

Angus Child Protection Committee



*working together to protect
children in Angus*

Annual Report 2017-2018

ANGUS CHILD PROTECTION COMMITTEE

ANNUAL REPORT 2017-18

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FOREWORD – CHAIR OF THE ANGUS CHILD PROTECTION COMMITTEE

Angus Child Protection Committee has committed to preparing this Annual Report in a different format than in previous years.

Angus Child Protection Committee has continued to build on previous strengths in 2017-18. The development of its first three year strategic plan, based on an agreed vision, values and strategic goals demonstrates a commitment to joint working, improvement and self-evaluation.

Partnerships across the Angus area through Protecting People Angus have been strengthened. Working with colleagues across Tayside through the Tayside Regional Improvement Collaborative has opened up further opportunities for improving consistency, sharing experiences and joint projects.

The work of the committee, as always, is only possible because of the hard work and commitment of the Protecting People team, who provide excellent support to committee.

Above all, all practitioners across all services in our area continue to work hard to protect children and young people. Their commitment to learning and development, and adoption of revised processes and guidance ensures that outcomes and experiences of children in our area will continue to improve.



Christine Knight

Christine Knight

Independent Chair

1. ANGUS CHILD PROTECTION COMMITTEE



Background

The [Angus Child Protection Committee \(ACPC\)](#) is the local strategic planning partnership responsible for developing and implementing child protection policy and strategy across and between agencies. The committee performs a number of crucial functions in Angus including the co-ordination of training for professional and other staff, the development of policies, procedures and protocols, ensuring the effectiveness and quality of local child protection services through continuous improvement and the provision of public information about child protection.

Angus Child Protection Committee, via the Independent Chair, reports to Angus Chief Officer Group (COG). COG has a rotational Chair. This was held by Angus Council in 2017, Police Scotland in 2018 and will rotate to NHS Tayside in 2019.

The [Values and Vision of the Committee](#) remain the same and underpin all of the work that the Committee has undertaken in the past year.

2. Angus 'Protecting People' Partnership

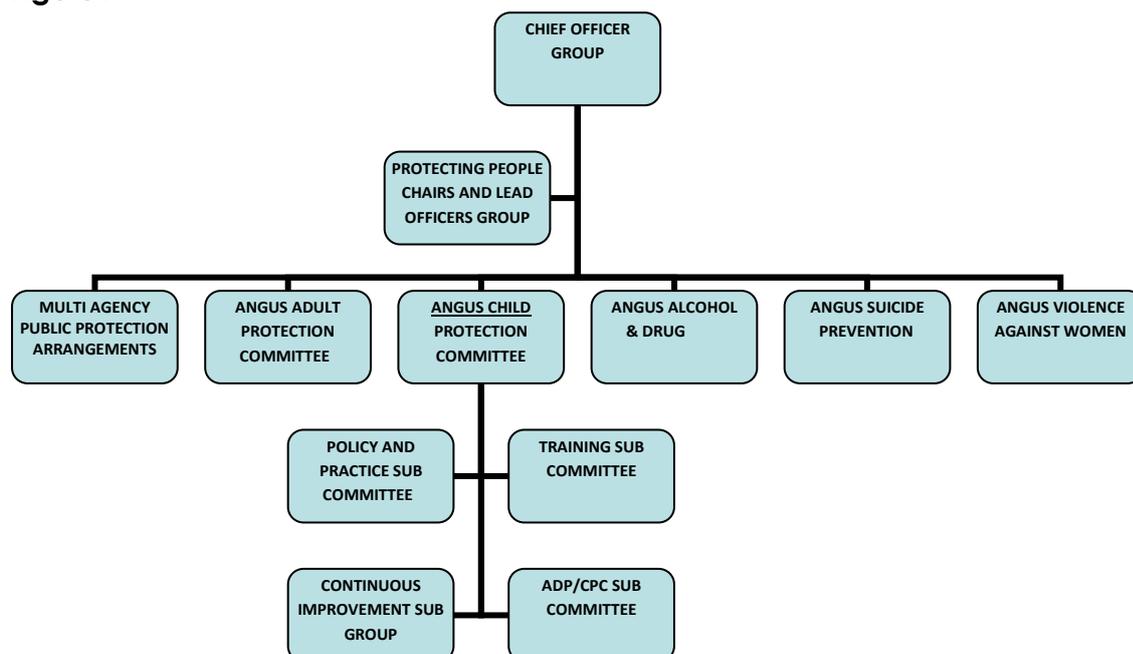
Angus CPC believes it is important to retain a committee focussed on the business of child protection work in Angus. However we are fully committed to collaborating across all of our protecting people partnerships to ensure that our work is coordinated with the work of other partnerships, considers a 'whole family' approach to child protection and makes best use of the resources we have available. With this in mind, we have worked closely with our 5 thematic partnerships (Angus Adult Protection Committee, Angus Violence Against Women Partnership, Angus Suicide Prevention Collaborative, Angus Alcohol and Drugs Partnership and MAPPA) to develop a 'Protecting People' identity. The Chairs and Lead Officers of the partnerships have been working together to lead collaborative work on shared policy, learning and development opportunities and to plan events where cross cutting themes are explored. During 2017-18, our focus has been on reviewing and improving access to good quality learning and development opportunities, improved communication both internally and externally with the publicising of shared messages and mechanisms to access support, reduce duplication of effort and develop more joint working.



A good example of a joint approach is our 'Making Connections' Conference that took place in March 2018 and focussed on adverse childhood experiences and the impact across all areas of work. This was well attended and well evaluated by professionals from all partnership areas and has helped us launch our shared approach to 'protecting people'.

Angus CPC is represented in the governance structure at figure 1 below.

Figure 1



3. Strategic Goals

During 2017-18, ACPC developed and begun operating a 3 year Strategic Plan. This plan was developed around four overarching strategic goals.

STRATEGIC GOAL 1

We will have a confident, competent and supported workforce; skilled and equipped to identify, support and protect children and young people from harm.

STRATEGIC GOAL 2

We will have strong approaches to tackling and mitigating the effects of childhood neglect.

STRATEGIC GOAL 3

We will work in partnership with children, young people, parents and wider families in the choices, decision making and planning processes in order to keep children and young people safe.

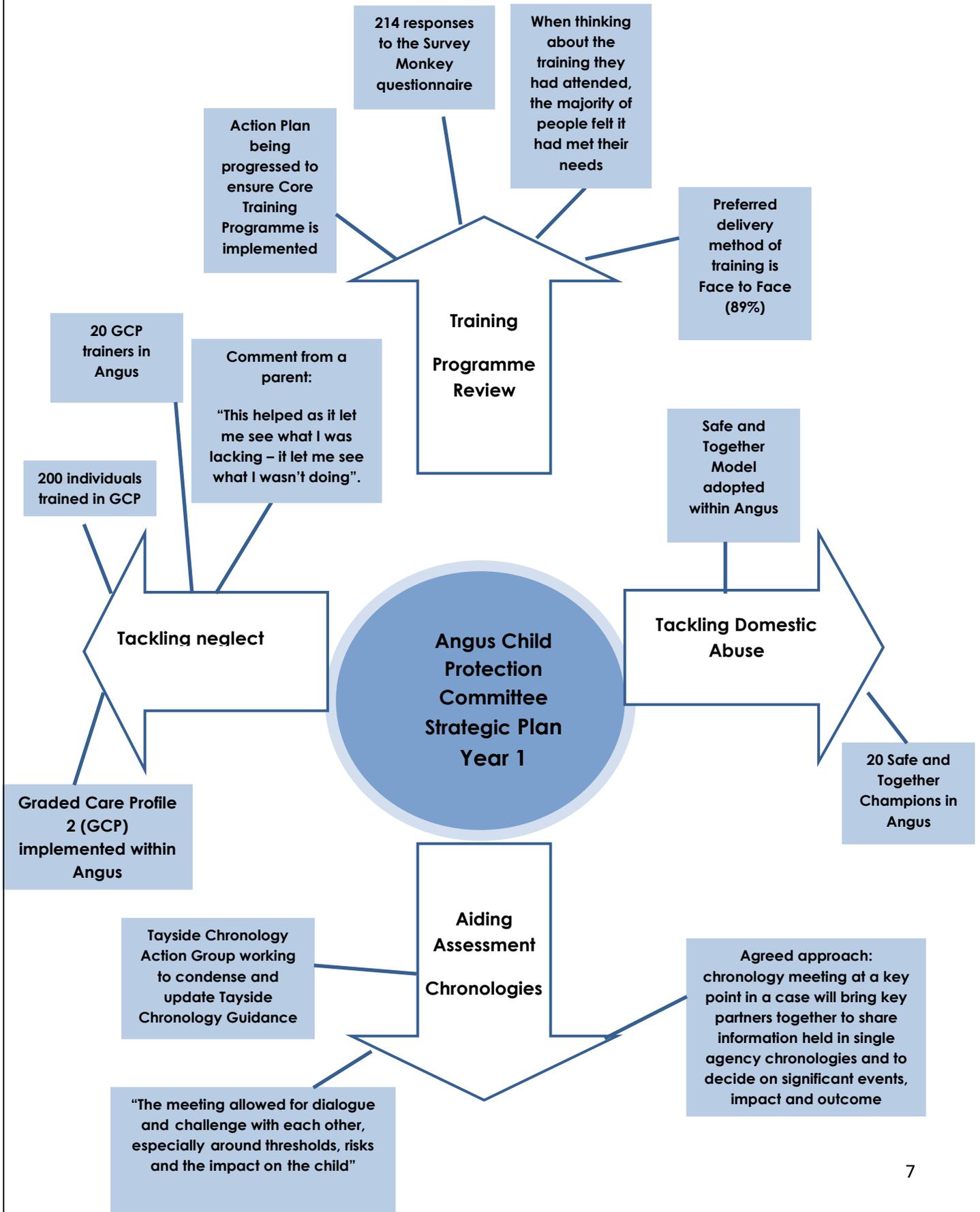
STRATEGIC GOAL 4

We will ensure strong leadership and accountability through Angus CPC and COG, by improving the use of data, performance reporting, self-evaluation and planning.

The strategic goals have been identified as areas requiring improvement through our self evaluation activity and from the outcome of our 2016 Inspection findings. We have continued to work through our inspection action plan and the work identified has helped us to make improvements in the necessary areas.

A short summary of our key areas of work and achievements is outlined in figure 2 below. The ACPC sub groups are responsible for progressing the work and the outcomes are described in more detail below.

Figure 2 – Summary of priorities and key achievements



4. Progress towards our strategic goals for 2017 – 2018

We will have a confident, competent and supported workforce; skilled and equipped to identify, support and protect children and young people from harm.

The ACPC Training sub committee has led on this priority during 2017-18.

This year saw the development of a one day course on **Direct Communication & Respectful Challenge** introduced to the learning programme. These pilot courses focussed on giving workers the knowledge and skills required to respectfully challenge other professionals and therefore helping to reduce the risk of CP issues being missed.

Work continues with the **Tayside Child Protection Learning and Development Group** to ensure, where appropriate, a Tayside approach is taken to learning. Examples of the shared learning include:

- The first of the **Child Sexual Exploitation** briefings were delivered on a Tayside wide basis. Going forward sessions will be delivered in different parts of Tayside geographically, but the course content will be the same.
- The updated **Working with Hostile/Non-Engaging Families** course was also piloted on a Tayside wide basis and following very positive feedback will be incorporated into the Angus programme going forward.

Training on the **Graded Care Profile 2** continues to be rolled out across the region to embed the use of the tool, with 8 sessions being delivered during the year. An evaluation is in progress to establish the impact of the tool on outcomes.

A joint Adult Protection and CP/GIRFEC Training sub meeting was held to be exploring how the two areas might link and collaborate effectively on learning. This work will continue with a commitment to further joint meetings planned for 2018/19.

During the last quarter of the year, a major review of the core training programme was undertaken. This review comprised of both focus groups and a workforce wide survey. The findings, along with knowledge of national initiatives have been used to form the basis of an updated core training plan, which will be delivered from 2018/19 and will include updated versions of some courses and introduce new learning topics to the programme, such as:

- Protecting Children with a Disability
- Attending Professional Meetings
- Communication and Information Sharing
- The impact of Adverse Childhood Experiences

We will have strong approaches to tackling and mitigating the effects of childhood neglect

Graded Care

At the end of 2015 Angus CPC agreed to be a pilot authority with the NSPCC for the implementation of Graded Care Pilot 2 (GCP2) which is an accredited and licenced assessment tool for assessing neglect. The decision to proceed as a pilot area was taken in conjunction with social work staff who had some experience of using the original tool and were keen to develop skills and share an approach across the whole partnership.



A multi-agency steering group was formed to implement and evaluate the pilot period and the subsequent roll-out of the GCP2 tool. The tool has begun to be implemented on a phased basis, starting with all Lead Professionals with the next phase focusing on Named Persons. Guidance is being drafted making explicit to practitioners when a GCP2 assessment should be completed and outlining how this dovetails with GIRFEC, the Integrated Assessment and other assessment tools. A training plan has also been developed.

The Steering Group has also developed mechanisms for ongoing monitoring and evaluation of the implantation of GCP2 within Angus including consultation with families who have engaged in the process.

Early Screening Assurance Arrangements

Angus CPC has delivered an 'Early Screening Group' for several years now, the aim of which is to ensure early and effective intervention for children identified through Police child concern reports. We have ensured that our named person service is set up to receive these concern reports at an early stage without building in the need for group screening. Our work has now evolved from an early screening group to an 'early screening assurance group' where we sample child concern reports each month to track what impact receiving the information has had. This allows us to understand how the system works, what support named persons and lead professionals may need, identify positive and innovative practice and engage the third sector in supporting families. This multi-agency work is in the process of being evaluated but early indications are positive and we are confident our system is working well to meet the needs of children and young people.

Using Chronologies effectively

Improvements in the quality of chronologies has been identified as an area of work linked to child protection practice including where neglect is an issue. We have worked on a multi-agency basis to focus on 2 areas of practice:

- Ensuring our chronology template and guidance is workable and fit for the purpose it is intended – our survey of staff and quality assurance work identified that the current format which had 7 columns created a barrier to effective use – the outcome of this work was to use a shorter, more succinct 4 column template with revised guidance and training for staff and incorporating this into the training programme referenced above
- Promoting the use of chronology meetings to plan at key points in a child's life, in particular where the situation is high risk and complex. Feedback from staff and a small scale pilot was undertaken to assess the cost in time and the benefit in using a chronology meeting to making effective decisions. Chronology meeting guidance is now in place and multi-agency chronology meetings are taking place for a small number of our most vulnerable children and families. There is evidence this is contributing effectively to good quality decision making, engaging parents and carers in understanding risk and resilience and building staff confidence

Improve our approaches to domestic abuse

Angus is an early investor in the 'Safe and Together' model of intervention. Safe and Together is a child centered model which provides a framework for ensuring our approaches to working with families are strength based, hold perpetrators to account for abusive behavior and take a more supportive approach to assessing safety and wellbeing factors and determining interventions.

Prior to the implementation of the model, we delivered domestic abuse awareness and preparation training to over 40 practitioners. Case file audits were undertaken to establish a baseline and support staff to understand the challenges of our current practice.

Following intensive preparation (4 days of training by the Safe and Together Institute (USA)), we now have twenty operational "champions" across Angus. A number of Safe and Together briefing sessions have been delivered to raise awareness and promote better understanding of the model and encourage changes in practice. Work is ongoing with operational champions to further the embedding of Safe and Together into practice and to support practitioners who have not been trained as champions to apply the principles within their practice. An Implementation Group is managing the plan and monitoring progress and impact. This group reports quarterly to the CPC.

We will ensure strong leadership and accountability through Angus CPC and COG, by improving the use of data, performance reporting, self-evaluation and planning.

The Angus Self Evaluation and Continuous Improvement sub committee have led on this strategic goal.

The main focus of the Self-Evaluation and Continuous Improvement (SECI) sub committee has been monitoring the progress of the action plan arising from the Care Inspectorate Inspection of Service for Children and Young People.

The SECI are also developing a framework for audit and self-evaluation based on the revised care inspection model.

Work has begun on the implementation of shared dataset for child protection and looked after children. This dataset will be used alongside the above noted framework to support performance reporting, self-evaluation and plans for future improvement.

5. Highlights

Tayside Regional Improvement Collaborative- Priority Group 5

The Tayside Children's Services Collaborative is led by the Councils of Angus, Dundee City, and Perth & Kinross, with NHS Tayside, Police Scotland and third sector organisations. The three Child Protection Committees collaborate as one of five priority groups (Priority Group 5) organised to take forward the priority for safeguarding and child protection set out in the Children's Services Plan 2017 – 2020. Priority Group 5 is responsible for ensuring that approaches to protecting vulnerable children and young people are integrated, focussed on early identification and immediate and effective intervention to remove and reduce the risk of significant harm.

The group is working to identify and develop priorities for collaboration; carry out improvement work to take forward these priorities; and track, monitor and report on progress. The initial focus is to ensure consistent high quality child protection practices across the collaborative moving towards greater sharing of resources and integrated models of delivery over the life time of the plan.

Progress and Priorities of the group

- A Tayside wide "Connect with Neglect" Conference is planned for November 2018 with the aim of sharing good practice and learning with regard to approaches to neglect across Tayside.
- Chronologies - Tayside chronology guidance is being developed with the aim of ensuring consistency and best practice.
- IRDs – work ongoing across Tayside to develop a consistent and best practice approach to IRDs.
- Unborn Baby Protocol – work ongoing to update a Tayside Unborn Baby Protocol to improve early identification and support to expectant mothers

Pupil Progress Record Review

In January 2018, an Angus review group was established with the purpose of reviewing the current procedures for Pupil Progress Records (PPRs).

Membership of the review group were staff from Primary and Secondary schools; Senior Practitioner – Child Protection, and was supported by those with a specialism in LEAN methodology.

The new policy aims to provide clear and concise guidance and procedures that will promote good practice for storing information for Angus pupils that:

- Meets statutory requirements
- Ensures information held for pupils is proportionate; legitimate; transparent; accurate and secure

- Makes best use of information technology systems in order to streamline processes and eliminate duplication
- Allows access to information, at all times, for required staff with responsibility for ensuring the safety and wellbeing for pupils

In short, we only keep what we need to keep; we know where to find it; and we keep it in a safe and secure manner.

Care and Protection Service Review

During 2016 we undertook a review of how we provide Initial and Child Protection responses to children in need. During 2017 we implemented the findings of the review and have created a one point of access for members of the public and professionals; Angus Care and Protection Service. We will continue to build on the findings of this review as we move forward in re-designing our locality services for children and families to ensure we provide good quality responses and optimise opportunities for joint working to identify and support children.

ICR/SCR

An ICR was undertaken in 2017 which has progressed to an SCR. This process is currently underway and more information will be provided when the review is complete. We have used the SCIE approach for this SCR and worked closely with the family of the young person concerned and staff who were involved.

We have implemented an action plan arising from an ICR completed in 2017, with a process included for ongoing review and evaluation. A further ICR was undertaken on 2018 and the development of an action plan is underway, focusing on the key recommendations from the ICR.

NHS Tayside update

A wide range of work has been undertaken throughout 2017/18 to strengthen and develop services to protect children and young people in NHS Tayside. Significant achievements include developments in how information is shared across partner agencies and measures to support staff across the organisation to ensure they confidently engage with others when concerned about a child.

Generic Email Boxes

Sharing relevant information at the right time between partner agencies is fundamental to the protection of unborn babies, children and young people who are at risk of harm. An important development in September 2017 was the establishment of two centralised generic email boxes, hosted in NHS Tayside, which support information flow and partnership working. The mailboxes receive and distribute information relating to practitioner concerns about children and young people. Standardised processes and monitoring arrangements ensure any delays in information flow are minimised enabling timely and appropriate partnership responses to protect vulnerable children and young people.

Child Protection Advice Line

NHS Tayside's centralised telephone child protection staff advice line provides advice on child protection matters and signposts staff to other agencies when needed, Monday to Friday, 9.00am - 4.30pm (excluding public holidays). In addition to the support given to those working in children and young people's services contacts from services including Sexual Health, Mental Health, General Practitioners and Social Work accounted for 61% of all contacts in 2017/18 indicating increased staff child protection awareness across the wider organisation.

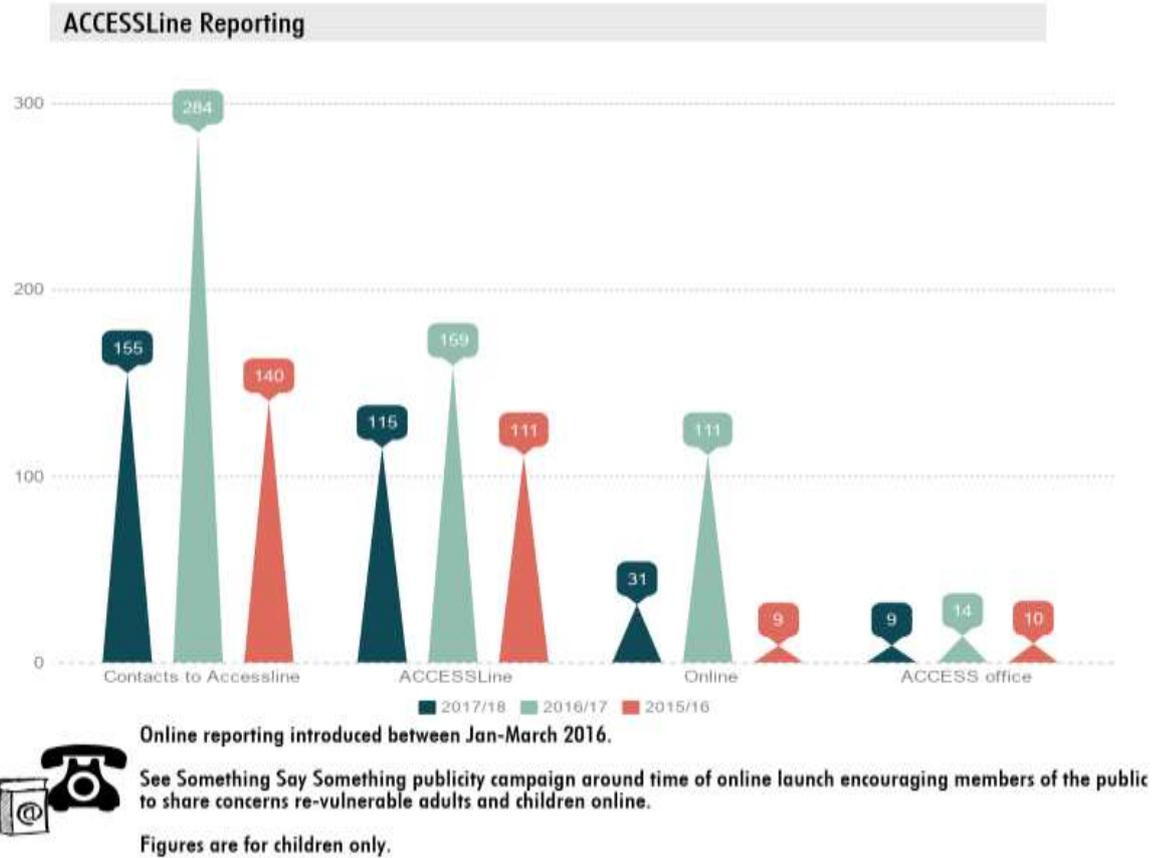
Child Protection Training & Case Supervision Programmes

NHS Tayside has a responsibility to ensure that all staff have the appropriate skill level for the role that they undertake. A refreshed programme of training reflecting learning from both national and local child protection reviews was developed and a comprehensive training programme that included mandatory Child Protection e-learning for all staff, core child protection training and training on specific areas including Neglect, Working with Hostile and Non Engaging Families, Assessment & Decision Making Skills and Child Sexual Exploitation was available to all staff. Throughout 2017/2019, 885 staff attended NHS Tayside Child protection training sessions appropriate to their role.

For staff involved in the day-to-day work with children, young people and families, effective supervision is important to promote good standards of practice and to supporting individual staff members to understand their roles, responsibilities and identify their training and developmental needs. An enhanced model of robust child protection supervision targeting key front line practitioners i.e. Health Visitors, Family Nurses, Community Midwives, School Nurses and Looked after Children (LAC) Nurses and other key staff groups i.e. Medical, Nursing or Allied Health Professionals who come into direct contact with children and young people was implemented across NHS Tayside in 2017/2018. This process ensures practitioner access to appropriate and timely specialist support when there are emerging risks and concerns about children and young people. Implementation of this programme was supported by the delivery of a bespoke training programme for supervisors and managers.

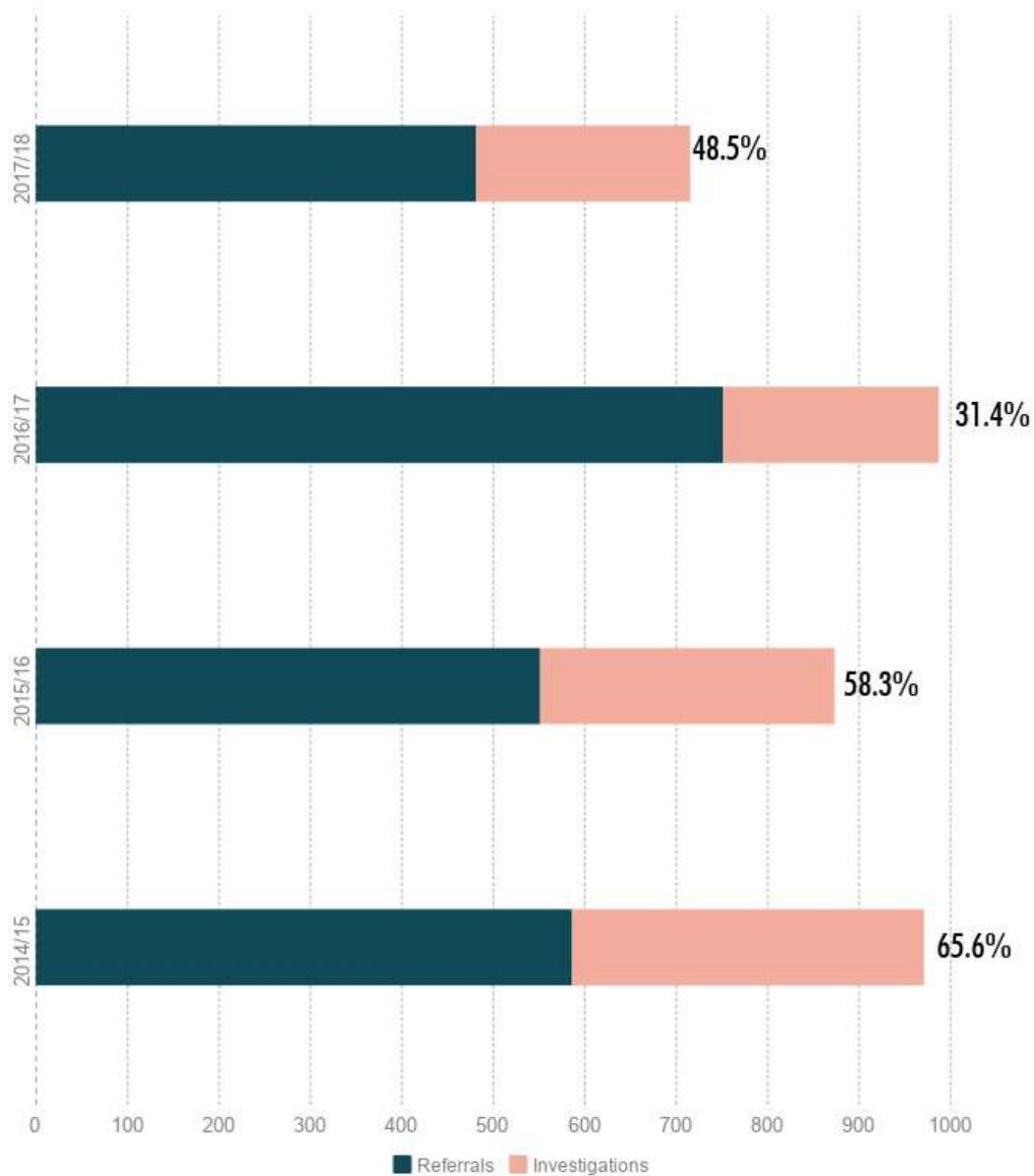
6. Child Protection Statistics

6.1 Referrals



A total of 2,360 contacts were made to the Care and Protection Service to discuss concerns relating to children or young people, a decrease of 520 from the previous year; this decline is attributed to changes in the way social work have managed child concern reports from Police Scotland and developments in the role of our local 'named person' network. Of these, 1,596 progressed to a referral requiring follow up action, an increase on the previous year's 928; this shows that much more appropriate referrals are coming to social work and that early intervention from other agencies is working well.

% of Child Protection referrals that turn into investigations



The number of child protection referrals that result in investigation has increased in the past year. This indicates that a more appropriate level of referral is being received.

6.2 Child Protection Orders



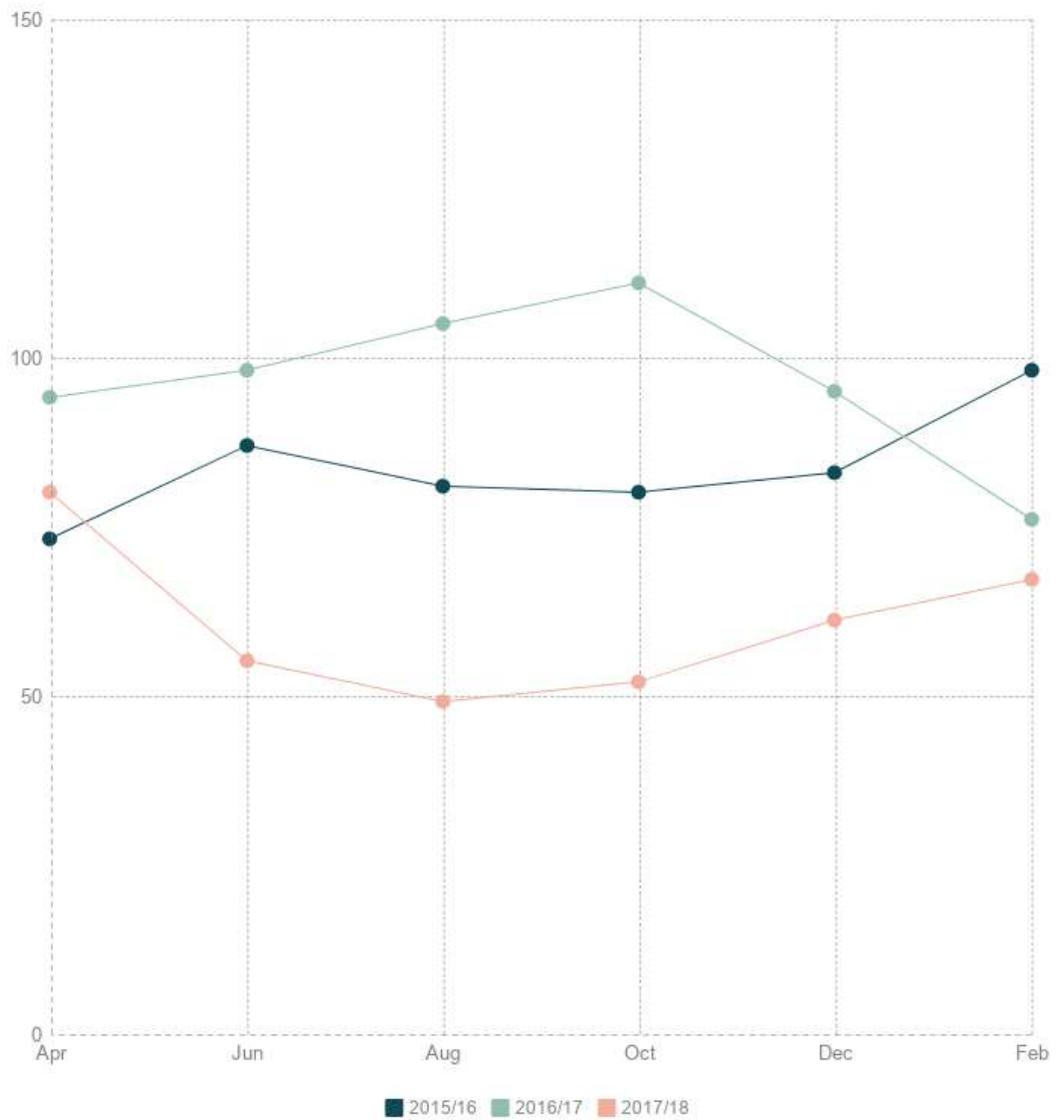
The number of Child Protection Orders considered by Angus Council legal services has increased by 62% while the number of Child Protection Orders taken has increased by 55%. The figure above demonstrates that there is an increase in corroboration between the number of requests for legal advice and the number of Child Protection Orders taken since 2015/16. All Child Protection Orders that were granted were continued at the Second Working Day Children's Hearing.

4.3 Child Protection Registration

On average throughout 2017/18 there were 56 children on the Angus Child Protection Register (CPR), a significant decrease from 95 reported last year (41% decrease) which may reflect the increased focus on early intervention and changes to practice locally to hold a first review at 3 months.

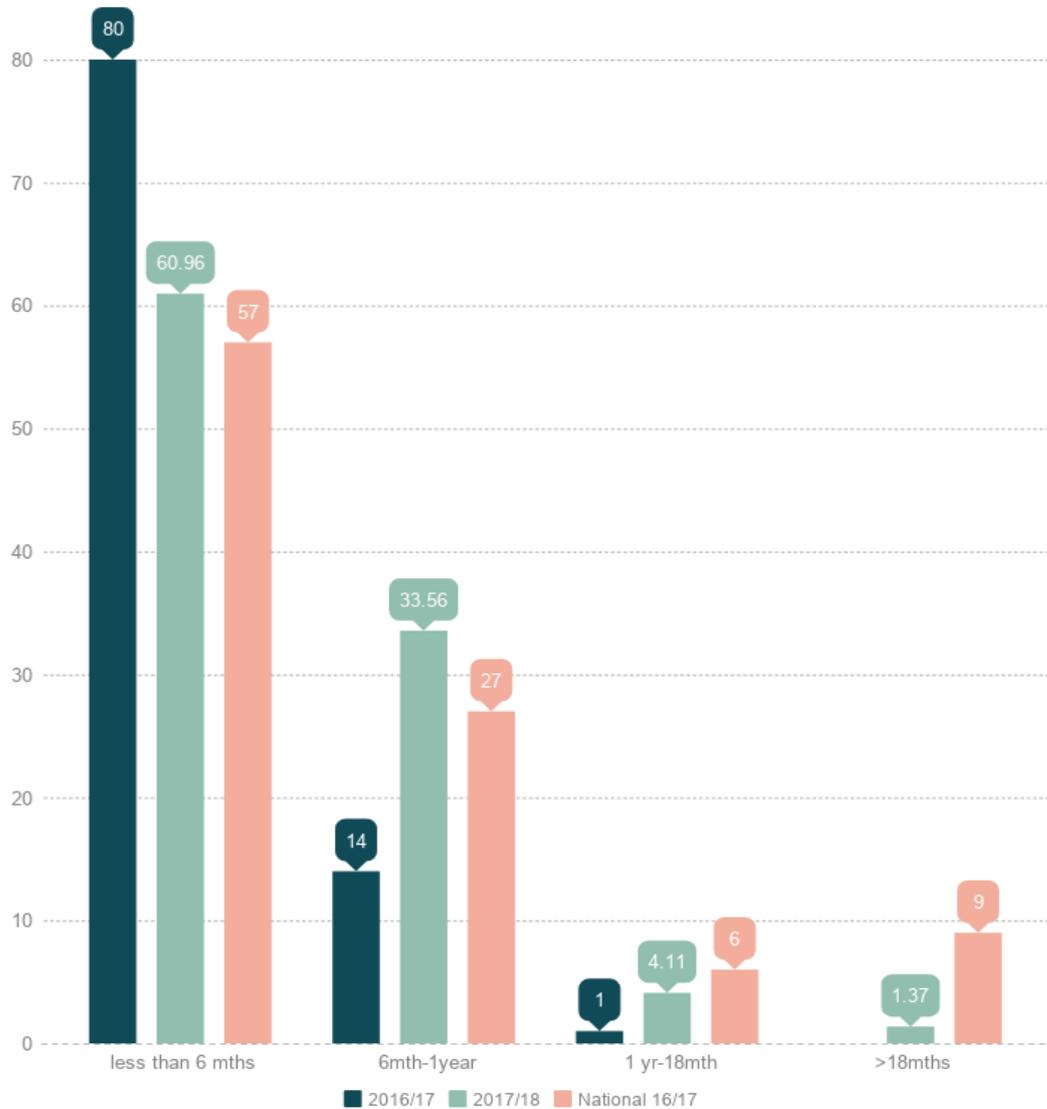
Achieving timescales for holding an initial case conference for those considered at risk has gone from 86% last year to 75% this year, an unintended consequence of improvements we have made to our looked after child review schedule and the number of initial conferences required.

Child Protection Registration



In 2017/18 there were 2.9 children in every 1000 under 16 on the Child Protection Register in Scotland. In Angus, there were 2.7 children in every 1000 on the Child Protection Register. This is lower than the national average and a decrease per population from 2016/17 where the numbers in Angus were above the national average.

Length of time on the CPR

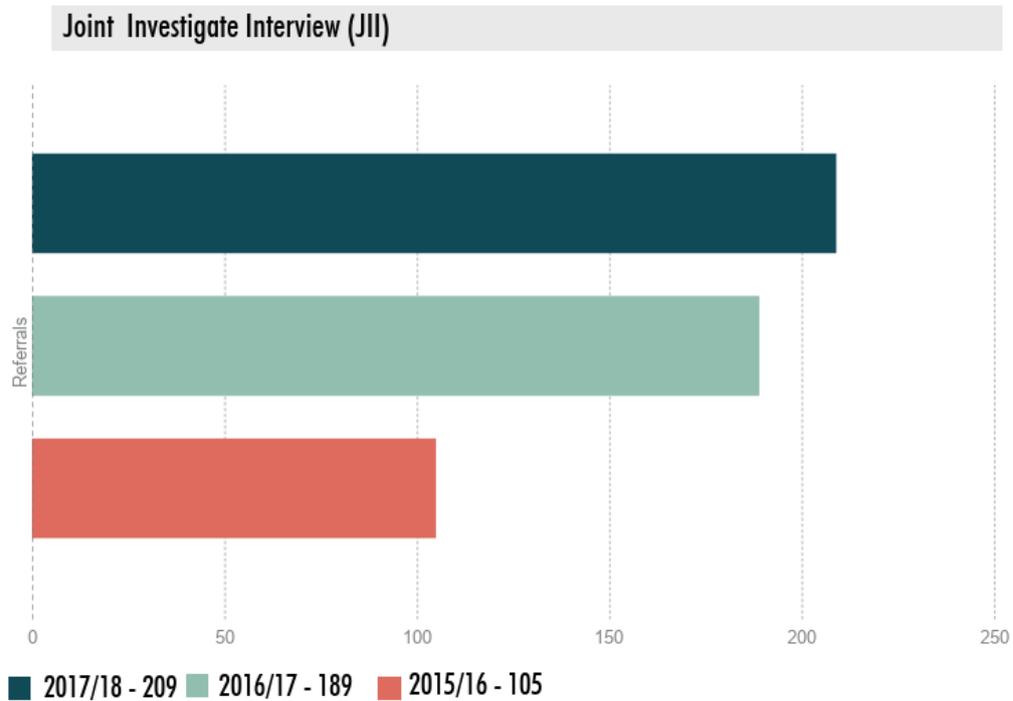


The length of time that children and young people stayed on the Register is:

Less than 6 months	60.96%
6 months to 1 year	33.56%
1 year to 18 months	4.11%
Over 18 months	1.37%

The average length of time that children and young people stayed on the register in 207/18 was 61 days. Of the 82 children on the Child Protection Register on 31 March 2018, the average length of time of registration was just over 6 months (192.5 days). Of the 81 children on the Child Protection Register on the 31 March 2017, 80% had been registered for less than 6 months.

6.3 Joint Investigative Interviews



The number of children within Angus subject to a JII has increased by 90% in 2017/18 from 2016/17. The increase will continue to be monitored, however ACPC is assured that each JII is preceded by a multi agency Initial Referral Discussion to determine need. This will continue to be monitored via child protection information that is provided to ACPC.

7. Safe and Together Practice example

The three main Principles of the Safe and Together approach are:

1. Keeping the child safe and together with the non-offending parent
2. Partnering with the non-offending parent as a default position
3. Intervening with the perpetrator to reduce risk and harm to the child.

Below is an example of analysis within a social work report demonstrating the impact of the Safe and together approach that has been promoted in Angus.

Pre Safe and Together

Ms Y was not forthcoming with information about her relationship with Mr Z and denied that he lived in the property initially. This means that it cannot be determined how long these potential risks have been on-going for and throws Ms Y's motivation to work openly and honestly with professionals into question.

If Ms Y was truly unaware of the drug activity within her home as she has stated, this would indicate that she cannot be fully relied upon to be a protective factor towards her children and is indirectly exposing them to risk of harm. If Ms Y was aware of this activity, this further displays dishonesty towards professionals and risks may have to be assumed.....

Ms Y has made several positive changes during current involvement and states she no longer wishes Mr Z to be a part of her or the children's lives. Notably, Ms Y has also made significant efforts to improve the home conditions to allow the children to return to their own beds. This is encouraging as it displays a commitment to protecting the welfare of her children through a time of crisis, however it is likely that the current momentum may not be sustained. Ms Y has lived through a number of years in volatile relationships and this may be a difficult cycle to break, particularly as Ms Y's own sense of self is currently unknown.

Following Safe and Together training and support to implement

Mr Z and Mr B have engaged in a pattern of coercive control towards Ms Y that has adversely impacted her children. Mr B used physical violence on numerous occasions over their years together, including punching Ms Y's face in front of the children, grounding his fist into her head and pushing her on the face and body. Mr Z has acted violently by damaging Ms Y's home and property and making physical and verbal threats towards her and Mr B has previously threatened Ms Y's life if she chose to talk to the Police. Most recently, Mr Z has implicated Ms Y and child H in drugs charges by allegedly dealing from the home, has approached child H in the community on two occasions when he has been reported missing causing child H to become concerned about how Mr Z knows his whereabouts, has used finances to control Ms Y as well as undermined Ms Y's parenting by discouraging routines, and normalising drug misuse whilst Ms Y and her children have been subject to Social Work intervention.

It is clear that child H has a positive view of his mother and Ms Y has talked about never 'giving up' on her son however at times, Ms Y needs to establish herself clearly as a parent and enforce consequences and boundaries in a clear and consistent way

There are a significant amount of historical issues that are likely to have had a considerable impact on how H currently views and interprets the world around him. Most notably, the Domestic Abuse perpetrated against Ms Y by her previous partners.

The above examples demonstrate the shift from a traditional 'failure to protect' discourse which focusses on the non-offending parent with the underlying assumptions that she can influence the perpetrator's actions and abusive behaviour; to a focus on the behaviour and actions of the perpetrators and drawing a clear link between this and the direct and indirect harm caused to the children.

8. Conclusion

2017/18 has continued to be a period of change for the Angus Child Protection Committee with the appointment of a new Senior Planning Officer and the subsequent developing of the Protecting People Team.

The improvement plan following the Joint Inspection – services for children and young people in Angus informed the Strategic Plan for 2017-19 and improvement work continues to be undertaken.