
Report To: Inverclyde Integration Joint Board **Date:** 20 September 2021

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Subject: CPC ANNUAL REPORT 2018-2020

1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the publication of Inverclyde Child Protection Committee's Annual Report 2018-2020.
- 1.2 Consider the report's findings in relation to Inverclyde Child Protection Committee's duty to provide an annual update of child protection business.

2.0 SUMMARY

- 2.1 Child Protection Committees (CPC's) are the key local bodies for developing, implementing and improving child protection work across and between agencies, bodies and the local community. A CPC is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that ***"It's everyone's job to make sure I'm alright"***. CPCs must ensure all of these functions are carried out to a high standard and are aligned to the local Getting It Right For Every Child arrangements.
- 2.2 One of the key functions of a CPC is to provide a report of CPC business on an annual basis. The author is generally the Lead Officer for Child Protection. The last report published covered work across 2017. The Board will note that the report under consideration spans from March 2018 to March 2020. The two year span is due to a vacancy in the Child Protection Lead Officer role during 2019. A report covering March 2020 to March 2021 is currently under construction and will be presented to the Board later in the year.
- 2.3 The attached report was presented to and accepted by Inverclyde Child Protection Committee on 14 March 2021. It was presented to and accepted by Inverclyde Chief Officer's Group on 20 March 2021. It was presented to and accepted by Inverclyde Health and Social Care Partnership on 19 August 2021.

3.0 RECOMMENDATIONS

3.1 The Integration Joint Board is asked to note the content of this report.

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4.0 BACKGROUND

- 4.1 CPC's have 4 functions: Continuous improvement; Public information engagement and participation; Strategic planning and connections; Annual reporting on the work of the CPC.
- 4.2 Continuous improvement: This involves the collation of data which records outcomes for children and audit activity which identifies gaps in provision and determines improvement activity. CPC's are also responsible for delivering training and other learning activity to ensure that practitioners across all services are aware of the best and most up to date practice initiatives. CPC also has a duty to ensure that policies, procedures and guidance are kept up to date and that practitioners are aware of their content and availability. Finally CPC's take the lead in terms of any learning when a child is significantly harmed or dies.
- 4.3 Public information, engagement and participation: CPC's have a role in raising awareness so that members of the public, including children and young people, know what child protection means and what to do if they have a concern for a child or young person. They must engage with local communities to raise awareness of indicators of concern and increase understanding of the role that communities and all adults have in protecting children and young people. Finally they must involve children, young people and families in the design and delivery of child protection systems.
- 4.4 Strategic planning and connections: CPCs must ensure strong and robust strategic planning links to wider integrated children's services planning arrangements in their local area in order to ensure that the need for support and protection of children and young people can be comprehensively met in well designed, effective and sustainable local services, programmes and initiatives. CPCs must also link effectively with other multi-agency partnerships and structures locally, regionally and nationally, including Chair and Lead Officer participation in Child Protection Committees Scotland.
- 4.5 Annual reporting on the work of the CPC: CPCs must produce and publish an annual report, endorsed by the Chief Officers, which sets out the work undertaken by the Committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.
- 4.6 The Inverclyde Child Protection Committee Annual Report begins with an account of the role of remit of the Child Protection Committee within Inverclyde, set within the context of wider strategic planning groups. In the main body of the report it reviews our post inspection action plan, examines areas of best practice and offers further evidence of Inverclyde as a sector leader in terms of children and young people's participation (an area for which we received a designation of 'Excellent' in the 2017 inspection). The report then goes on to review the priority areas described in 4.2 to 4.4, detailing the work achieved in these areas via CPC's Performance Management, Training, Child Sexual Exploitation and Children affected by Parental Substance Misuse sub-groups. This section also reflects on work being undertaken by the Violence Against Women forum of which the CPC Lead Officer is a member, and notes work being done in the areas of parent and children's mental health. The report concludes by charting areas of future work.
- 4.7 The report records areas of best practice, notably Inverclyde's involvement in the 'Barnahus' pilot. A Barnahus is a 'one stop' location which provides a safe interview space for children as well as on site medical facilities and therapeutic and other support for children and their families pre and post interview. The North Strathclyde Pilot develops and strengthens the quality of the Joint (Police and Social Work) Investigative Interviewing of Vulnerable Child Witnesses with the aim of reducing the need for children to appear in court and thus reduce re-traumatisation following abuse. The aim of the Joint Investigative Interview Improvement Pilot is to create

the conditions for securing best evidence from child victims and witnesses, and for Joint Investigative Interviews to be of a sufficiently high standard to be used as Evidence in Chief or hearsay evidence in Court Proceedings. Working within the recommendations of the Evidence and Procedure Review and within principles of Getting It Right For Every Child, the Joint Investigative Interviewing Project has developed a Scottish Child Interview Model to provide an approach for the interviewing of children which is both trauma informed and achieves best evidence through more robust planning and interview techniques. Staff within the cadre have advanced knowledge, skills and competencies and the required experience of forensic interviews that produce best quality evidence and ensure the protection of the child. Recovery that is trauma informed is built into the process from the point of disclosure for children. Children 1st have succeeded in obtaining National Lottery money to develop the first Barnahus which will be located in the West of Scotland. This is an incredibly exciting and ground breaking project which Inverclyde is proud to be involved in.

- 4.8 A further area of best practice described is the Up2U. Up2U is a programme for people who use domestically abusive and unhealthy behaviours in their relationships. It seeks to reduce incidents of domestic violence, prevent the cycle of abuse, and reduce the numbers of children in child protection services, edge of care or children in care. Up2U recognises that people use domestic abuse for different underlying reasons ranging from childhood trauma and emotional deregulation, learned behaviour, attitudes that support gender differentials, poor conflict resolution to the use of power and control resulting in different typologies of domestic abusers. The service seeks to help people use non-abusive behaviours through a range of skills that target thinking, feeling and behaviour. The service aims to support service users to take responsibility for their own thinking, emotions and behaviours and learn to use healthy and respectful relationship behaviour; promote safety within families and reduce the risk of continuing domestic abuse; address the link between substance misuse and abusive behaviours; increase their ability to recognise and manage emotions increasing their emotional and mental wellbeing; prevent the cycle of abuse by modelling healthy relationships to their children. Modules and sessions delivered to each individual are matched to their particular needs. To avoid lengthy waiting times for referral and to cut out complicated referral processes which may cause delay when a person is most motivated to change, Up2U operates an informal referral pathway. To be eligible for referral a person must accept that they use abusive or unhealthy behaviours in their relationship and want to change these behaviours. When someone is accepted onto the Up2U programme support is offered to their partner/ex-partner to ensure ongoing safety and risk management. If an Up2U client has children and they are not currently working with children's services Up2U will refer through the Children's referral processes for support to be in place. 20 practitioners have now been trained within Inverclyde in the approach.
- 4.9 Of course one of the biggest challenges across 2020 has been delivering these services within the COVID-19 pandemic. This has led to delays in the implementation of Barnahus, although the team did get up and running in August of 2020 and are already evidencing positive signs in the number of disclosures made by children under interview, the quality of the interviews and of the support children and their families receive via the project. Up2U has also had to move temporarily to a virtual format or is being delivered in COVID safe office spaces rather than in the home environment. The 2018-20 Annual Report was deliberately linked to the end of the financial year so that, while it mentions the COVID-19 pandemic, it does not focus on it. The 2020-21 report, which is almost completed, will pick up on Inverclyde CPC's response to the pandemic.
- 4.10 The Annual Report offers a plan for the direction of future work as well as being a reflection on what has been achieved. In the current year, and despite the ongoing impact from the pandemic, we have progressed plans for multiagency audit activity in relation to Child Protection Registrations. We have continued to chart outcomes for children and young people via the National Minimum Dataset. Our Children

Affected by Parental Substance Misuse sub-group has had a change of name and focus, with a right's respecting shift to Whole Family interventions. Training has moved online with a focus on multiagency delivery of the Assessment of Care seeking to improve the identification of and intervention into neglect. We have also maintained our public communication role with a number of public information campaigns co-ordinated by Child Protection Committee's Scotland (our Lead Officer is a member of their communications sub-group) and our own briefings in relation to new legislation such as the Children (Equal Protection from Assault) (Scotland) Act 2019.

- 4.11 The Annual Report concludes with a plan of business 2020-23. This includes plans to progress work already begun via CPC sub groups, deliver multiagency training in relation to neglect and make improvements to the CPC website. All of the objectives noted are underway and an update report will be offered within the next annual report. The Annual Report for 2018-2020 is attached below.

5.0 IMPLICATIONS

FINANCE

5.1

Cost Centre	Budget Heading	Budget Years	Proposed Spend this Report £000	Virement From	Other Comments
N/A					

Annually Recurring Costs / (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From	Other Comments
N/A					

LEGAL

5.2 n/a

HUMAN RESOURCES

5.3 There are no specific human resources implications arising from this report.

EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

	YES
	NO – This report does not introduce a new policy, function or strategy or recommend a change to an existing policy, function or strategy. Therefore, no Equality Impact Assessment is required.

5.4.2 How does this report address our Equality Outcomes?

Equalities Outcome	Implications
People, including individuals from the above protected characteristic groups, can access HSCP	None

services.	
Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.	None
People with protected characteristics feel safe within their communities.	None
People with protected characteristics feel included in the planning and developing of services.	None
HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.	None
Opportunities to support Learning Disability service users experiencing gender based violence are maximised.	None
Positive attitudes towards the resettled refugee community in Inverclyde are promoted.	None

CLINICAL OR CARE GOVERNANCE IMPLICATIONS

5.5 There are no clinical or care governance implications arising from this report.

5.6 NATIONAL WELLBEING OUTCOMES

How does this report support delivery of the National Wellbeing Outcomes?

National Wellbeing Outcome	Implications
People are able to look after and improve their own health and wellbeing and live in good health for longer.	None
People, including those with disabilities or long term conditions or who are frail are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	None
People who use health and social care services have positive experiences of those services, and have their dignity respected.	None
Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.	None
Health and social care services contribute to reducing health inequalities.	None
People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing.	None
People using health and social care services are safe from harm.	None
People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.	None
Resources are used effectively in the provision of health and social care services.	None

6.0 DIRECTIONS

6.1

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	x
	2. Inverclyde Council	
	3. NHS Greater Glasgow & Clyde (GG&C)	
	4. Inverclyde Council and NHS GG&C	

7.0 CONSULTATION

7.1 The report has been prepared by the Chief Officer of Inverclyde Health and Social Care Partnership (HSCP) after due consideration with relevant senior officers in the HSCP.

8.0 BACKGROUND PAPERS

8.1



CPC Annual Report
2018-2020.docx