

**Report To:** Inverclyde Integration Joint Board      **Date:** 24 January 2017

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**Subject:** CPC Annual Report

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## **1.0 PURPOSE**

- 1.1 The purpose of this report is to advise the Integration Joint Board of the work of Inverclyde Child Protection Committee (CPC) for the year 2015-16 and the on-going business plan for 2016/17.

## **2.0 SUMMARY**

- 2.1 The attached report describes how Inverclyde Child Protection Committee fulfilled its functions of continuous improvement, strategic planning, public information and communication during 2015-2016.
- 2.2 The report demonstrates that Inverclyde Child Protection Committee has delivered their core functions and progressed with key priority areas during 2015/16. This has been achieved through the work carried out by the CPC itself, various subgroups and short life working groups and the actions of individual members and the agencies they represent.

## **3.0 RECOMMENDATIONS**

- 3.1 The Integration Joint Board are asked to note the contents of the Report and acknowledge that Inverclyde Child Protection Committee has continued to pursue its functions to ensure high standards are maintained, to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances, demonstrating a continued commitment to strive for excellence in the protection of children.

**Brian Moore**  
Corporate Director, (Chief Officer)  
Inverclyde HSCP

## 4.0 BACKGROUND

- 4.1 The Scottish Government annual social work statistics for children's services August 2014 to July 2015, identified a 4% decrease from the previous year in the total number of children on the child protection register in Scotland. The report notes that this is against a 10 year trend of increasing child protection registrations. Inverclyde saw an increase in 2015 from the previous year in the total number of children on the Child Protection Register.
- 4.2 At 31 July 2015, there were 2,751 children on the child protection register in Scotland. On this date there were 42 children on the child protection register in Inverclyde. The national rate of children on the child protection register per 1,000 population aged 0-15 was 3.0. The Inverclyde rate for the same date was 3.2. This is lower than our comparator authority of North Ayrshire (3.9) but higher than our comparator authorities of East Ayrshire (3.1), Renfrewshire (2.8), North Lanarkshire (1.6) and West Dunbartonshire (1.0). It should be noted that the figure on which this is based is the number of children on the child protection register at a single point in time (31st July 2015). During the year the number of children on the child protection register in Inverclyde at the end of each quarter fluctuated from a low of 22 on 31<sup>st</sup> October 2014 to a high of 42 on 31<sup>st</sup> July 2015.
- 4.3 The most common concerns recorded in Inverclyde were domestic abuse followed by parental mental health problems, neglect and parental alcohol misuse.
- 4.4 An annual report has been produced as a public record of the work of Inverclyde Child Protection Committee
- 4.5 Some of the individual pieces of work highlighted in the annual report for 2014/15 are:-
- We Care, We Listen, We Act evaluation
  - Inverclyde Citizens Panel Spring 2015
  - Multiagency Case Review
  - Perinatal Mental Health Activity
  - Vulnerable Young Persons' Operational Group
  - Multiagency Initial Referral Discussion
  - Workforce Development in Joint Investigative Interviewing
  - Inverclyde Child Protection Practitioners' Forum
  - Joint work with Inverclyde Alcohol and Drug Partnership
  - Joint work with Violence Against Women Multiagency Partnership
- 4.6 As a partnership, Inverclyde Child Protection Committee recognise that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people is not without its challenges, with the rise in the vulnerable child and young person population and amidst a backdrop of austerity. However we believe that such challenge can spawn opportunities for innovation.

4.7 Inverclyde Child Protection Committee aims to continue to fulfil its core functions of Public Information and Communication, Continuous Improvement and Strategic Planning in 2016/17 and beyond through the work carried out by the CPC, subgroups and short life working groups and the actions of individual members and the agencies they represent.

Priority areas of focus for 2016-2017 have been identified as:

- Improving outcomes for children affected by Parental Substance Misuse
- Improving outcomes for children affected by Domestic Abuse
- Child Sexual Exploitation
- Participation of Children and Young People in Child Protection

## 5.0 IMPLICATIONS

### FINANCE

5.1 Financial Implications:

There are no proposals for any change in the Child Protection Committee support budget for 2016/17.

One off Costs

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

Annually Recurring Costs/ (Savings)

Cost Centre	Budget Heading	With Effect from	Annual Net Impact £000	Virement From (If Applicable)	Other Comments

### LEGAL

5.2 There are no legal issues within this report.

**HUMAN RESOURCES**

5.3 There are no human resources issues within this report.

**EQUALITIES**

5.4 There are no equality issues within this report.

Has an Equality Impact Assessment been carried out?

	YES (see attached appendix)
X	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.

5.4.1 How does this report address our Equality Outcomes.

- 5.4.1.1 People, including individuals from the above protected characteristic groups, can access HSCP services.
- 5.4.1.2 Discrimination faced by people covered by the protected characteristics across HSCP services is reduced if not eliminated.
- 5.4.1.3 People with protected characteristics feel safe within their communities.
- 5.4.1.4 People with protected characteristics feel included in the planning and developing of services.
- 5.4.1.5 HSCP staff understand the needs of people with different protected characteristic and promote diversity in the work that they do.
- 5.4.1.6 Opportunities to support Learning Disability service users experiencing gender based violence are maximised.
- 5.4.1.7 Positive attitudes towards the resettled refugee community in Inverclyde are promoted.

**CLINICAL OR CARE GOVERNANCE IMPLICATIONS**

5.5 There are no governance issues within this report.

**5.6 NATIONAL WELLBEING OUTCOMES**

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

- 5.6.1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5.6.2 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.
- 5.6.3 People who use health and social care services have positive experiences of those services, and have their dignity respected.

*Delivering on the core functions and priority areas for improvement should contribute to the delivery of effective services that are positively regarded by service users.*

- 5.6.4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5.6.5 Health and social care services contribute to reducing health inequalities.
- 5.6.6 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.
- 5.6.7 People using health and social care services are safe from harm.

*Delivering on the core functions and priority areas for improvement should contribute to the delivery of effective services that keep children and young people safe from harm.*

- 5.6.8 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.

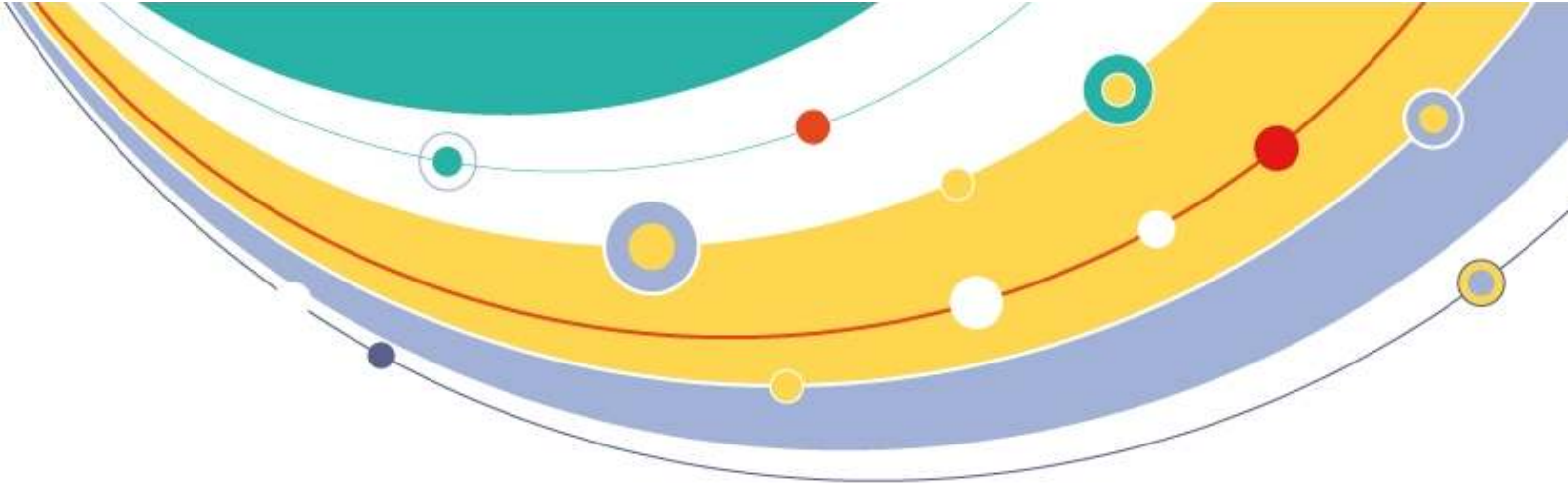
*Adopting a multiagency partnership approach with a focus on continuous improvement and learning from practice should contribute to improvements in the support provided to children, young people and their families and to the protection of children and young people and to practitioners feeling engaged and supported to contribute to these improvements.*

## **6.0 CONSULTATION**

- 6.1 This report has been prepared by the Chief Officer, Inverclyde Health and Social Care Partnership (HSCP) after due consultation with Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer's Group.

## **7.0 LIST OF BACKGROUND PAPERS**

- 7.1 Inverclyde Child Protection Committee Annual Report 2015/16 & Business Plan 2016/17



**ANNUAL REPORT 2015/16  
&  
BUSINESS PLAN 2016/17**

**We Care, We Listen, We Act**



*Sharing Responsibility - Protecting Children*

Report available to download from  
[www.invercydechildprotection.org](http://www.invercydechildprotection.org)

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## 1.0 PREFACE

- 1.1 I am very pleased to present the 2015 - 2016 annual report and business plan for Inverclyde Child Protection Committee.
- 1.2 Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its function and tasks during 2015-2016 as set out in guidance issued to Child Protection Committees. The improvement plan has been implemented with key areas being progressed by the work carried out by the CPC and various subgroups, which is detailed throughout the report.
- 1.3 As a partnership, we recognise that improving outcomes for our most vulnerable children and young people is dependent on collaborative working across the partnerships. Securing better outcomes for our vulnerable children and young people will not be without its challenges, with the rise in the vulnerable child and young person population and midst a backdrop of austerity however we believe that such challenge can spawn opportunities for innovation.
- 1.4 Inverclyde's CPC fully embraces the principles underpinning Getting it Right for Every Child, recognising the importance of this agenda in protecting our most vulnerable children.
- 1.5 Inverclyde's Child Protection Committee recognises the need to evidence the difference we make in keeping children safe and promoting their wellbeing. Developing this area of our work will be a priority for 2016/17 and beyond.
- 1.6 I would like to thank the committee members and the constituent subgroups of the CPC for their continued commitment to ensuring that our vision for children across Inverclyde is realised.

*Sharon McAlees*

Chair of Inverclyde Child Protection Committee

## 2.0 Context

- 2.1 Inverclyde is located in West Central Scotland with 61 square miles stretching along the south bank of the River Clyde. The main towns of Greenock, Port Glasgow and Gourock sit on the Firth of the Clyde. The towns provide a marked contrast to the coastal settlements of Inverkip and Wemyss Bay which lie to the South West of the area and the villages of Kilmacolm and Quarriers Village which are located further inland, and offer a further dimension to the area's diversity, particularly in social, economic and physical terms.
- 2.2 A strong sense of community identity exists within Inverclyde and to local neighbourhoods in particular. Local citizens are rightly proud of their area, and its history which is steeped in centuries of maritime and industrial endeavour.
- 2.3 The authority has a population of approximately 79,500, of whom 17% are children under 16 years and a further 2% are young people aged 16-18 years<sup>1</sup>. By 2037 the population of Inverclyde is projected to be 65,014, a decrease of 19.4 per cent compared to the population in 2012. The population aged under 16 in Inverclyde is projected to decline by 31.6 per cent over the 25 year period.
- 2.4 Statistics from the Scottish Index of Multiple Deprivation (SIMD) tell us that Inverclyde has particular problems in regard to deprivation and poverty.
- 2.5 The key points to emerge from SIMD 2016 include:
  - Both income and employment deprivation continue to be higher in Inverclyde than Scotland as a whole. Inverclyde is second behind Glasgow in overall levels of deprivation (local share of datazones which are in the top 15% most deprived).
  - The number of Inverclyde datazones in the 5% most deprived in Scotland has however fallen by 3 from 14 in 2012 to 11 in 2016. This equates to 9.6% of all 114 Inverclyde datazones in the 5% most deprived category.
  - The number of Inverclyde datazones in the 15% most deprived in Scotland has also decreased by 3 from 44 in 2012 to 41 in 2016. This equates to 36% of Inverclyde's datazones featuring in the 15% most deprived. This compares to 40% in SIMD 2012.
- 2.6 Public service delivery is particularly challenging in the context of deprivation and depopulation.

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<sup>1</sup> National Records of Scotland Mid 2015 Population Estimates  
<http://www.nrscotland.gov.uk/files//statistics/population-estimates/mid-15-cor-12-13-14/15mype-cahb-tab2.pdf>

- 2.7 In our most deprived and disadvantaged areas, people face multiple problems, such as high levels of worklessness, ill health, fear of crime, poor educational achievement, low aspirations, low levels of confidence, low income, poor housing and environment. The resulting poverty and deprivation limits opportunities and choice.
- 2.8 ‘Getting it right for every Child, Citizen and Community’ is the Community Planning Partnership vision for Inverclyde. To deliver this vision, the Inverclyde Alliance, has agreed, with its communities, a number of strategic local outcomes. One of which is ‘A nurturing Inverclyde gives all our children and young people the best possible start in life’.
- 2.9 Partners in Inverclyde Child Protection Committee recognise that parents' interaction with children in the first years of life is critical in developing relationships and laying the foundations for positive physical and mental health development. The development of children’s brains in the early years is crucial to how they grow to be safe, healthy, active, nurtured (and nurturing), achieving, respected, responsible, and included throughout their lives.
- 2.10 Exposure to high levels of parental stress, neglect and abuse can have a severe effect on brain development. There are clear gaps between the development of children who live with such stresses and those being brought up in less stressful households. These children face many risks and improving early years support is key to improving child protection.
- 2.11 Partnership approaches are being developed around supporting children in their early years, and helping to build resilience in vulnerable children and young people, to try to break the cycle of deprivation in particular areas.
- 2.12 The work of Inverclyde Child Protection Committee is set within this context while not losing sight of the need for targeted services to respond to the needs of children who are identified as being at risk of, or have experienced significant harm. Chief Officers and senior managers continue to have a ‘clear responsibility to deliver robust, co-ordinated strategies and services for protecting children and to provide an agreed framework to help practitioners and managers achieve the common objective of keeping children safe’<sup>2</sup>.
- 2.13 Child Protection Committees are locally-based, interagency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland. Within Inverclyde the Child Protection Committee (ICPC) reports to the Inverclyde Public Protection Chief Officer Group who are represented on the Community Planning Partnership. Membership of both Inverclyde Child Protection Committee and Inverclyde Public Protection Chief Officer Group is given in Appendices 1 and 2.

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<sup>2</sup> National Guidance for Child Protection in Scotland 2014

## **Getting It Right for Every Child**

- 2.14 Inverclyde Child Protection Committee operates within the legislative and policy framework governing the delivery of children's services. The Getting it Right for Every Child (GIRFEC) policy agenda and the related legislative elements of Children and Young People (Scotland) Act (2014) relating to the named person service and the single child's plan are having and will continue to have a significant impact on the way services for children are delivered including services for children at risk of significant harm.
- 2.15 The principles underpinning GIRFEC are fully embraced by the Child Protection Committee and inform our response to the needs of children and their families living in the Inverclyde Area. As a partnership, we recognise success is dependent on collaborative working and effective teamwork. Our developments of the GIRFEC service delivery pathway reflect the strong interagency working designed to ensure the right help at the right time. We are resolute in our approach to improving services by ensuring they are designed, developed and delivered around the needs of children, young people and their families, building on an already strong commitment to continuous improvement.
- 2.16 The successful implementation of GIRFEC is our shared task and we recognise the need to work together effectively to achieve this objective. Over the past year we have made significant progress in preparing for the implementation of the Named Person and Child's Plan provisions of the Act. We have focused on the need to provide early help and support and place the needs of children at the centre of our decision making processes based on a comprehensive wellbeing assessment.
- 2.17 Partners across the authority are working towards the introduction of a single plan to ensure that children and their families are not subjected to multiple assessment and care planning processes and to prepare for the formal introduction of the Named Person service for all young people. We continue to advance this agenda at all levels in our organisations.

### 3.0 Child Protection Statistics

- 3.1 Scottish Government publishes Children’s Social Work Statistics on an annual basis covering the period 1<sup>st</sup> August to 31<sup>st</sup> July (drawn from data provided by individual local authorities). The most recent report available covers the period from August 2014 to July 2015<sup>3</sup>. This data, supplemented with additional local data forms the basis of this section of the ICPC annual report.
- 3.2 Nationally there was a 4% decrease from the previous year in the total number of children on the Child Protection Register on 31<sup>st</sup> July. This was against the 10 year trend of increasing child protection registrations.
- 3.3 Inverclyde however saw an increase from the previous year in the total number of children on the Child Protection Register from 26 children in 2014 to 42 children in 2015. There were 59 children whose names were added to the child protection register during the year and 43 children whose names were removed from the child protection register.
- 3.4 Although overall this represents a 62% increase in the total number of children on the register at a single point in time this statistic does not give an accurate reflection of the trends in Inverclyde as the number of children on the register fluctuates from month to month. During the year the number on the child protection register at the end of each quarter fluctuated from a low of 22 on 31<sup>st</sup> October 2014 to a high of 42 on 31<sup>st</sup> July 2015.
- 3.5 Given the size of Inverclyde, a relatively small actual difference in the number of children on the register can appear like a much more significant percentage change.
- 3.6 At local authority level in 2015 the rate of children on the Child Protection Register per 1,000 children under 16 varied from 0.2 per 1,000 children in Eilean Siar to 6.3 per 1,000 children in Clackmannanshire.
- 3.7 In Inverclyde this rate increased from 2.0 in 2014 to 3.2 in 2015. The rate per 1,000 children for comparator authorities and for Scotland as a whole is shown below.

**Table 11** *Child Protection Registrations - Rate per 1,000 children under 16*

	2014	2015
<b><i>Inverclyde</i></b>	<b>2.0</b>	<b>3.2</b>
West Dunbartonshire	2.6	1.0
North Ayrshire	4.6	3.9
Renfrewshire	2.6	2.8
East Ayrshire	2.3	3.1
North Lanarkshire	1.2	1.6
<b>Scotland</b>	<b>3.2</b>	<b>3.0</b>

<sup>3</sup> Children’s Social Work Statistics Scotland, 2014-15 (Published March 2016)

- 3.8 The 2015 statistics show that Inverclyde is within 10% of the national rate for Child Protection Registrations along with comparator authorities Renfrewshire and East Ayrshire. North Ayrshire, also a comparator authority, is 30% above the National rate while North Lanarkshire and West Dunbartonshire are 47% and 66% below the national rate respectively.
- 3.9 On 31<sup>st</sup> July 2015 more than half of children on the child protection register in Scotland (51%) were aged under five. This mirrors the local picture where on the same date, 55% of children placed on the child protection were aged 5 years and under. Over the year 22% of registrations in Inverclyde took place in relation to unborn babies.
- 3.10 Scottish Government Child Protection statistics show no strong gender pattern of children on the child protection register. There is similarly no strong gender pattern in Inverclyde's statistics.
- 3.11 Scottish Government provide national statistics on the frequency with which each area of concern is identified. The most commonly reported areas of concern across Scotland in 2015 were Emotional Abuse, Neglect, Domestic Abuse and Parental Drug Misuse. Within Inverclyde the pattern was slightly different with the most commonly reported area of concern for the equivalent date being Domestic Abuse followed by Parental Mental Health problems, Neglect and Parental Alcohol Misuse. Parental substance misuse (including alcohol and drug misuse), parental mental health problems and domestic abuse were all priority areas for Inverclyde Child Protection Committee during 2015/16.
- 3.12 National Statistics indicate that 2014/15 saw an increase in the number of children on the Child Protection Register for more than one year of 22%. Inverclyde recorded an increase in the number of children on the Child Protection Register for more than one year in 2014 which was sustained in 2015. Between 2008 and 2013 there was an average of one family per year on the register for more than one year while in both 2014 and 2015 there were 5 families on the register for more than one year.
- 3.13 Inverclyde can therefore be seen to be generally in line with the national picture in relation to the core statistics for which national comparison data is available. A more extensive suite of management information is reviewed routinely by ICPC and this is used to identify local trends and areas for action or further investigation.

## 4.0 Fulfilling Functions

- 4.1 The functions of the child protection committee are continuous improvement, strategic planning, public information and communication<sup>4</sup>. These are fulfilled through the work of a number of sub groups and short life working groups along with the actions of individual members and the agencies they represent. Appendix 3 illustrates the subgroup and governance structure of Inverclyde Child Protection Committee as at 31<sup>st</sup> March 2016.
- 4.2 Throughout this section there will be reference to progress in relation to the cross cutting priority areas. In particular these are: Child Sexual Exploitation, Children Affected by Parental Substance Misuse, Children Affected by Domestic Abuse, Children Affected by Parental Mental Health Problems (in particular perinatal mental health problems) and Participation of Children and Young People in Child Protection.
- 4.3 Within the illustrative examples included in the report is a focus on the impact of the work of the CPC and that of partners in protection children.

### 4.1 Public Information and Communication

- 4.1.0 The child protection committee is responsible for ensuring there is accessible public information to raise awareness of child protection and what action should be taken if an individual has concerns about a child. This not only relates to the public but also to staff within and across agencies who must be clear about their roles and responsibilities when they have concerns that a child or young person is at risk of harm.
- 4.1.1 The child protection committee also have a role to play in ensuring children, young people and their families are involved in discussions and decision making within the child protection system.
- 4.1.2 This year we have:-
- Evaluated and reported on the public awareness ‘We Care, We Listen, We Act’ campaign that was delivered in March 2015 (see illustrative example 1).
  - Developed and delivered a public awareness campaign focussed on Child Sexual Exploitation (CSE) in February / March 2016. This campaign complemented the Scottish Government campaign on CSE using national images and resources, adding value to this campaign by introducing a local focus on the prevention of Child Sexual Exploitation. Evaluation of the impact of the campaign will be reported in 2016/17.
  - Evaluated public awareness and confidence in child protection services

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<sup>4</sup> National Guidance for Child Protection in Scotland 2014

through the use of the Citizen's Panel (see illustrative example 2).

- Completed and reported on a review of the use of 'Viewpoint', a computer based tool to gather and present the views of children and young people, for those attending Child Protection Conferences. This review resulted in the suspension of the use of this tool and the development of a bespoke local alternative paper based resource by the Inverclyde Child Protection Practitioner's Forum.
- Maintained our website for the general public and professionals, achieving an average of 1,278 visits per month to the home page during 2015-16.
- Published Child Protection information for young people in a prominent position on the Inverclyde Young Scot web site incorporating an incentive whereby young people can earn rewards points for visiting the page.
- Provided information to staff regarding the National Confidential Forum, established by Scottish Government to allow adults (over 16) who have now left institutional care share their experiences, whether good or bad, in a safe and non-judgemental setting. The CPC also promoted the forum to the general public through a range of methods including posters in public buildings and information on the Child Protection Committee Website.



### *Illustrative Example 1*

#### **We, Care, We Listen, We Act – Evaluation**

The ‘We Care, We Listen, We Act’ Campaign was promoted throughout Inverclyde using a range of marketing approaches including the distribution of campaign wristbands to pupils across Inverclyde.

In order to assess the impact of the campaign for young people a qualitative evaluation approach was undertaken. This was complemented by recording the scope and scale of the campaign activities and an analysis of website and twitter statistics.

Children and young people evaluated the campaign positively, reporting a positive impression of the campaign materials and a good understanding of the basic campaign message and young people were able to recall a high level of detail of the campaign 8-10 weeks after the campaign period.

*‘Usually if someone comes into school about something you don’t tell your parents but we did this time because we had the band [promotional wristband] on and it helped to have it to talk about because they saw you wearing it and asked about it.’  
(primary pupil)*

*The image represents ‘a lonely person and then a person that cares about them, they tell them their troubles and they listen and both act together to make it better’  
(primary pupil)*

The participation of young people in the development of the campaign resulted in a high quality design that was attractive to other young people.

*‘I like the posters all over Inverclyde, you see them everywhere’ (primary pupil)*

The young people directly involved in the development of the campaign valued their experience and the recognition of their hard work.

*‘I went down to the [Arts Centre] the night they were put up and my mum took lots of photos. I saw them in the swimming pool, ice skating, in the cinema toilets, Tesco’s and in the hospital’ (poster designer)*

The evidence suggests that the campaign led to members of the public seeking out further information with a substantial increase in the number of visits to Inverclyde Child Protection Committee website during the campaign period with a high number of visits to the dedicated campaign page.

*Website visits in March 2015 showed an increase of 49% from the figure for March 2014, which coincided with the previous campaign, and was the highest single monthly total since the launch of the website in 2010. Website visits to the dedicated campaign page were 478 during the month of March with approximately 125 visits per month in the three months following the campaign.*

## *Illustrative Example 2*

### **Inverclyde Citizens Panel - Spring 2015**

Child protection questions in the citizen's panel provide a measure of public intentions in response to child protection concerns, confidence in the response of services and perception of the importance of actions to prevent children and young people.

Questions on child protection have been included in the Citizen's Panel every 2 years since 2011.

The results from the child protection questions included in the 2015 citizen's panel postal survey identified that:-

- 67% of the public would contact the police if they had a concern about a child, 47% would report concerns to a social worker, 17% would contact a teacher and a similar percentage would report concerns to a health care professional (respondents could choose more than one route for reporting concerns).
- 55% of the public reported that nothing would prevent them reporting a concern about a child however for some concerns around not having enough "evidence" or information, concerns about confidentiality being maintained, a fear of getting it wrong and fear of retaliation were all identified as reasons that would prevent them from reporting concerns.
- 74% of the public reported that they were either fairly or very confident in the response of services. The majority of the remaining respondents expressed no view (14%) with the proportion that were not / not at all confident low at 13% of respondents.
- The role for friends, neighbours, carers, and passers-by in reporting concerns was seen as very important by 73% of respondents.
- 78% of respondents reported that listening to children and young people and taking their views into account was very important in protecting children

While still positive, these results are somewhat less so than those of the 2013 survey in relation to intentions to report concerns. This may reflect the amount of negative publicity regarding the role of agencies in protecting children from abuse that has been in the national press over the past year. It is reassuring however that a high percentage of the population remain confident in the service response in Inverclyde.

#### 4.1.3 Priorities for 2016/17 will be to:-

- Develop and launch a bespoke children's 'Keeping Safe' website co-produced with young people.
- Establish a Participation Working Group to lead and co-ordinate work to ensure the 'All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC'.
- Evaluate the impact of the introduction of the new 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences.

## 4.2 Continuous Improvement

4.2.1 Continuous improvement and the promotion of good practice are achieved through the linked functions of self-evaluation, development and review of policies, procedures, protocols and guidance, and facilitating learning and development of staff.

### 4.2.1 Self-Evaluation

4.2.1.1 The child protection committee recognises that self-evaluation is central to continuous improvement of services which in turn helps improve outcomes for children. Self-evaluation encompasses a range of activities including reflective practice and supervision, review and analysis of management information, case file audits and closer focus exercises to evaluate specific aspects of practice or service delivery.

4.2.1.2 During 2015/16 we have

- Produced quarterly management information reports and an annual management information report on Social Work Standby activity to assist in monitoring key activity indicators.
- Undertaken analysis of management information over the year August 2014 – July 2015 identifying key findings and recommendations for further action.
- Undertaken multiagency case reviews on all cases where a child or young person has been on the register for more than 52 weeks and considered themed reports for 2015 with recommendations for further action (see illustrative example 3).

- Undertaken and reported on a review of local practice in relation to Multiagency Special Needs in Pregnancy Processes with recommendations including the revision of local procedures.
- Adopted the ‘Test of Change’ improvement methodology in relation to the work of the Perinatal Mental Health working group to implement the recommendations from the ‘Bumps to Bundles’ research report (see illustrative example 4).
- Undertaken and reported on data analysis in relation to the interface between children subject to child protection registration and compulsory supervision orders with proposals for follow on case review activity.
- Undertaken an audit of Child Protection Orders which resulted in the development and introduction of a local protocol.

### *Illustrative Example 3*

#### **Multiagency Case Review**

Within Inverclyde a multiagency case review is automatically carried out in circumstances where a child remains on the child protection register for over 52 weeks or is re-registered within one year. The purpose of the case reviews is to consider if there are concerns about practice which have led to the prolonged period of child protection registration and if there are concerns, then to learn lessons from the way the case has been managed and services delivered during the period of registration.

During 2015 there were a total of 5 reviews undertaken in respect of 7 children. This compares to a total of 4 reviews undertaken in respect of 7 children in 2014.

The following themes were identified across the majority of cases:-

- Significant risk posed by father or mother's male partner(s) with concerns regarding the ability of the mother to keep the child safe from this risk.
- Children identified as vulnerable at the pre-birth stage
- Parental vulnerabilities of drug / alcohol misuse and mental health problems
- Domestic abuse identified as an issue often alongside violence outwith the relationship
- Concerns or risks regarding physical care / physical neglect
- Lack of engagement or disguised compliance by parents / carers

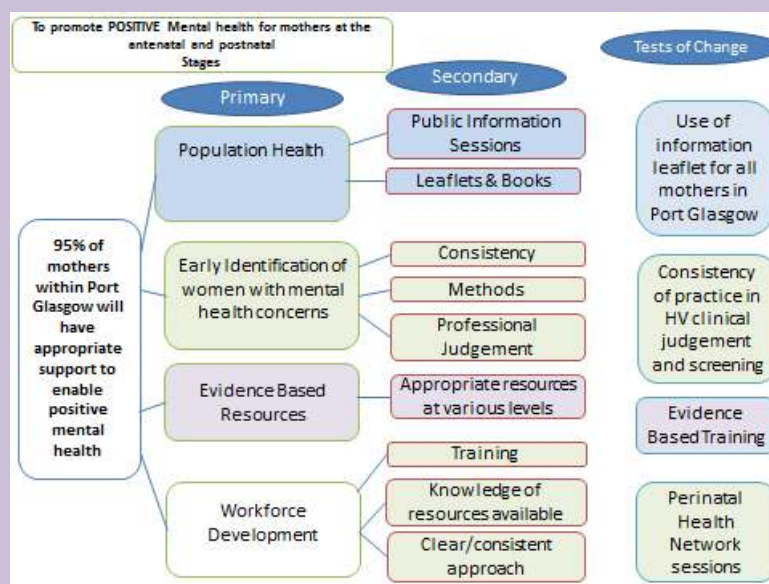
Review of practice identified good communication, joint working and high levels of support offered to the parent(s) in the majority of cases. Areas for development were also identified including further review of cases where children on the child protection register are referred to the Scottish Children's Reporters Administration and ensuring increased use of evidence based assessment tools to assess risk and need.

### Illustrative Example 4

#### Perinatal Mental Health

Bumps to Bundles was a research project undertaken by NHS Greater Glasgow and Clyde in 2012 that concluded priority areas should include: ensuring services are accessible; raising community awareness and reducing stigma; ensuring staff awareness of referral routes and local resources; improving women’s mental health and wellbeing.

In responding to this research Inverclyde has established a Perinatal Mental Health group which is promoting service improvement through a test of change that is contained in the following driver diagram:-



To date the main achievements include:-

- Piloting the use of the National Practice Model in one health visiting team in a Port Glasgow practice for the assessment and early identification of women with mild to moderate mental health problems.
- Workforce development is progressing through; briefings with staff across children’s services; a health visitor (seconded to the Mother and Baby Unit in Glasgow one day a week) facilitating up-skilling within the team through sharing knowledge and practice; Inverclyde’s perinatal Community Psychiatric Nurse joining the Special Needs in Pregnancy Liaison Group offering specialist advice and guidance.
- Improving population mental health through public information sessions in Port Glasgow Health Centre.

#### 4.2.1.3 Priorities for 2016/17 will be to:-

- Develop a performance indicator framework for reporting with a focus on evidencing impact in relation to priority areas for improvement as identified by self-evaluation.
- Revise multiagency case review methodology to ensure consistency of approach with a link to key quality indicators.
- Undertake and report on a multiagency case review with a focus on the interface between children subject to child protection registration and compulsory supervision orders.
- Evaluate the introduction of the Initial Referral Discussion Procedure.
- Introduce and evaluate the use of the Safe Lives Dash Risk Identification Checklist as an aid to assessment when working with parents affected by domestic abuse.
- Undertake a self-evaluation of the functioning of the Child Protection Committee.

#### *4.2.2 Policies, Procedures, Protocols and Guidance*

4.2.2.1 There needs to be clear and robust single and multiagency policies, procedures and protocols in place to support staff within and across agencies in carrying out their responsibilities to safeguard and protect children. A function of the child protection committee is to encourage constituent services and agencies to have in place their own policies and procedures and to maintain and review multiagency child protection procedures for use across all agencies. It is also a function of the child protection committee to ensure multiagency procedures; protocols and guidance are developed around key issues where there is agreement that this is required.

4.2.2.2 During 2015/16 we have

- Contributed to the review of the West of Scotland multiagency child protection procedures and contributed to the ongoing development of West of Scotland guidance on working with resistance.
- Developed and introduced the Vulnerable Young Person's Operational group to provide a multiagency forum for discussion of cases where child exploitation is indicated (see illustrative example 5).
- Developed and introduced a local child sexual exploitation protocol

which includes the procedure to be followed by all agencies when working with an individual where there are indications of child sexual exploitation.

- Developed and introduced Multi-agency Initial Referral Discussion procedure (see illustrative example 6)
- Published practitioner guidance on ‘Fabricated and Induced Illness’
- Published practitioner guidance on ‘Child protection practice involving unborn children or infants of mothers in prison’
- Revised and published local guidance on Child Trafficking to take account of the published National Guidance and learning from practice.
- Revised and published local guidance on forced marriage to incorporate Honour Based Violence.
- Revised and published Guidance for Social Workers when applying to the Sheriff Court for a Child Protection Order
- Published revised domestic abuse protocol to take account of changes in practice.



### ***Illustrative Example 5***

#### **Vulnerable Young Person's Operational Group**

The Vulnerable Young Persons Operational (VYP) group was established in September 2015 to safeguard young people who are at risk of exploitation. Oversight of the group is provided by the Child Sexual Exploitation Strategy Group (a sub group of the Child Protection Committee).

The VYP group is chaired by Police Scotland with senior managers from social work, education, health, SCRA and Barnardo's represented.

The role of the group is to work collaboratively where risks of exploitation have been identified and access early and relevant help and support. The group facilitates the sharing of information and assessment of risk associated with victims, perpetrators and locations using a proactive problem solving approach.

At each meeting an appropriate manager with knowledge and responsibility for the child or young person is invited to the meeting along with the lead professional.

A referral to the Vulnerable Young Persons Operational Group can be made by any agency following discussion with their agency representative on the group. Referrals are accompanied by a report or Risk Assessment and a current child's plan where available.

The group has met bi-monthly since it was established with 3 meetings taking place between September 2015 and March 2016. During these meetings a total of 7 young people at risk have been discussed.

Themes identified for those at risk of exploitation include:-

- Gang membership, drugs and weapons
- Young people missing from placement
- Use of social media

The group is in the early stages of becoming established however indications are that the group has been effective in identifying young people at risk, sharing information and facilitating action to reduce risk. An evaluation of the Vulnerable Young Persons Operational Group is planned for 2016/17.

### *Illustrative Example 6*

#### **Multiagency Initial Referral Discussion**

An Initial Referral Discussion is the joint decision making process which allows information to be gathered and shared to inform decision making as to whether a child is in need of protection. It is essential that this discussion takes place between key services where it has been suspected that a child or young person has suffered, is suffering or may be at risk of significant harm or abuse. It is the first stage in the process of joint child protection assessment following a notification of concern.

A protocol for undertaking IRDs was agreed between the CPCs in Inverclyde, Renfrewshire and East Renfrewshire at the end of 2015. This protocol was implemented in Inverclyde on a 3 month pilot basis starting in January 2016.

The IRD protocol introduced a standardised process for sharing and review of information and joint decision making that always involves Social Work, Health and Police alongside Education where appropriate.

The anticipated impact of the introduction of the protocol is that we will have a more effective and consistent multiagency initial response to assessing and responding to risk to ensure the safety of children and young people when they are in need of protection or at risk of significant harm.

#### 4.2.2.3 Priorities for 2016/17 will be

- Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance.
- Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde.
- Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person Service and Single Child's Plan.

### *4.2.3 Learning and Development*

4.2.3.1 By promoting good practice through the delivery of a learning and development programme the child protection committee supports the multiagency workforce to effectively protect children.

4.2.3.2 During 2015/16 we have

- Delivered a core multiagency training programme including the training on the National Risk Assessment Framework in response to findings from case review activity.
- Produced an annual evaluation report on the training delivered to provide information on effectiveness and relevance to improving practice.
- Developed and delivered our 8<sup>th</sup> annual multiagency conference on Child Exploitation and a programme of multi-agency training on child sexual exploitation awareness to over 200 participants as part of a co-ordinated programme of work on the priority area of Child Sexual Exploitation.
- Delivered a multiagency development session for staff from children and families, alcohol and drug services to bring together addiction Psychiatrists and managers from alcohol and drug services with managers from Children and Families social work service to facilitate a shared understanding of good practice in joint working and information sharing between professional groups.
- Developed and delivered a model of refresher training for Joint Investigative Interviewing that encompasses a quality assurance element (see illustrative example 7)
- Re-established Inverclyde Child Protection Practitioner's Forum with a practitioner chair (see illustrative example 8)
- Developed and circulated a briefing document and support materials for clients on the risks associated with co-sleeping (sleeping in the same bed as your baby) to those working in alcohol and drug services following learning from the findings of Significant Case Reviews where parental substance misuse was identified as a factor.
- Maintained an oversight of the workforce development activity being delivered as part of the work of the Perinatal Mental Health group.

### *Illustrative Example 7*

#### **Workforce Development in Joint Investigative Interviewing**

Joint Investigative Interviews are undertaken with child victims or witnesses of abuse or neglect to gather evidence for criminal processes. They are undertaken by trained police officers and social workers working together.

Uniquely within Inverclyde the annual refresher training acts as both a learning opportunity and a quality assurance process with the opportunity for reflection, skills practice and assessment.

Senior social workers attend the morning session with frontline practitioners, which is a refresher of the procedures and any updates in practice.

The afternoon session centres on practice skills and involves role play with actors. Each group is facilitated by an experienced manager from police or social work background. This part of the training allows each of the practitioners to practice their skills in a supportive setting and for these skills to be assessed.

Feedback is provided in terms of preparation, understanding the staged interview process and the quality of the interview.

Where there are areas of practice improvement required or matters of competence identified feedback is given to participants and then to a senior social worker and a service manager. A plan to address these issues is then agreed with timescales for review identified.

This model has been recognised as good practice within the West of Scotland Child Protection Consortium and is being considered by a number of other local authorities in the West of Scotland.

### *Illustrative Example 8*

#### **Inverclyde Child Protection Practitioner's Forum**

The multiagency practitioners forum was re-established in November 2015 to provide an opportunity for local practitioners from a range of agencies who work with children and young people to meet together to consider topical child protection practice issues. A practitioner chair for the forum was identified who has now joined the Child Protection Committee in this capacity.

Since the Practitioners Forum was re-established it has

- Provided a direct link between CPC and multiagency child protection practitioners offering a valuable perspective to CPC discussion.
- Accepted delegated responsibility for the development of resources to support the participation of children and young people involved in child protection.
- Provided a practitioner perspective on the development of policy and practice through contribution to:-
  - Discussion on perinatal mental health services
  - Local response to the national consultation on proposals for the creation of an offence of wilful neglect or ill-treatment with regard to services for children under the age of 18
  - Local consultation on Fabricated and Induced Illness Guidance
  - Local consultation on child protection practice involving unborn children or infants of mothers in prison.

4.2.3.3 Priorities for 2016/17 will be to:-

- Continue to deliver a programme of core training and learning opportunities and to develop learning opportunities to support the delivery of work programmes for CPC priorities.
- Develop and deliver our 9<sup>th</sup> annual multiagency conference on the topic of child neglect.
- Prepare and introduce an induction and development programme for CPC members.

## 4.3 Strategic Planning

- 4.3.1 Strategic planning for child protection sits within the wider strategic planning arrangements for Inverclyde and encompasses the functions of collaboration, co-operation and making links with other planning fora. The child protection business plan is encompassed within the Single Outcome Agreement delivery plan, outcome 6 ‘A nurturing Inverclyde gives all our children and young people the best possible start in life’.
- 4.3.2 Progress on the child protection improvement priorities and other key elements of the child protection committee work plan are reported regularly to the ICPC and Inverclyde Public Protection Chief Officer Group.
- 4.3.3 The Child Protection Committee priority areas for improvement in 2015/16 were: -
- Child Sexual Exploitation
  - Participation in Child Protection
  - Children Affected by Domestic Abuse
  - Children Affected by Parental Substance Misuse
  - Children Affected by Parental Mental Health Problems

### 4.3.1 *Collaboration, Co-operation & Making Links with Other Planning Fora*

- 4.3.1.1 The child protection committee works closely with strategic groups at both a national and local level to make sure that the protection of children in Inverclyde does not stand alone but is central to policy planning and development.
- 4.3.1.2 During 2015/16 we have
- Contributed to the work of
    - Child Protection Committees Scotland
    - National Child Protection Committee Lead Officer Group
    - West of Scotland Child Protection Consortium
  - Continued to work closely with the Alcohol and Drug Partnership through the work of a joint sub group to deliver a programme of work to improve outcomes for Children Affected by Parental Substance Misuse (see illustrative example 9).
  - Worked in partnership with the Violence Against Women, Multiagency Partnership to establish a working group which has identified priorities for action with the aim of improving outcomes for children affected by Domestic Abuse. (see illustrative example 10)

### *Illustrative Example 9*

#### **Joint work with Alcohol and Drug Partnership**

The Child Protection Committee and Alcohol and Drug Partnership have a joint sub group with the aim of improving outcomes for Children Affected by Parental Substance Misuse.

One of the key tasks for this group over the past year has been the development and publication of a new procedure to provide a good practice framework for practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug misuse to support a consistent service response. The procedure includes a suite of flow charts to ensure that workers from any service are clear of the steps they should take to help ensure an appropriate and proportionate response. The procedures were showcased at a joint learning event attended by Addiction Psychiatrists and managers from alcohol services, drug services and children and families services.

Alongside the development of procedures the joint working group undertook a revision of the single shared assessment tool used by alcohol and drug services. This tool now includes an enhanced child-care element.

This tool has been introduced and is being used routinely by workers in Drug and Alcohol Services for every new service user to gather a wide range of information including significant information about the service user's parenting responsibilities and the impact of their alcohol and/or drug misuse on children in their care. It incorporates the wellbeing indicators and the Outcome Star for drugs and alcohol (used in Alcohol Services only). This assists workers to analyse the level of risk to a child that is associated with a service user's alcohol and/or drug misuse and allows informed decisions to be made.

### *Illustrative Example 10*

#### **Joint Work with Violence Against Women Multiagency Partnership**

Inverclyde Child Protection Committee and the Violence Against Women Multi-agency Partnership (VAW MAP) have worked collaboratively over many years. In order to give a sharper focus to this work a small working group was established in 2015 to report back to both the CPC and the VAW MAP. The group initially undertook a self-evaluation exercise to determine 'where are we now?' which found that a range of responses are in place with the aim of reducing the level of risk experienced by children affected by Domestic Abuse. These include:-

- Practice guidelines on domestic abuse and child protection published.
- A multiagency screening process considers all domestic abuse referrals from the police where a child is associated with the household.
- ASSIST service and MARAC process is established in Inverclyde with representation from children's services on MARAC and staff briefings
- Cedar service for children recovering from the effects of domestic abuse is established in Inverclyde.
- Training on Gender Based Violence and Child Protection is routinely delivered within Inverclyde.
- The Mentors in Violence Prevention programme is being rolled out across all secondary schools in Inverclyde.
- Guidance on Forced Marriage and FGM is published and awareness raising sessions have been delivered.

Despite this, the impact of domestic abuse on children remains significant. Domestic abuse was an area of concern in 78% of new CP registrations in 2014/15 and has been an identified area of concern in a number of multiagency case audits and reviews.

The working group identified the following key priorities which they are progressing.

- 1 To pilot the use of the Safe Lives (Formerly CAADA) 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes
- 2 To consider options to embed the 'Safe and Together' principles within Inverclyde
- 3 To review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014.
- 4 To revise the Inverclyde Forced Marriage guidance to extend the scope to cover Honour Based Violence and ensure nominated leads are familiar with their responsibilities

4.3.1.3 Priorities for 2016/17 will be to:-

- Develop working arrangements across the Public Protection functions



## 5.0 CONCLUSION

- 5.1 Inverclyde Child Protection Committee continues to pursue its function to provide strategic leadership and develop practice to ensure high standards are maintained in the face of increasingly challenging economic and social circumstances. The achievements summarised in this report and the programme of work for 2016/17 demonstrates our continued commitment to strive for excellence in the protection of children.

## **6.0 BUSINESS PLAN 2016-2017**

The Business Plan for 2016-17 is presented below has been updated to reflect developing priorities for Inverclyde Child Protection Committee. The Business Plan includes a summary of the Child Protection Committee's plans to deliver on both the core functions and priority areas. It is underpinned by the ongoing work of the Child Protection Committee and sub groups.

**Planning for improvement**

**CHILD PROTECTION COMMITTEE**

**Business Plan April 2016 – March 2017  
(encompassing core functions and priority areas)**

**Wellbeing Theme - SAFE**

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Public Information and Communication</b>	To maintain a high level of awareness of Child Protection with children and young people, families and the wider community through the provision of information	<p>Evaluate and report on 2016 Child Sexual Exploitation Campaign</p> <p>Distribute child’s card to all primary age children in Inverclyde</p> <p>Review and update content of ICPC website</p> <p>Develop a bespoke child’s ‘Keeping Safe’ website co-produced with children</p> <p>Plan and deliver a public awareness campaign to promote the CPC Child’s website</p> <p>Issue press releases and use social media to promote local and national activities and events.</p> <p>Citizen’s panel contains questions relating to child protection awareness and behaviour every 2 Years (included 2015, due 2017)</p>	<p>Evaluation report by September 2016</p> <p>Distribution by October 2016</p> <p>Review reported by December 2016</p> <p>Website and campaign launched by March 2017 with evaluation plan approved.</p> <p>Coverage in local press and social media</p> <p>Questions included in 2017 Citizen’s Panel</p>	Communications sub group

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Continuous Improvement – Self Evaluation</b>	<p>A collective approach is taken to improvement in services to protect children.</p> <p>To review the quality of multiagency practice and take action to improve practice where necessary.</p> <p>Case reviews and other self-evaluation activity informs and improves practice</p>	<p>Produce quarterly management information reports with annual review / recommendations.</p> <p>Undertake a multiagency case review where a child has been on the child protection register for over 52 weeks or is re-registered within 1 year</p> <p>Complete x2 specific focus multiagency self-evaluations on agreed priority areas</p> <p>Monitor the implementation of the recommendations from self-evaluation activity.</p> <p>Revise Multiagency case review methodology</p> <p>Develop a suite of Performance Indicators</p> <p>Undertake Self Evaluation of the functioning of the Child Protection Committee</p> <p>Maintain overview over the work of the Perinatal Mental Health Group to implement and evaluate the Test for Change</p>	<p>Annual review for academic year 2015/16 produced by December 2016</p> <p>Report produced by February 2017</p> <p>Reports submitted to CPC by Sept 2016 and Feb 2017</p> <p>Reported regularly to sub group</p> <p>In place by May 2016</p> <p>Agreed by Jan 2017</p> <p>Reported by August 2016</p> <p>Updates six monthly to CPC for discussion.</p>	<p>Performance Management Sub Group.</p>

<b>Core Function</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Continuous Improvement – Policies, Procedures, Protocols and Guidance</b>	Evidence based, up to date published procedures and guidance are available and implemented in relation to core child protection business and related priority issues. As a result staff feel supported to deliver high quality services and children young people and their families receive a consistent service based on good practice.	<p>Revise local guidance on conducting Initial and Significant Case Reviews in line with revised national guidance.</p> <p>Evaluate the introduction of the Initial Referral Discussion Procedure</p> <p>Complete the development of West of Scotland Resistance Portfolio and introduce in Inverclyde</p> <p>Contribute to the redesign of the West of Scotland Child Protection Procedures</p> <p>Contribute a multi-agency child protection perspective to the development and implementation of GIRFEC guidance and procedures around the introduction of the Named Person service and Single Child’s Plan.</p>	<p>Guidance Published by October 2016</p> <p>Report by October 2017</p> <p>Introduced by March 2017</p> <p>Published by March 2017</p> <p>GIRFEC Guidance is compatible with Child Protection procedures</p>	Child Protection Lead Officer

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Continuous Improvement – Learning and Development</b>	Inverclyde has a workforce that is competent and confident to promote the well-being of children and young people, protect them from harm and improve their outcomes.	<p>Continue to deliver a programme of core training and learning opportunities on a multiagency basis</p> <p>Develop and deliver our 9<sup>th</sup> annual multiagency conference on the topic of child neglect</p> <p>Prepare and introduce an induction and development programme for CPC members</p> <p>Continue to develop the role of the Practitioner’s Forum</p>	<p>Training programme delivered and evaluated over the year up to March 2017 and reported thereafter</p> <p>Conference delivered by March 2017 and evaluated thereafter</p> <p>Development plan in place by January 2017</p> <p>Practitioner’s Forum to report to CPC quarterly</p>	Training Sub Group

<b><i>Core Function</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Strategic Planning - Collaboration, Co-operation and Making Links</b>	The Child Protection Committee will have in place effective mechanisms for communication, collaboration and co-operation across all services and agencies with clear links to other multiagency planning partnerships and structures	<p>Consider options ensure the work of the Child Protection Committee is communicated effectively with staff and constituent services and agencies.</p> <p>Develop working arrangements across the range of Public Protection functions</p> <p>Maintain oversight of the implementation of GIRFEC policy and the Children and Young People (Scotland) Act (2014) in Inverclyde to ensure it supports and enhances existing procedures to protect children through regular dialogue and links to the GIRFEC implementation group.</p> <p>Influence national and regional policy and practice in relation to child protection through active membership of Child Protection Committee's Scotland, the West of Scotland Child Protection Consortium and other national and regional forums as appropriate.</p>	<p>Proposals presented to Child Protection Committee by March 2017</p> <p>Public Protection Co-ordinators Network established by September 2016</p> <p>Regular updates provided for discussion at CPC throughout the year</p> <p>Regular updates provided for discussion at CPC throughout the year</p>	Child Protection Committee / Public Protection Chief Officers Group



<b><i>Priority Area</i></b>	<b><i>Where do we want to be?</i></b>	<b><i>How will we get there?</i></b>	<b><i>How will we know?</i></b>	<b><i>Who will be involved/ lead?</i></b>
<b>Children Affected by Parental Substance Misuse (CAPSM)</b>	The level of risk experienced by children affected by parental substance misuse is reduced as a result of the intervention of services.	<p>Programme core training to meet the needs of the workforce.</p> <p>Pilot and review learning and development options to meet unmet needs.</p> <p>Develop and introduce performance indicators and a quality assurance framework for CAPSM.</p> <p>Maintain an oversight of service developments and potential gaps in services to support children affected by parental substance misuse and their families</p>	<p>Training delivered and evaluated</p> <p>Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year</p> <p>Service development proposals 2015/16</p> <p>Updates, discussion and actions agreed recorded at CAPSM sub group throughout the year</p>	CAPSM sub group

<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Children Affected by Domestic Abuse</b>	<p>The level of risk experienced by children affected by domestic abuse is reduced as a result of the intervention of services.</p> <p>Children who have experienced domestic abuse will be offered a service that meets their need for support.</p>	<p>Pilot the use of the Safe Lives 'Dash' Risk Identification Checklist within Children and Families as an aid to assessment with an evaluation of process, outputs and outcomes</p> <p>Consider options to embed the 'Safe and Together' principles within Inverclyde</p> <p>Review the multiagency screening process for domestic abuse in order to ensure it reflects good practice and takes account of the Children and Young People (Scotland) Act 2014.</p> <p>Provide support and development opportunities for Forced Marriage and Honour Based Violence Agency Leads and Key Links to ensure nominated leads are confident in these roles.</p>	<p>Pilot commenced September 2016. Evaluation to follow 6 months following commencement of pilot.</p> <p>Updates, discussion and actions agreed recorded at Domestic Abuse and Child Protection working group throughout the year</p> <p>Reviewed by March 2017</p> <p>X2 development events by March 2016</p>	Domestic Abuse and Child Protection Working Group

<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Child Sexual Exploitation (CSE)</b>	Services take effective action to prevent Child Sexual Exploitation, protect and support children and young people who are at risk of abuse or are abused through sexual exploitation, and disrupt and prosecute those who perpetrate this form of abuse.	<p>Review and update CSE staff learning and development programme.</p> <p>Develop a introduce a comprehensive programme of education and engagement with young people on the risks of child sexual exploitation</p> <p>Promote public awareness messages via social media and other marketing opportunities</p> <p>Monitor and evaluate the Vulnerable Young Persons Group</p> <p>Scope and develop a work programme on</p> <ul style="list-style-type: none"> <li>• children who go missing</li> <li>• online risk</li> <li>• engaging with those working in the night-time economy and other business sectors</li> </ul> <p>Complete benchmarking exercise using National CSE Working Group Tool to help identify areas for further action</p>	<p>Revised programme delivered from August 2016</p> <p>Updates, discussion and actions agreed recorded at CSE strategy group throughout the year</p> <p>Messages published online throughout the year</p> <p>Evaluation report completed by March 2017</p> <p>Updates, discussion and actions agreed recorded at CSE strategy group throughout the year</p> <p>Feedback from Benchmarking exercise received by December 2016</p>	Child Sexual Exploitation Strategy Group

<b>Priority Area</b>	<b>Where do we want to be?</b>	<b>How will we get there?</b>	<b>How will we know?</b>	<b>Who will be involved/ lead?</b>
<b>Participation of Children and Young People in Child Protection</b>	All children and young people are given the opportunity, support and encouragement to express their views, feelings and wishes during child protection and looked after processes and to have their views considered and taken seriously in accordance with their rights under UNCRC	<p>Establish a Participation in Child Protection Working Group to develop, deliver and evaluate a programme of work.</p> <p>Introduce and evaluate the impact of 'Tell people what you think' resources to gather the views of young people to inform Child Protection Conferences and LAAC Reviews.</p> <p>To work with practitioners and young people to identify assess and make available a range of tools and resources to facilitate participation of young people involved in child protection and LAAC processes.</p> <p>Develop learning and development opportunities, guidance and peer sharing of good practice to support the use of a suite of tools and resources.</p>	<p>Group established by June 2016 and meeting regularly throughout the year.</p> <p>Resources introduced by August 2016 and evaluation complete by January 2016</p> <p>New tools and resources introduced from September 2016 – March 2017</p> <p>Delivered to accompany introduction of new tools.</p>	Participation in Child Protection Working Group (in conjunction with Practitioner's Forum)

## 6.0 APPENDICES

## Appendix 1 Members of Inverclyde Child Protection Committee as at 31 March 2016

Membership	Agency
Sharon McAlees (Chair)	Inverclyde Community Health & Care Partnership
Angela Edwards (Vice Chair)	Inverclyde Council: Education and Communities
Dr Catherine Addiscott	NHS Greater Glasgow & Clyde
John Arthur	Inverclyde Council: Education and Communities
Lynne O'Brien	Barnardo's Nurture (representing 3 <sup>rd</sup> sector)
Lindy Scaife	COPFS
Nichola Burns	Police Scotland
Jane Cantley	Inverclyde Community Health & Care Partnership
Karen Gleed	NHS Greater Glasgow & Clyde
Elsa Hamilton	Inverclyde Council: Education and Communities
Anne Jamieson	Inverclyde Community Health & Care Partnership
Dr Brian Kelly	NHS Greater Glasgow & Clyde
Alan Stevenson	Inverclyde Community Health & Care Partnership
Gerard Malone	Inverclyde Council: Legal Services
Bob McLean	Inverclyde Community Health & Care Partnership (Social Work Services) (representing Inverclyde Alcohol and Drugs Partnership )
Aine McCrea	Inverclyde Community Health & Care Partnership

<b>Membership</b>	<b>Agency</b>
Kenneth Ritchie	Scottish Children's Reporter Administration
Jane Wallace	Riverclyde Homes (representing local housing associations)
Susan Mitchell (in attendance)	Inverclyde Child Protection Committee

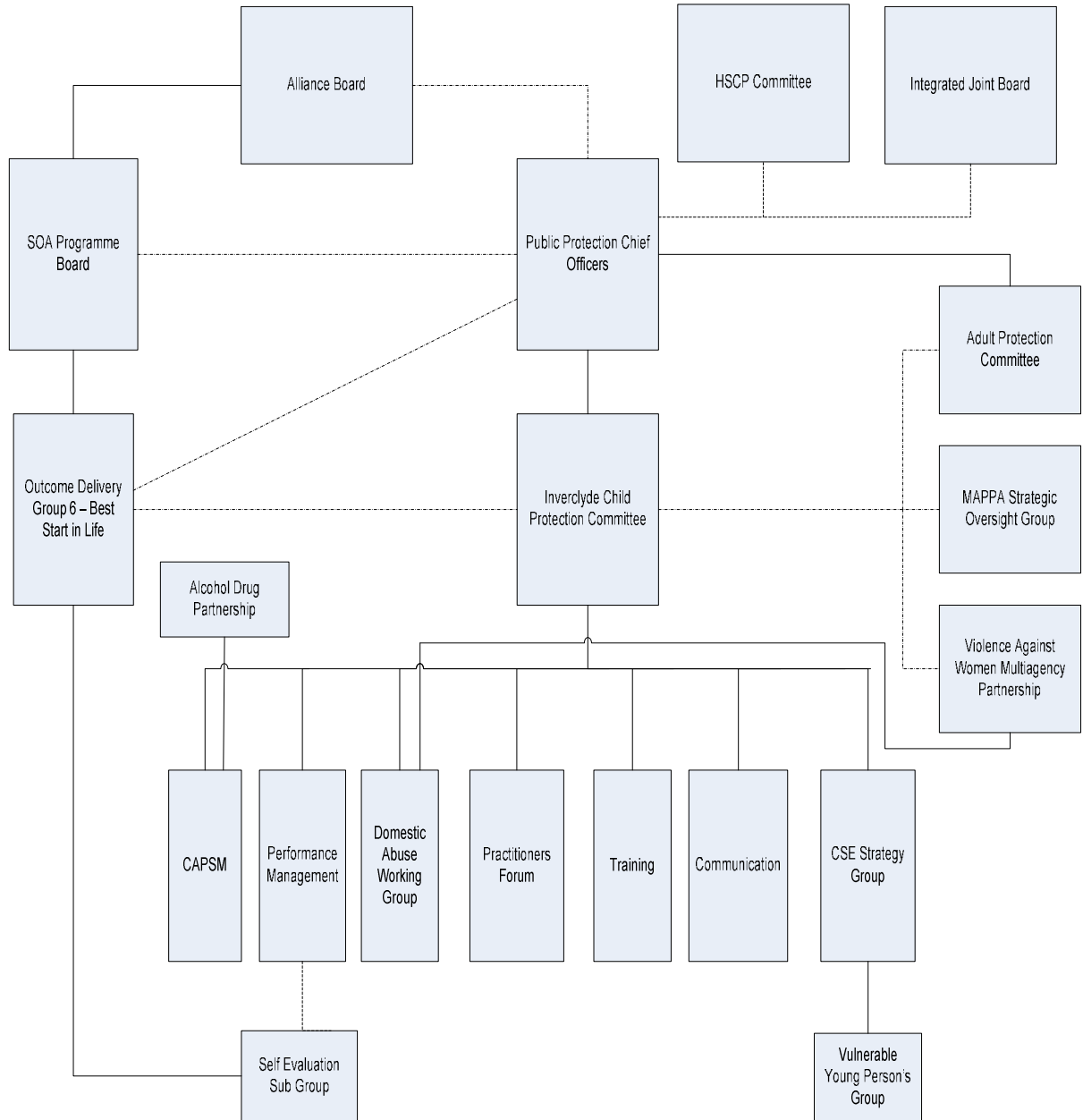
**Appendix 2 Members of Inverclyde Public Protection Chief Officers Group as at 31 March 2016**

<b>Membership</b>	<b>Agency</b>
John Mundell (Chair)	Chief Executive, Inverclyde Council
Brian Moore (Vice Chair)	Director, Inverclyde Community Health Care Partnership
Wilma Bain	Corporate Director Education & Communities
Hugh Clark	Convener Adult Protection Committee
Margaret McGuire	NHS Greater Glasgow & Clyde Health Board
Sharon McAlees	Inverclyde Community Health Care Partnership
Kenneth Ritchie	Scottish Children's Reporter Administration
Jim Downie	Divisional Commander, Police Scotland



### Appendix 3

## Governance Structure of Inverclyde Child Protection Committee



**Representation between key local planning groups linked to Inverclyde Child Protection Committee is listed below**

Alliance Board & Public Protection Chief Officer Group	John Mundell
SOA Programme Board & Public Protection Chief Officer Group	John Mundell
SOA6 Outcome Delivery Group & Public Protection Chief Officer Group	Wilma Bain
SOA6 Outcome Delivery Group & Inverclyde Child Protection Committee	Sharon McAlees
Alcohol and Drug Partnership & Inverclyde Child Protection Committee	Bob McLean
Violence Against Women Multi-Agency Partnership & Inverclyde Child Protection Committee	Jane Cantley
Adult Protection Committee & Inverclyde Child Protection Committee	Bob McLean
MAPPA Strategic Oversight Group & Child Protection Committee	Sharon McAlees