early sharing of information and tri-partite discussion for cp referrals.</b>	<ul style="list-style-type: none"> <li>• Consider IRD model.</li> <li>• Ensure tri-partite discussion takes place.</li> <li>• Ensure CPU line is fully utilized.</li> </ul>	CPC	September 2008	CPC Member time. Staff briefing.	<ul style="list-style-type: none"> <li>✓ Every CP referral in WD is referred to CPU line asap.</li> <li>✓ Decisions to medical a child are 3 way.</li> <li>✓ Health needs are fully assessed as standard practice in all cp referrals.</li> </ul>

## 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
<p><b>Continue with the phased implementation of the Integrated Assessment tools.</b></p>	<ul style="list-style-type: none"> <li>• Continue to train staff.</li> <li>• Build upon existing multi agency relationships.</li> <li>• Continue to progress national agendas.</li> </ul>	<p>CPC IAF SCRA</p>	<p>March 2009</p>	<p>Time Finance Training needs analysis Training impact assessment</p>	<ul style="list-style-type: none"> <li>✓ Each child who requires it in WD has an IAF when appropriate.</li> <li>✓ Quality information is shared appropriately.</li> <li>✓ IAF tools are evaluated.</li> </ul>
<p><b>Identify best practice in the gathering, analysis and application of management information.</b></p>	<ul style="list-style-type: none"> <li>• Research findings of HMle Inspection.</li> <li>• Contribute to the collaborative work undertaken by the national LO group.</li> </ul>	<p>LO</p>	<p>March 2009</p>	<p>Finance Time Impact Assessment Training</p>	<ul style="list-style-type: none"> <li>✓ Examples of best practice have been identified.</li> <li>✓ Appropriate statistical data is available and used to inform the planning and delivery of future cp services.</li> </ul>

## 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
<b>Impact Assessment of Interagency CP Training</b>	<ul style="list-style-type: none"> <li>Evaluate the impact of interagency training delivered in the last 12 months.</li> <li>Consult staff</li> </ul>	IAT LO	August 2008	Time Survey Tools	<ul style="list-style-type: none"> <li>✓ Impact assessment complete.</li> <li>✓ Areas of weakness identified.</li> <li>✓ Future training needs identified.</li> </ul>
<b>Impact assessment of public information</b>	<ul style="list-style-type: none"> <li>Evaluate the impact of public information</li> <li>Consult young people and their families</li> </ul>	PI LO	March 2009	Time Survey Tools	<ul style="list-style-type: none"> <li>✓ Impact assessment complete</li> <li>✓ Areas of weakness identified.</li> <li>✓ Future media opportunities identified.</li> <li>✓ Increased referral rates.</li> </ul>
<b>Self Evaluation of CP services and processes</b>	<ul style="list-style-type: none"> <li>Self evaluate using the “How well am I protected and my needs met” tools.</li> <li>Assess impact of previous HMIe inspection.</li> <li>Prepare for follow up inspection.</li> </ul>	CPC	March 2009	Time Self Evaluation Tools Action Plan	<ul style="list-style-type: none"> <li>✓ Areas of improvements and strengths are identified.</li> <li>✓ Areas for further development are identified.</li> </ul>
<b>Interagency audit of each service in relation to procedures for responding to, recording and decision making in relation to referrals about child care concerns.</b>	<ul style="list-style-type: none"> <li>Undertake interagency audit.</li> <li>Identify areas of strength and weakness.</li> </ul>	CPC	March 2009	CPC Members' Time Interagency audit	<ul style="list-style-type: none"> <li>✓ When an interagency audit has been completed.</li> <li>✓ When areas of weakness have been identified.</li> </ul>
<b>Regular audit of cp interagency processes and outcomes</b>	<ul style="list-style-type: none"> <li>Regularly audit all cp paperwork</li> <li>Review audit processes</li> </ul>	CPC	March 2009	CPC Members' Time Interagency audit	<ul style="list-style-type: none"> <li>✓ When an interagency audit has been completed.</li> <li>✓ When areas of weakness have been identified.</li> </ul>

## 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
<b>Improve emotional literacy for children and young people</b>	<ul style="list-style-type: none"> <li>• Further roll out of staff training on this issue.</li> <li>• Support children in the development of empathy and successful relationship building.</li> </ul>	<p style="text-align: center;">CPC WDC Ed</p>	<p style="text-align: center;">March 2009</p>	<p>ED staff time Finance</p>	<ul style="list-style-type: none"> <li>✓ Children are further supported in the development of healthy relationships.</li> </ul>
<b>Identify examples of best practice</b>	<ul style="list-style-type: none"> <li>• Research HMle Inspection findings.</li> <li>• Liaise with other CPCs</li> <li>• Contribute to the work undertaken by national LO.</li> </ul>	<p style="text-align: center;">CPC LO</p>	<p style="text-align: center;">September 2009</p>	<p>Time Consultation</p>	<ul style="list-style-type: none"> <li>✓ Identify examples of best practice.</li> <li>✓ Consult CPC members on local applicability.</li> <li>✓ Learn lessons from research.</li> </ul>

## 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><b>Develop better services for children by increasing skills of practitioners in all services.</b></p>	<ul style="list-style-type: none"> <li>Continue the work undertaken by the Interagency Training Group</li> </ul>	IAT	March 2009	Time Training needs analysis Training plan Training budget	<ul style="list-style-type: none"> <li>✓ Staff supervision</li> <li>✓ PDP processes</li> <li>✓ Training impact assessment</li> </ul>
<p><b>Continue to improve initial and risk assessment processes for all key agency staff.</b></p>	<ul style="list-style-type: none"> <li>Continue the work undertaken by the Interagency Training Group</li> </ul>	IAT	March 2009	Time Training needs analysis Training plan Training budget	<ul style="list-style-type: none"> <li>✓ Staff supervision</li> <li>✓ PDP processes</li> <li>✓ Training impact assessment</li> </ul>
<p><b>Develop and implement an Interagency Training Plan for 2008-2009</b></p>	<ul style="list-style-type: none"> <li>Identify training needs</li> <li>Plan and deliver appropriate training</li> <li>Consider the feasibility of staff shadowing</li> </ul>	IAT	March 2009	Time Training needs analysis Training plan Training budget	<ul style="list-style-type: none"> <li>✓ Training plan is available to CPC</li> <li>✓ Delivery of training has commenced</li> </ul>

**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 align="center"><b>Improve collaborative working between partner agencies.</b></p>	<ul style="list-style-type: none"> <li>Continue to facilitate good networking through joint training, practitioner forums and staff briefings.</li> </ul>	<p align="center">CPC IAT</p>	<p align="center">March 2009</p>	<p>Time Finances</p>	<ul style="list-style-type: none"> <li>✓ Staff survey</li> <li>✓ Attendance at networks</li> <li>✓ Training evaluations</li> </ul>

## 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><b>CPC continue to build on existing relationships through the Voluntary Sector Forum.</b></p>	<ul style="list-style-type: none"> <li>• Review current involvement of voluntary sector in other children's planning mechanisms.</li> <li>• Convene Voluntary Sector Forum twice per year.</li> </ul>	<p>CPC</p>	<p>March 2009</p>	<p>CPC Members' Time Admin support Communication strategy</p>	<ul style="list-style-type: none"> <li>✓ Attendance at the forum</li> <li>✓ Feedback from forum</li> </ul>
<p><b>Continue to make CP training available to Voluntary Sector, Faith Communities and Clubs.</b></p>	<ul style="list-style-type: none"> <li>• Provide CP training resources as appropriate</li> </ul>	<p>CPC IAT</p>	<p>March 2009</p>	<p>CPC Members' Time Admin support Communication strategy Interagency Training Plan</p>	<ul style="list-style-type: none"> <li>✓ Training needs analysis</li> <li>✓ Training impact assessment.</li> </ul>
<p><b>Ensure mechanisms are in place for the electronic sharing of child protection information.</b></p>	<ul style="list-style-type: none"> <li>• Contribute to the work of the Data Sharing Partnership.</li> <li>• Participate in the national child protection messaging work.</li> </ul>	<p>CPC CHP NHS GG&amp;C</p>	<p>March 2009</p>	<p>CPC Member's Time CHP Member's Time Finance</p>	<ul style="list-style-type: none"> <li>✓ Connections with Data Sharing Partnership.</li> <li>✓ Consideration of technical options.</li> </ul>

## 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
<b>Routinely seek views of children and young people regarding cp services</b>	<ul style="list-style-type: none"> <li>• Seek views on an individual basis.</li> <li>• Seek views through multi media (Viewpoint, website)</li> <li>• Establish focus groups</li> </ul>	CPC	March 2009	CPC Staff Time Finances IT Consultation	<ul style="list-style-type: none"> <li>✓ Views of children are routinely sought.</li> <li>✓ Services are changed and improved according to the reported views of children.</li> </ul>
<b>Identify best practice with regards to evidencing listening to children and young people</b>	<ul style="list-style-type: none"> <li>• Research HMle Inspection report findings</li> <li>• Continue to support the work undertaken by the national LO group.</li> </ul>	LO CPC	March 2009	Time Finances	<ul style="list-style-type: none"> <li>✓ Examples of best practice are identified.</li> <li>✓ Local applicability is considered by CPC.</li> </ul>

## **Conclusion**

In West Dunbartonshire our Child Protection Committee provides a strategic overview 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 Child Protection Committee as among other activity we completed our self evaluation, underwent HMle Inspection, completed a Significant Case Review, implemented an intensive interagency training programme, wrote our communication strategy which focuses 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.

All our Child Protection Committee activity is multi-agency and involves partners working together, levels of commitment and motivation cannot be underestimated. Amongst CPC 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 West 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**

**CPC Membership**

<b>CPC MEMBERSHIP – CHILD PROTECTION COMMITTEE</b>				
<i>Page 1 of 5</i>				
<b>Name &amp; Designation within own Agency</b>	<b>Role within Child Protection Committee</b>	<b>Address</b>	<b>Tel No.</b>	<b>Email Address</b>
<b>Anne Ritchie</b> Head of Social Work Operations	<ul style="list-style-type: none"> <li>• Member – Chair</li> <li>• Chair of the Self Evaluation Sub Group</li> </ul>	WDC Council Offices Garshake Road, Dumbarton G82 3PU	01389 737709	<a href="mailto:anne.ritchie@west-dunbarton.gov.uk">anne.ritchie@west-dunbarton.gov.uk</a>
<b>Lynn Townsend</b> Head of Service Education & Cultural Services	<ul style="list-style-type: none"> <li>• Member – Vice Chair</li> <li>• Chair of Significant Incident Review Group</li> <li>• Member of the Self Evaluation Sub Group</li> <li>• Chair of the Public information and Involvement of Children and Families</li> </ul>	WDC Council Offices Garshake Road, Dumbarton G82 3PU	01389 737387	<a href="mailto:lynn.townsend@west-dunbartons.gov.uk">lynn.townsend@west-dunbartons.gov.uk</a>
<b>Carol Bews</b> Child Protection Nurse Specialist	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of Interagency Training sub group.</li> <li>• CP Network Co-ordinator.</li> <li>• Member of the Self Evaluation Sub Group.</li> <li>• Member of Significant Case Review group.</li> <li>• CP Trainer</li> </ul>	Acorn Centre - Vale of Leven District General Hospital Main Street Alexandria G83 0UA	01389 817344	<a href="mailto:carol.bews@nhs.net">carol.bews@nhs.net</a>
<b>Eric Brown</b> Child Protection Co-ordinator	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of Interagency Training sub group.</li> <li>• Member of Significant Incident Review Group.</li> <li>• Member of Self Evaluation sub group.</li> <li>• CP trainer</li> <li>• Chair of the Monitoring and Evaluation Sub Group</li> </ul>	WDC Social Work Dept. 7 Bruce Street Clydebank G81 1TT	0141 951 6191	<a href="mailto:eric.brown@west-dunbarton.gov.uk">eric.brown@west-dunbarton.gov.uk</a>

**CPC MEMBERSHIP – CHILD PROTECTION COMMITTEE**

<b>Name &amp; Designation within own Agency</b>	<b>Role within Child Protection Committee</b>	<b>Address</b>	<b>Tel No.</b>	<b>Email Address</b>
<b>Chris Docherty</b> Authority Reporter SCRA	<ul style="list-style-type: none"> <li>• Member</li> <li>• Chair of Interagency training sub group.</li> <li>• Member of Significant Incident Review group.</li> <li>• CP Trainer</li> </ul>	55 Church Court Dumbarton G82 1SU	01389 764268	<a href="mailto:christopher.docherty@scra.gsx.gov.uk">christopher.docherty@scra.gsx.gov.uk</a>
<b>Alice Dow</b> Resource and Monitoring Officer (BNSF)	<ul style="list-style-type: none"> <li>• Member</li> <li>• Statistical analyst.</li> </ul>	WDC SW Strategy Section, 7 Bruce Street, Clydebank, G81 1TT	0141 951 6131	<a href="mailto:alice.dow@west-dunbarton.gov.uk">alice.dow@west-dunbarton.gov.uk</a>
<b>Dr Falteous</b> Community Paediatrician Acorn Centre	<ul style="list-style-type: none"> <li>• Member</li> </ul>	Acorn Centre, Vale of Leven District General Hospital, Main Street, Alexandria, G83 0UA	01389 754121	<a href="mailto:amgaad.falteou@nhs.net">amgaad.falteou@nhs.net</a>
<b>Campbell Farquharson</b> Detective Inspector	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Self Evaluation Sub Group.</li> <li>• Member of the Significant Incident Review Group.</li> </ul>	Strathclyde Police, 50 Montrose Street, Clydebank, G81 2QD	0141 532 3412	<a href="mailto:campbell.farquharson@strathclyde.pnn.police.uk">campbell.farquharson@strathclyde.pnn.police.uk</a>
<b>Maureen Livingstone</b> Senior Social Worker Criminal Justice WDC	<ul style="list-style-type: none"> <li>• Member</li> </ul>	WDC, Criminal Justice Team, Municipal Buildings, Dumbarton, G82	01389 738484	<a href="mailto:maureen.livingstone@west-dunbarton.gov.uk">maureen.livingstone@west-dunbarton.gov.uk</a>
<b>Anne Marie McDonald</b> Area Manger Social Work Services WDC	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of Self Evaluation Sub Group</li> <li>• Chair of the Organisation of Case Conferences Sub Group</li> </ul>	WDC SWD, Council Offices, Rosebery Place, Clydebank, G81 1TG	0141 562 8800	<a href="mailto:annemarie.mcdonald@west-dunbarton.gov.uk">annemarie.mcdonald@west-dunbarton.gov.uk</a>

## CPC MEMBERSHIP – CHILD PROTECTION COMMITTEE

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<b>Name &amp; Designation within own Agency</b>	<b>Role within Child Protection Committee</b>	<b>Address</b>	<b>Tel No.</b>	<b>Email Address</b>
<b>Winnie McHugh</b> Integration Strategy Officer for Children's Services WDC SWD	<ul style="list-style-type: none"> <li>• Member</li> </ul>	Social Work Department, 7 Bruce Street, Clydebank, G81 1TT	0141 951 6132	<a href="mailto:winnie.mchugh@west-dunbarton.gov.uk">winnie.mchugh@west-dunbarton.gov.uk</a>
<b>Morag Pettigrew</b> Link Child Protection Health Visitor	<ul style="list-style-type: none"> <li>• Member</li> <li>• Child Protection network co-ordinator</li> <li>• Member of Self Evaluation Sub Group</li> <li>• Member of Interagency Training Sub Group</li> <li>• CP trainer.</li> </ul>	Clydebank Health Centre, Kilbowie Road, Clydebank, G81 2TQ	0141 531 6400	<a href="mailto:morag.pettigrew@glacomen.scot.nhs.uk">morag.pettigrew@glacomen.scot.nhs.uk</a>
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<b>Frank Galbraith</b> Sergeant	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Interagency Training sub group</li> </ul>	Strathclyde Police, Family Protection Unit, 50 Montrose Street, Clydebank, G81 2QD	0141 532 3327	<a href="mailto:frank.galbraith@strathclyde.pnn.police.uk">frank.galbraith@strathclyde.pnn.police.uk</a>
<b>Jim Watson</b> Principal Officer Child Care	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Significant Incident Review Group.</li> </ul>	WDC SWD, 7 Bruce Street, Clydebank, G81 1TT	0141 951 6195	<a href="mailto:Jim.watson@west-dunbarton.gov.uk">Jim.watson@west-dunbarton.gov.uk</a>

## CPC MEMBERSHIP – CHILD PROTECTION COMMITTEE

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<b>Name &amp; Designation within own Agency</b>	<b>Role within Child Protection Committee</b>	<b>Address</b>	<b>Tel No.</b>	<b>Email Address</b>
<b>Gerry Neal</b> Child Protection Officer	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Self Evaluation Sub Group</li> <li>• Member of the Interagency Training Sub Group</li> <li>• Member of the Significant Incident Review Group.</li> <li>• CP Network Co-ordinator</li> <li>• CP trainer</li> </ul>	Education Development and Support Unit, Craigpark Street, Faifley, G81 5BS	01389 890011	<a href="mailto:gerry.neal@west-dunbarton.gov.uk">gerry.neal@west-dunbarton.gov.uk</a>
<b>Annie Hair</b> West Dunbarton Community Health Partnership	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Self Evaluation Sub Group</li> <li>• Member of the Significant Case Review Group</li> <li>• Chair of the Health issues Sub Group</li> </ul>	West Dunbarton Community Health Partnership, Hartfield Clinic, Latta Street, Dumbarton, G82 2DD.	01389 812328	<a href="mailto:Annie.hair@nhs.net">Annie.hair@nhs.net</a>
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<b>William Thornton</b> Superintendent Strathclyde Police	<ul style="list-style-type: none"> <li>• Member</li> </ul>	Strathclyde Police, L Division, Stirling Road, Dumbarton, G82 3PT	01389 822050	<a href="mailto:william.thornton@strathclyde.pnn.police.uk">william.thornton@strathclyde.pnn.police.uk</a>
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## CPC MEMBERSHIP – CHILD PROTECTION COMMITTEE

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<i>Name &amp; Designation within own Agency</i>	<i>Role within Child Protection Committee</i>	<i>Address</i>	<i>Tel No.</i>	<i>Email Address</i>
<p><b>Claire Carthy</b> Lead Officer Child Protection</p>	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Self Evaluation Sub Group</li> <li>• Member of the Interagency Training Sub Group</li> <li>• Child Protection Network Co-ordinator</li> <li>• CP trainer.</li> <li>• Chair of the Policy and Procedures Sub Group</li> </ul>	<p>WDC SWD, 7 Bruce Street, Clydebank, G81 1TT</p>	<p>0141 951 6201</p>	<p><a href="mailto:claire.carthy@west-dunbarton.gov.uk">claire.carthy@west-dunbarton.gov.uk</a></p>
<p><b>James O'Neill</b> Team Leader WDC Children and Families</p>	<ul style="list-style-type: none"> <li>• Member</li> <li>• Member of the Self Evaluation Sub Group</li> <li>• Member of the Interagency Training Sub Group</li> <li>• CP Trainer</li> </ul>	<p>WDC SWD 4 Church Street Alexandria</p>	<p>01389 608080</p>	<p><a href="mailto:James.o'neill@west-dunbarton.gov.uk">James.o'neill@west-dunbarton.gov.uk</a></p>
<p><b>Bill Clark</b> Director Social Work Department WDC</p>	<ul style="list-style-type: none"> <li>• Member</li> </ul>	<p>WDC, Council Offices, Garshake Road, Dumbarton, G82 3PU</p>	<p>01389 737599</p>	<p><a href="mailto:bill.clark@west-dunbarton.gov.uk">bill.clark@west-dunbarton.gov.uk</a></p>

## ➤ APPENDIX 2

### Child Protection Training Sub Committee Members

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**Morag Pettigrew**

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## ➤ **APPENDIX 2 (cont)**

### **Child Protection Training Sub Committee Members (cont)**

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### **Remit**

The remit of this interagency training sub group is to plan, implement and evaluate a multi-agency child protection training programme. The group carry out staff training needs analysis and plan tiered programmes accordingly. The group organise external speakers and trainers when appropriate but the skills, knowledge and values within the group members mean they often prepare and facilitate the training courses themselves.

#### Child Protection Training Output: Session 2007-2008

Child Protection Awareness x 2  
Risk Assessment x 1  
Child Protection: Children With Disabilities x 2  
Children and Self Harming x 1  
Sexual Abuse Awareness x 2

Child Protection Network Programme  
Working With Perpetrators  
Sexually Aggressive Young People  
Special Needs In Pregnancy

Root Cause Analysis  
Professional Dangerousness

## ➤ APPENDIX 3

### West Dunbartonshire Child Protection Committee Budget 2008-2009

#### 1. Interagency Child Protection Training

Training needs analysis tools	500
Training Plan	500
Hospitality	1000
External Consultant Trainers	8000
Training materials	3000
Venues	2000
<b>Total</b>	<b>15000</b>

#### 2. Public Information

Website creation and maintenance	5000
Distribution of materials	1000
Media campaign	1000
Promotional materials	1000
<b>Total</b>	<b>8000</b>

#### 3. Events

Conferences	500
National working groups	500
CP Networks	500
<b>Total</b>	<b>1500</b>

#### 4. CP Professional Development

Online protection	2000
Domestic Abuse	1000
GIRFEC	1000
Interagency Child Protection procedures: training, dissemination	10000
SIR	500
IAF	2000
Emotional Literacy	2000
<b>Total</b>	<b>18500</b>

## 5. CP Research/Audit

Management Info	1000
Training Impact Assessment	1000
Public Info Impact Assessment	1000
<b>Total</b>	<b>3000</b>

## 6. Listening to Children and young People

Consultation	2000
Research/Training	2000
<b>Total</b>	<b>4000</b>

**TOTAL £50,000**

**All estimates are based on the expenditure in the financial year April 2007-April 2008**