

If not
you
...**who?**

Dundee Child Protection Committee



Annual Report

2020

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Dundee
Child Protection
Committee

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What do you know?

Introduction

Independent Chair of Dundee Child Protection Committee

Welcome to our Dundee Child Protection Committee Annual Report covering the period April 2019–July 2020. Previous annual reports covered the twelve months between April and March and to bring reporting in line with national requirements we have aligned reporting with the academic year (August–July). Consequently, this report covers a sixteen months period.

As can be seen by the report this has been a busy and productive period for the Child Protection Committee and we have made considerable progress with the agreed actions identified in the last annual report including the production and use of data, scrutiny and quality assurance processes and ensuring any learning from both national and local reviews is implemented to improve policy and practice. There continues to be a full learning and development programme to ensure that all staff across agencies have the appropriate knowledge and skills in this area.

The Dundee Child Protection Committee has been working closely with the Tayside Regional Collaborative and has shared information about good practice and potential improvement areas resulting in a number of new policy / protocols guidelines for implementation across Tayside as well as a review of shared learning from recent Initial and Significant Case Reviews which will inform future work in this area which is detailed in the report.

The report clearly sets out the work for the next year and there continues to be much to do. There will continue to be a focus on scrutiny and self-evaluation and we need to ensure that keeping young people safe and families supported remains a priority for all. Hearing the voice of young people themselves, families and local communities needs to continue to inform this work.

The latter part of this period was made more challenging by the sudden onset of the Covid-19 pandemic in February. Whilst all agencies individually responded with their own operational plans the Child Protection Committee met more regularly to ensure there was an effective multi-agency response to strategic and key identified risks. In my role as Independent Chair I was really impressed by the way all key partners responded quickly and flexibly, shared information effectively and kept an ongoing focus on identifying any hidden harm that may be possibly occurring especially during the period when the schools were closed. This close partnership working continues to respond to the ongoing challenges of the pandemic which continue to impact on staff, families and children and young people themselves.

I would like to thank all the members of the Committee for their ongoing support and dedication but also a big thanks to all staff across the agencies and everyone in Dundee including local communities who play a key role in child protection in Dundee.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee





“Dundee’s future lies with its people. They deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm.”

Key Principles of Protecting People

The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for our communities. We are committed to ensuring the people delivering those services have the knowledge, skills and experience to provide effective support.

In doing so, we will work in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service, Children’s Reporter, Scottish Court Service), voluntary sector and local communities.

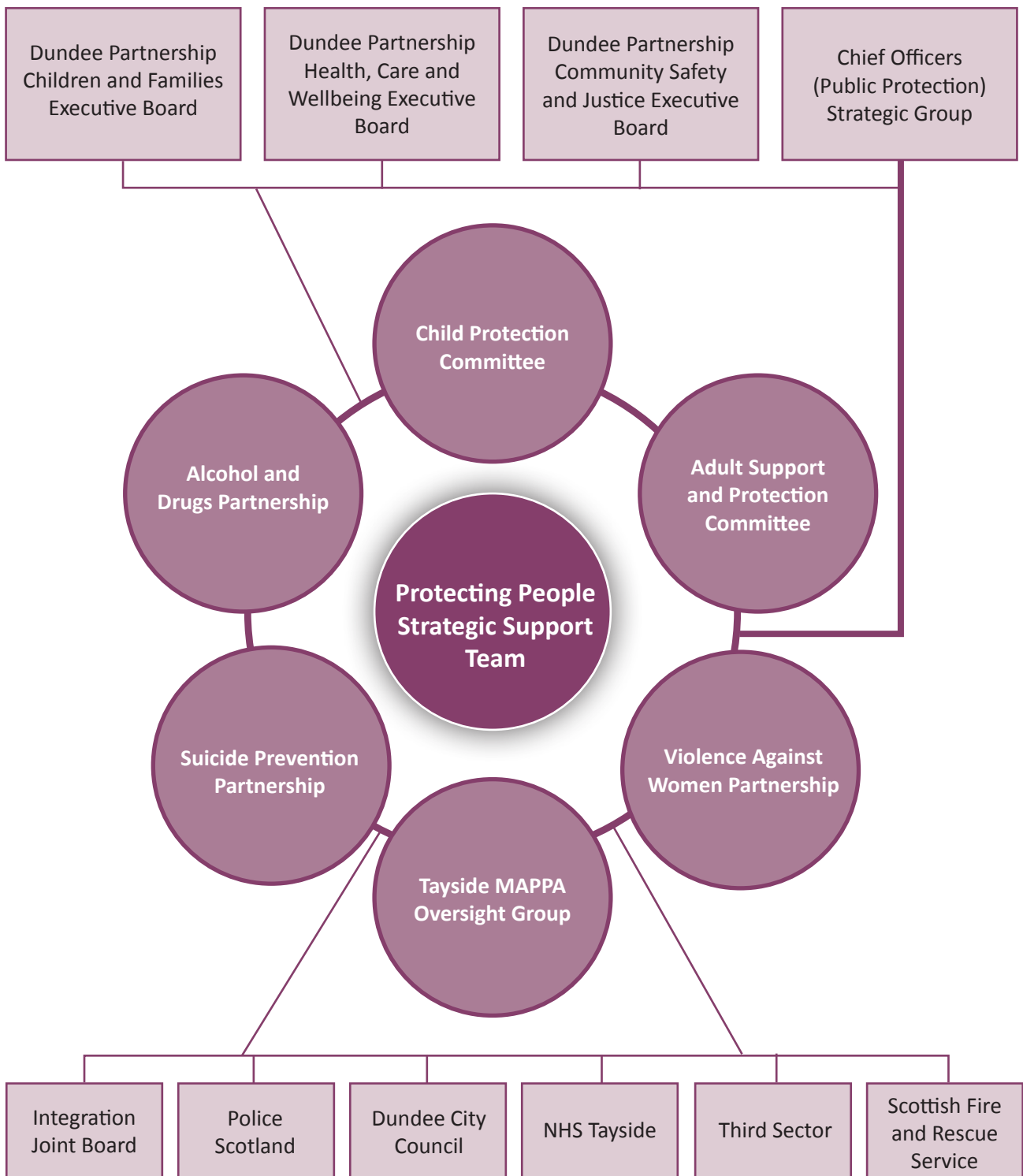
We will also work with the Scottish Government and our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Adult Support and Protection Committee, the Child Protection Committee, the Violence Against Women Partnership and the Multi Agency Public

Protection (MAPPA) Strategic Oversight Group, all reporting to the Chief Officers Group (COG). Over the last year, the Protecting People Strategic Support Team has broadened its responsibility to include suicide prevention and displaced persons.

The Chief Officers Group is the strategic forum for public protection in Dundee with responsibility for shaping and improving the operational development of public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and senior officers who play a key coordinating role. The image below illustrates the relationship between the various bodies and groups to protect the people of Dundee.



Child Protection in Dundee 2



Our city is home to 24,044 children and young people under the age of 16 (General Records of Scotland 2019), most of whom live in safe and nurturing home environments where they are supported to develop and reach their full potential. However, any child or young person, from any background, living in any community can be at risk of abuse or neglect and we all share a responsibility to protect them from physical, sexual, emotional abuse and neglect.

Some key factors which can impede their care, support and protection include:

- Mental health
- Substance misuse
- Domestic abuse
- Poverty
- Limited parenting capacity

All local authority areas have a responsibility to provide supports and services to minimise these risks and protect children and young people. This includes raising awareness amongst the public; supporting the development of our community; and developing structures, systems, services and practice where risks can be identified and proportionately and appropriately responded to. This requires us to understand the nature and extent of risks and support the workforce with the necessary knowledge and skills.

Getting it Right for Every Child

All children and young people will, at various stages, receive support from health or education professionals, who are often the first point of contact to respond to any issues of concern. In Police Scotland, a “Risk and Concern Hub” is operated to ensure that all concerns raised are assessed appropriately and where wellbeing concerns are identified, Child Concern Reports are shared with partners to enable support. This often involves voluntary Team Around the Child Meetings, to coordinate relevant support.

For only a small number of children and young people it may be necessary to address the identified risk by way of statutory child protection procedures. This involves a referral to the Multi-Agency Screening Hub (MASH) for initial assessment. If it is then considered that there is a risk of significant harm, further investigations will be carried out and families may receive either voluntary or statutory but targeted Social Work support. In a very small minority of cases, this may involve emergency legal measures.

The formal Child Protection process is therefore one end of a spectrum of staged interventions applied across the partnership to identify, understand and proportionately address concerns about the health and wellbeing of children and young people. This emphasises the importance of identifying and responding to concerns as soon as possible and of the importance of engaging with families to promote their receptiveness to support and their capacity to thrive. Further details on this aspect of work are outlined in [Section 8](#).

Dundee Child Protection Committee

On 11th February 2019 the Scottish Government published Protecting children and young people: Child Protection Committee and Chief Officer responsibilities. This sets out the relationship between Child Protection Committees and Chief Officers Groups, including in relation to a key role of collective leadership and direction. Specific roles include promoting continuous improvement, engagement and participation, strategic planning and the provision of annual reports.

The work of the Committee takes place within a framework on both a local and national level. The committee is represented in a Tayside Regional Improvement Collaborative as well as the Central and North Scotland Child Protection Committee Consortium and Scottish National Chairs and Lead Officers group. This provides an opportunity to share learning and experiences and develop areas for joint working in an effort to further develop continuous improvement of child protection policy and practice.

The Committee is Chaired by an Independent Chairperson contracted to fulfil this role by Dundee City Council on behalf of the Committee. The Committee is attended by all representatives of key partner services, including the Chief Social Work Officer for Dundee City Council. It also has a number of members who receive minutes but who are not required to attend every meeting. A Lead officer provides the necessary coordination and support for the committee. Membership is illustrated in the graph below and full details can be found in [Appendix 1](#).



Progress with Recommendations from 2019 Annual Report

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What key outcomes has Dundee Child Protection Committee achieved?

Last year the Child Protection Committee made a commitment to improving the collation, analysis and use of data to promote continuous improvement and demonstrate tangible evidence of keeping children and young people safe. Scrutiny and analysis of data is explored in greater detail in [Section 4](#) of this report and future actions are outlined in 1C and 2A of the Delivery Plan 2020-2021 located in [Section 10](#) of this report. Over the last 12 months, some key developments include:

- From October 2019 the CPC has been provided with a quarterly data report on key indicators from both national and local datasets.
- Since April 2020 this has included comparative data from the Scottish Government SOLACE report designed to monitor the impact of Covid-19 on keeping people safe
- In October 2019 a multi-agency sub group was formed to scrutinise key performance data from across the partnership and present trends and anomalies to Committee.
- More recently, key data has been provided on a weekly basis to assist the operational and strategic management of the impact of Covid-19.
- The CPC is now able to evidence that analysis of data is applied to improve practice and keep children safe.

How well does Dundee Child Protection Committee meet the needs of our stakeholders?

Last year, the Committee made a commitment to evidence how personalised and co-produced services are making a difference to the lives and life chances of children, young people and their families. Current and future developments relating to this are outlined in [Section 8](#) of this report, Dundee Family Support Options Review Activity and action 2B of the Delivery Plan 2020-2021 located in [Section 10](#) of this report. Whilst Covid-19 restrictions have had an impact in this area, key recent developments have included:

- Preliminary work relating to piloting of My View App in Dundee. The Looked After Children Review Officer Team are leading on use of the App.
 - Children and young people’s views are currently recorded as part of review minutes, with the focus of future work to be collation and analysis
 - Protecting People Dundee conducted a survey of practitioners and strategic partners into the impact of Covid-19 restrictions upon keeping people safe.
-

How good is Dundee Child Protection Committee’s delivery of services for children, young people and families?

Last year, the Committee made a commitment to evidence effectiveness of the recognition of and initial response to children and young people when there are concerns about their safety. This reflected an effort to determine the extent to which assessments of risk and need are kept up to date and relevant to changing circumstances and inform decision-making on children and young people’s development. Future actions are outlined in actions 1C, 2A,B,C & 3A of the Delivery Plan in [Section 10](#).

- Single and multi-agency instructions/guidance has been reviewed and is supported by appropriate training/awareness raising.
 - Actions identified from last year’s case file audit in relation to chronologies, assessments and plans have been progressed.
 - A working group was established to facilitate a deeper dive of cases and those where neglect is a particular issue, involving consideration of thresholds.
-

How good is Dundee Child Protection Committee's operational management?

Last year, the Committee made a commitment to evidence the extent to which child protection policies, procedures and the use of legal measures link to our vision, values and aims. In this context, between August and December 2019, Children's Social Work Services, which form a key part of all statutory Child Protection activity across the partnership, co-produced an ambitious Improvement Plan. Further details are included in [Section 8](#) of this report and [Section 10](#) of the Delivery Plan. Some key updates include:

- In January 2020 an abbreviated version of a casefile audit tool was developed and is now routinely applied in Children's Social Work teams. Segmentation between localities, teams and workers has helped to identify and inform targeted support
- In April 2020 the impact of Covid-19 led to the introduction of new Minimum Practice Requirements to ensure the frequency of face-to-face contact with families is informed by risk assessments, with routine weekly audits to help calibrate support
- In May 2020 a new template for the completion of chronologies was introduced and is already leading to improved practice across Children's Social Work teams, supported by the more routine case file audits and targeted support
- In August 2020 a new Children's Social Work dataset was finalised and is presently being tested in some teams, with the full involvement of Senior Managers and Team Managers to ensure indicators are both relevant and inform scrutiny and improvement
- In September 2020 a review of the interface between the Multi Agency Screening Hub (MASH), Social Work Intake Teams and Locality Teams was completed to ensure timeous assessments and allocation of families to teams for ongoing support
- In October 2020 changes to the functionality of MOSAIC record management system ensured that assessments, chronologies and plans are clearly and consistently visible on the system, to enable improved information sharing and management oversight
- During the pandemic, the service is ensuring that all children and young people on the Child Protection Register receive a minimum of fortnightly face to face support. In many cases, this is exceeded and is often accompanied by digital support
- During the pandemic, the Children and Families Service worked with partners and families to coordinate 8 Community Support Centres and outreach support across the city, contributing towards the protection of vulnerable children and young people

Last year's casefile audit highlighted inconsistencies in practice regarding where chronologies were stored within social work records and what they contained.

Following the development of chronology guidance and a targeted improvement programme quality assurance activity identified that 94% of 1658 cases now had a chronology in place, with the majority of these rated "good" or better.

How good is Dundee Child Protection Committee's leadership?

Last year, the Committee made a commitment to evidence the effectiveness of leaders in striving for excellence in the quality of services to keep children safe and achieve sustained improvements in the lives of children, young people and families in need of care and protection. Future actions relating to leadership are outlined in the Dundee Child Protection Committee Delivery Plan 2020-2021 located in [Section 10](#) of this report. Prior to the onset of Covid-19, the Committee had achieved the following:

- Further developed actions identified from Improvement Service activity. Specifically, defining the collective vision, values and aims of the CPC; restructuring how we do business; developing a quarterly reporting template; and thematic agenda setting.
- Progressed the transformative re-design of protection processes. Specifically, reaching a shared understanding of the core functions of Committees/Partnerships and their relationship to both the COG and Community Planning Partnership.
- Further developed the Corporate Risk Register for Protecting People (incorporating cross cutting themes from Child Protection and other elements of Protecting People activity, such as substance misuse).

Scrutiny of Multi-Agency Data, Quality Assurance and Evaluation Activity 4

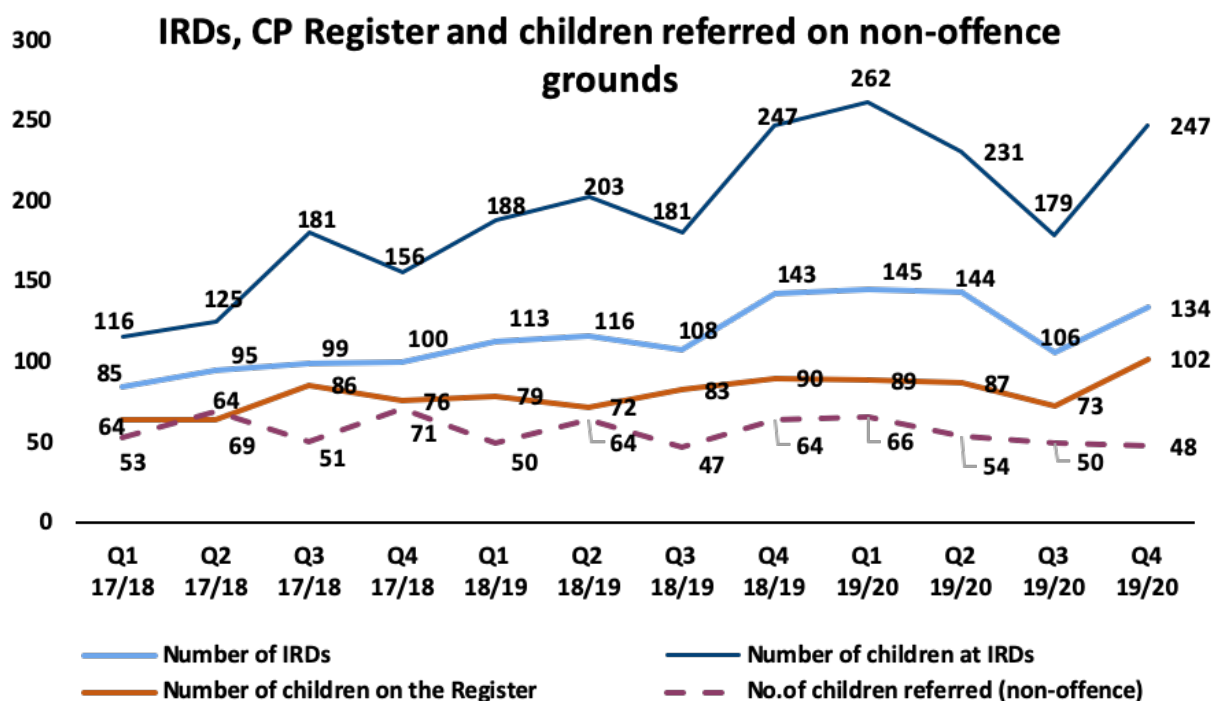


The period covered by this report saw significant developments in the quality, collation and analysis of data relating to Child Protection and associated core actions.

The Committee was one of the first in Scotland to deliver on the national minimum dataset for Child Protection. It has built on the national dataset together with other colleagues across Tayside to develop further local and regional indicators to measure performance, identify trends and help drive improvement activity.

The pandemic has resulted in some radical changes to everyday life and some changes in practice but as the following sections on data show there have not been as many radical shifts as might be expected. This data has been submitted to SOLACE every week and allows comparisons between national, regional and local trends. What follows is a summary of this information, along with data gathered from other sources, to better illustrate key processes and activities.

Headline Summary of Key Activities



The number of children on the child protection register (orange line) is at its highest since 2011 but this is largely due to a decrease in de-registrations rather than an increase in new registrations.

IRDs and children at IRDs decreased briefly in March and April as there were fewer referrals at the beginning of lockdown but figures quickly recovered to average levels. A similar pattern occurred in 2019.

Child Concern Reports

An increased number of Police Scotland Child Concern Reports were seen when compared with the same period in 2019. National data showed a small decrease for the same time period. There was an increase across the region but the increase was significantly higher locally. There was a particularly high increase from mid-June to the end of July 2020. This may be partly explained by a targeted awareness raising campaign and the relaxation of some restrictions. These concerns do not automatically trigger Child Protection responses.

Local Authority	Number of CCRs (wellbeing)		% change
	2020	2019	
Angus	1355	1256	8%
Dundee	2430	2118	15%
Perth and Kinross	1451	1384	5%
Tayside	5236	4758	10%
Scotland	52225	53998	-3%

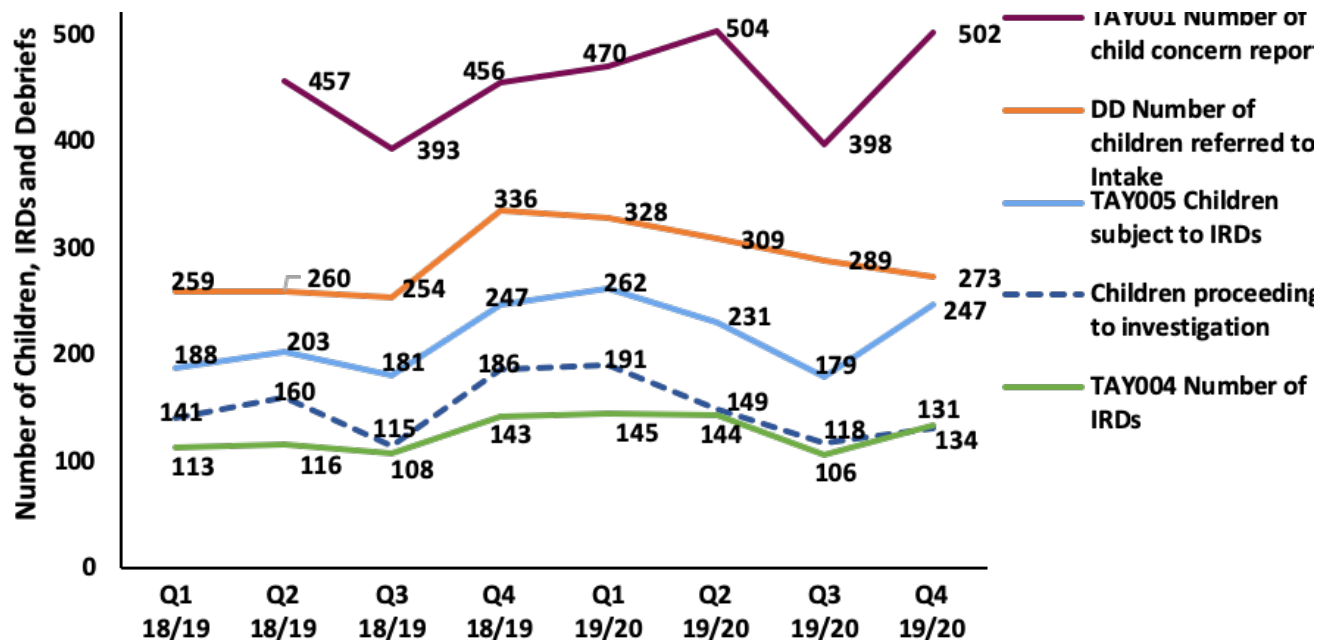
Referrals to Multi-Agency Screening Hub

9395 referrals received during period covered by this report the MASH

Referrals to MASH by source	April-Jul 2019	Aug-Oct 2019	Nov 19-Jan 20	Feb- Apr 20	Apr-Jul 20
Police	636	523	715	642	676
Local Authority/HSCP	397	318	415	288	307
School	416	421	503	400	108
Health	217	256	277	205	167
Public	167	280	248	203	226
3rd Sector	74	50	76	100	84
Total	1907	1848	2234	1838	1568

Whilst referrals vary from quarter to quarter the impact of Covid-19 restrictions and the closure of schools is clearly noticeable in the last quarter with a reduction in school referrals of 339 (18%) on the same period last year. This is primarily due to 308 fewer referrals from schools, a reduction of 74%. It should be noted that the majority of referrals from schools similarly do not progress to formal Child Protection activity but nevertheless highlight a possible need for additional support from universal services.

The table below illustrates the numbers of children subject to Child Protection Processes.



Numbers of Children Involved in Core Processes 2019/20	
Number of Child Concern Reports	1874
Number of Children referred to Intake	1199
Children Subject to IRD's	919
Children proceeding to Investigation	589

Interagency Referral Discussions

Once a concern is considered to potentially involve a risk of significant harm to a child or young person, the first stage of the Child Protection process is an Interagency Referral Discussion (IRD). This is a multi-agency meeting that considers how best to proceed when investigating a concern; coordinating additional support from universal services and/or the Third Sector; and where necessary, making immediate plans to keep children and young people safe.

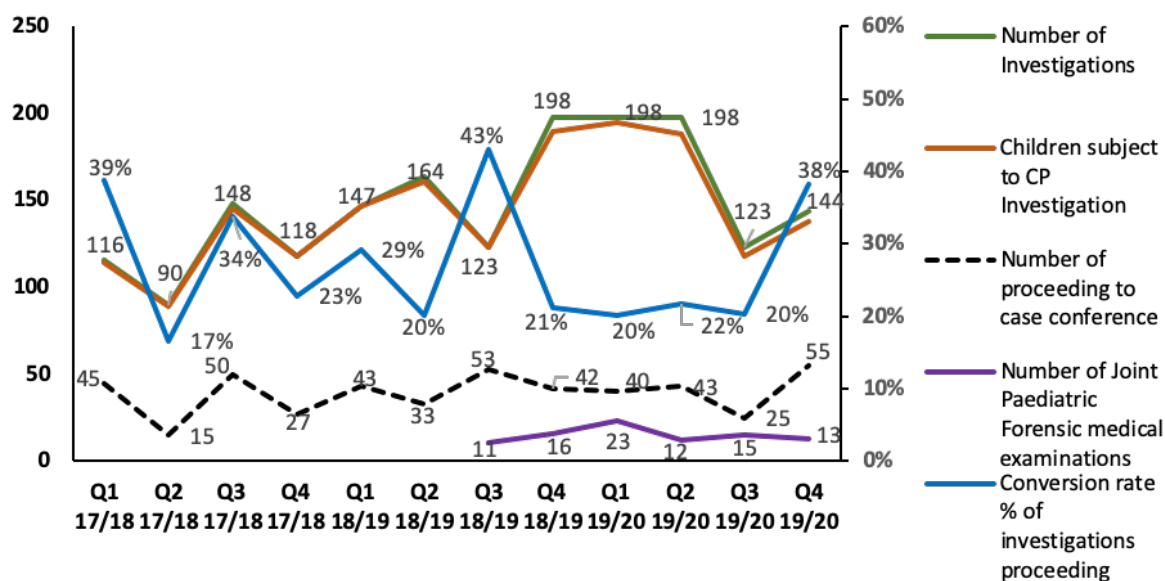
529 Interagency Referral Discussion which considered relating to 919 children and young people in 2019/20.

Showing a similar overall pattern to Child Concern reports, the number of Inter-agency referral discussions increased nationally with Tayside following a similar pattern. However, Dundee shows a higher overall percentage change in the number of IRDs compared with the national trend, whilst the percentage change in the number of IRDs for both Angus and Perth & Kinross are lower. When broken down on a weekly basis, this was manageable within existing resources but contingency plans were in place should it become necessary.

Local Authority	Number of Inter-agency referral discussions		% change
	2020	2019	
Angus	107	107	0%
Dundee	171	148	16%
Perth and Kinross	112	106	6%
Tayside	390	361	8%
Scotland	3679	3443	7%

Further development of a Tayside approach to IRD's is identified a priority action for the coming year.

Child Protection Investigations

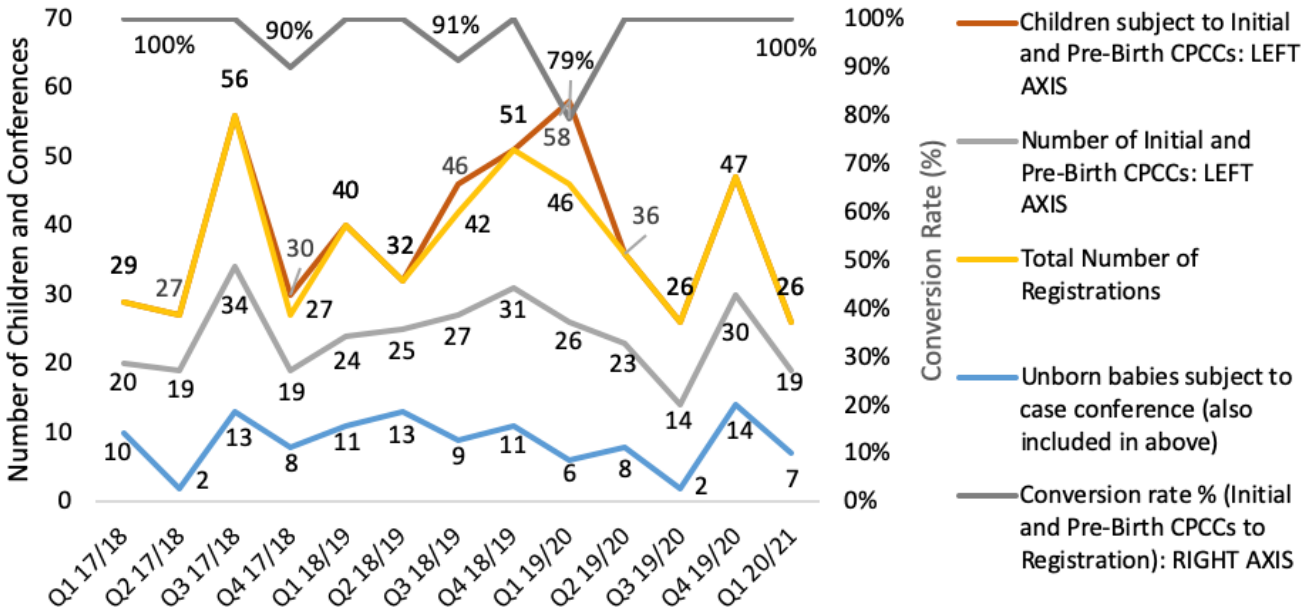


Some of these referrals may not relate to risk that requires a statutory response but where it is suspected that a child or young person has suffered, is suffering or maybe at risk of harm or abuse then a joint assessment of this risk is undertaken. The volume of investigations decreased slightly in the last two quarters back to Feb-Apr 2019 levels. An initial Child Protection Case Conference (CPCC) is then held, so that all of the relevant professionals can share information, identify risks and outline what needs to be done to protect the child.

Any agency may request a CPCC and Children's Social Work Services are responsible for responding to the request. A significant part of the function of the case conference is to determine if a child's name should be entered onto the Child Protection Register (CPR). The conversion rate (the number of investigations proceeding to Case Conference) was at 38% in the last quarter, a major increase from around 20% while numbers of investigations were much higher. The conversion rate for unborn babies was 100%.

13 young people aged 16-17 have been subject to a Child Protection Investigation since August 2019. This is illustrative of a change in the local Child Protection Instructions which consider young people in transition under child protection procedures rather than Adult Support and Protection.

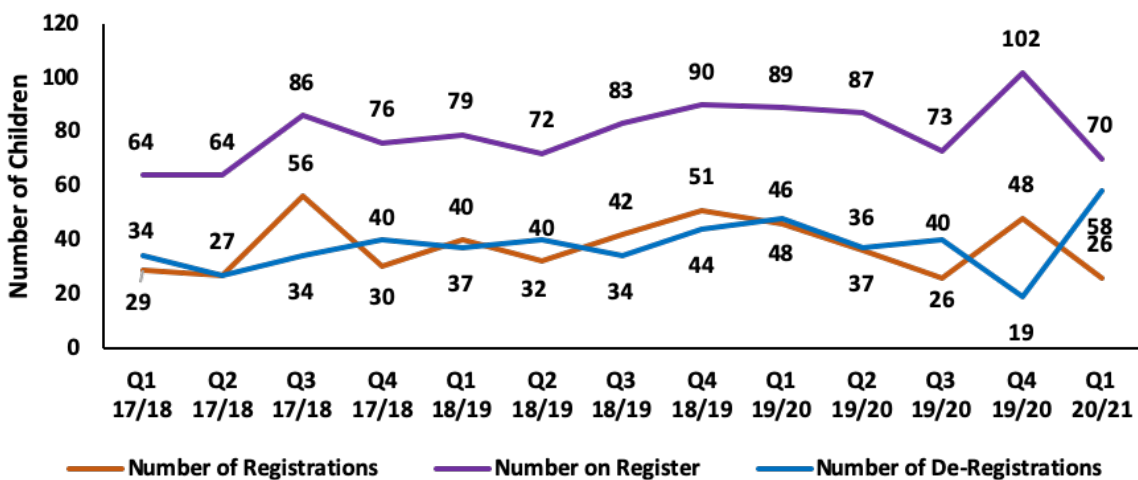
Initial and Pre-Birth Child Protection Case Conferences



Child Protection Register, registrations, de-registrations and re-registrations

Every local authority area in Scotland has a Child Protection Register, which is a list of children who may be at risk of current or future harm. A child or young person’s name (including unborn babies) will be entered onto the register when they are believed to be at actual or potential risk of significant harm. The number of children whose names are on the register at any given time will vary.

155 children had their names added to the Child Protection Register in 2019/20.



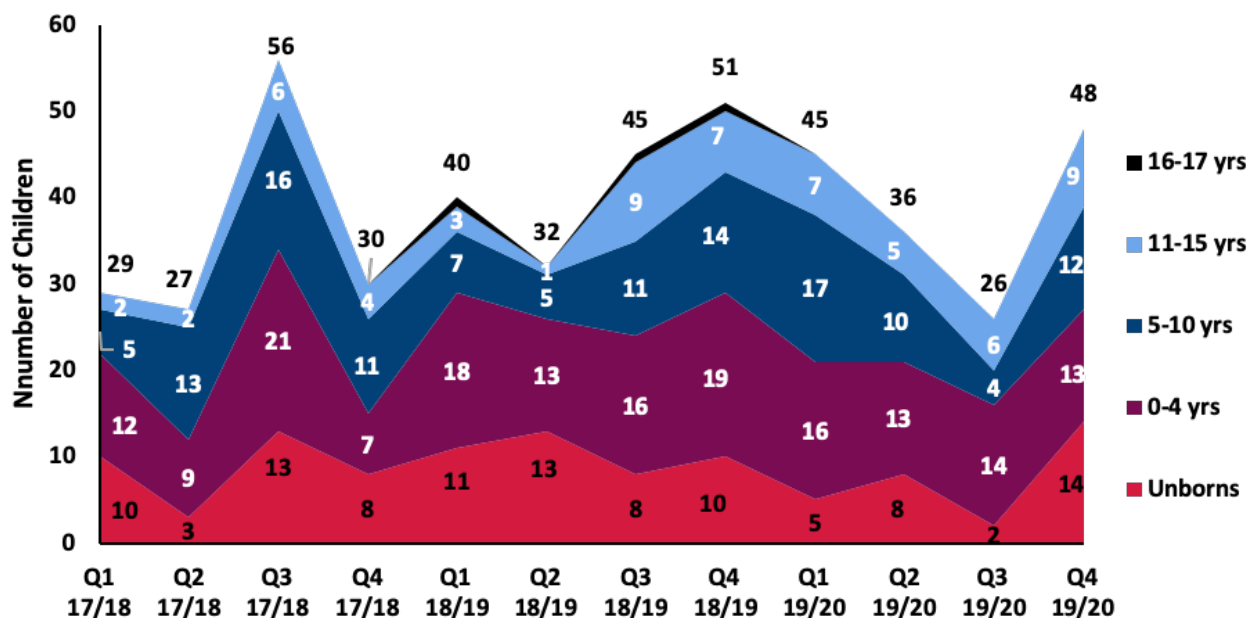
The number on the register continues to be above national average per population and although it has increased during the pandemic this is due to reductions in the number being de-registered. In the most recent quarter (May-Jul'20) 19 de-registrations compared to 48 new registrations led to the sharp increase of children on the register. More recently, numbers have returned to normal levels and continue to be manageable in terms of available support from Social Work teams and partners.

A child's name will remain on the register until it has been agreed by a CPCC Review that they are no longer at risk of significant harm. This may be because the issues identified as placing them at risk have been addressed and no longer warrant registration; the child has been made subject to a Supervision Order by a Children's Hearing; or the child is being cared for by someone else in a living environment other than the one in which they were considered to be at risk, such as relatives, friends, foster care or a Children's House.

48 new registrations peaked May-July 2020, but there was a similar peak in the same quarter in 2019 (51 new registrations).

Characteristics of our Vulnerable Children and Young People

Age of Children and Young People at Registration



During the Feb-Apr quarter of strictest lockdown, there was a sharp decrease in registrations across all age groups except for 0-4 year olds. Overall over the past year, there has been a slight reduction in the number of unborn babies and an increase in the 11-15 year group. While the latter is now close to Scottish average, Dundee still has significantly more unborn babies on the register than most other local authorities. These families are typically supported by the New Beginnings Team.

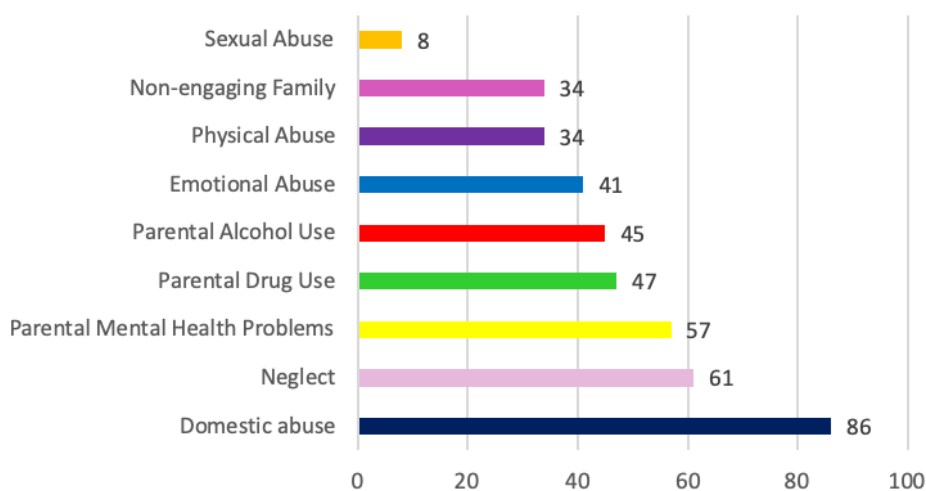
Age groups at registration	Scottish Average	Dundee 2017-18	Dundee 2018-19	Dundee 2019-20	Dundee 2019-20
Unborn	4%	24%	25%	19%	29
0-4	46%	35%	39%	36%	56
5-10	33%	32%	22%	23%	42
11-15	16%	10%	12%	18%	27
16+	1%	0%	2%	0%	0

Concerns recorded for Children and Young People at Registration

Children’s names can be entered onto the register for a variety of reasons relating to identified risk. The table below shows the various categories alongside associated numbers and percentages. It is clear that domestic abuse, neglect and parental mental health are the most pertinent risks but the impact of any of these risks on all children and young people can be profound and long-lasting. This is why where parents/carers are unable to respond to support, some children and young people need to be Looked After.

Concern at Registration	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Total
In numbers and percentages per quarter	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	2019/20
Domestic Abuse	23 (51%)	23 (64%)	12 (46%)	28 (60%)	86 (55%)
Neglect	24 (53%)	7 (19%)	5 (19%)	19 (36%)	61 (39%)
Parental Mental Health Problems	19 (42%)	14 (39%)	3 (12%)	16 (34%)	57 (37%)
Parental Drug Use	21 (47%)	10 (28%)	7 (27%)	3 (6%)	47 (30%)
Parental Alcohol Use	16 (36%)	10 (28%)	7 (27%)	12 (26%)	45 (29%)
Emotional Abuse	14 (31%)	8 (22%)	10 (38%)	6 (13%)	41 (26%)
Non-Engaging Family	11 (24%)	13 (36%)	13 (50%)	17 (36%)	34 (22%)
Physical Abuse	11 (24%)	3 (8%)	6 (23%)	14 (30%)	34 (22%)
Sexual Abuse	1 (16%)	2 (6%)	1 (4%)	4 (9%)	8 (5%)
Other Concern	7 (16%)	1 (3%)	3 (12%)	2 (4%)	13 (8%)
Total Number of Registrations	45	36	26	48	155

Out of 155 Registrations in 2019-20



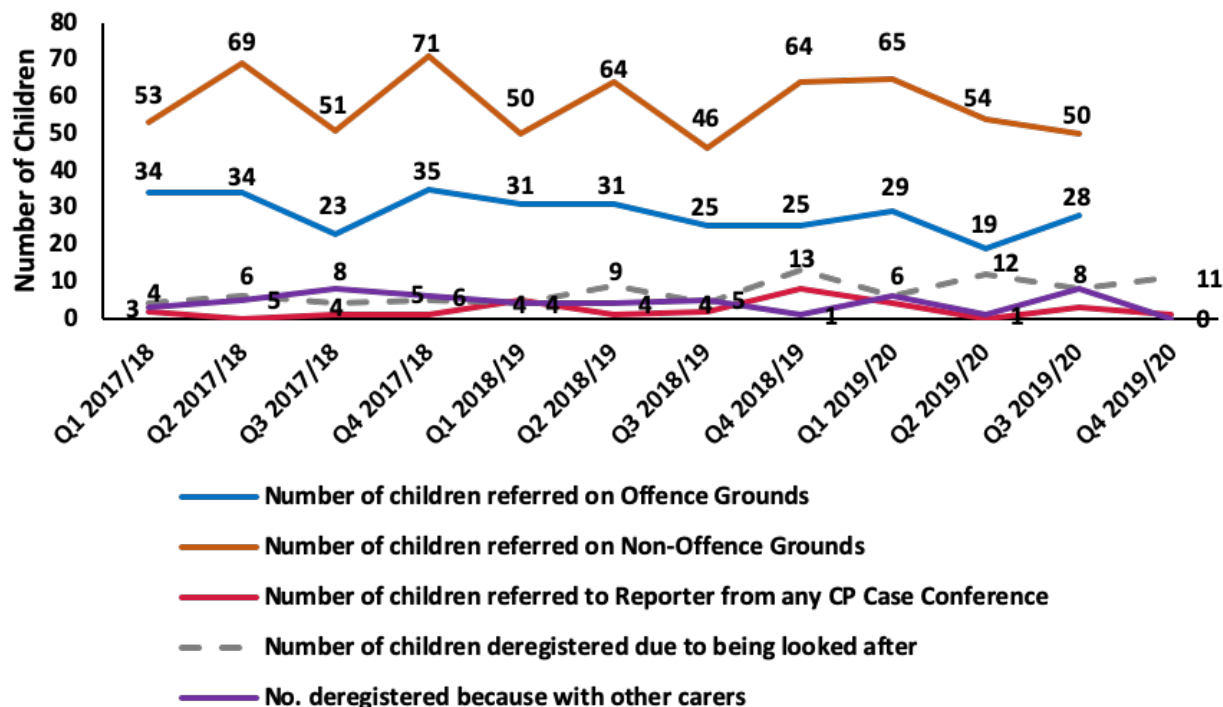
55% of children registered under the concern of domestic abuse in 2019/20.

Neglect has become the second most common reason for registration; this appears to be due to a combination of higher levels of poverty, and professionals being increasingly aware of the level of poverty and the impact of poverty on children, as well as of neglect as a risk factor.

1 in 3 children were registered for issues relating to Parental Drug Misuse.

Scottish Children’s Reporter Administration Data

Children and Young People in the Children’s Hearing System – Referrals and (see table) Child Protection Orders Granted



The fluctuating pattern of children referred on non-offence grounds has stabilised into a more consistent figure in 2019/20 though slowly declining in a similar way as registrations. The number of children referred on offence grounds has been stable in the high 20s except for a dip in the winter quarter. Comparison with Looked After Children statistics suggests there has been a gradual increase in children deregistered having been removed from their parents; adding those (dotted line) formally looked after to those (purple line) “with other carers”.

If, at any point during the child protection process, a child is considered to be in immediate danger, an order can be made through the Sheriff Court. A Child Protection Order (CPO) can be issued to immediately remove a child from circumstances that put them at risk, or to keep a child in a place of safety (e.g. a hospital). Anyone can apply to the Sheriff for a CPO although in practice this is normally undertaken by Children’s Social Work Services. These emergency measures allow time to decide the best way to protect a child.

Support and services to address domestic abuse, substance misuse and a gendered approach to protecting people are identified as priority actions for the coming year.

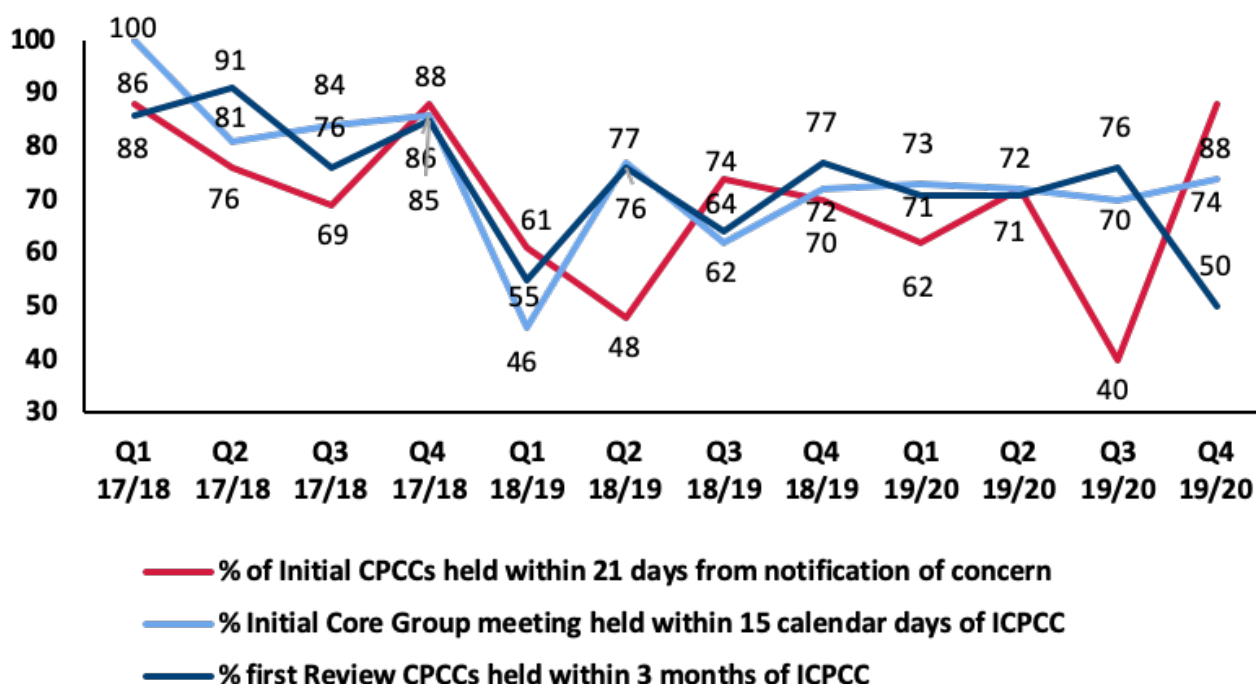
Child Protection Orders (CPO's)

	2017-2018				2018-2019				2019-2020			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
CPOs	10	6	11	7	10	10	11	8	11	12	4	10

CPOs have been gradually increasing since 2018/19 to about 10 per quarter; there was a brief drop during lockdown in Q3 but figures have resumed to average in Q4. It should be noted that what happens following removal of children through CPOs has improved with more children being rehabilitated sooner where appropriate.

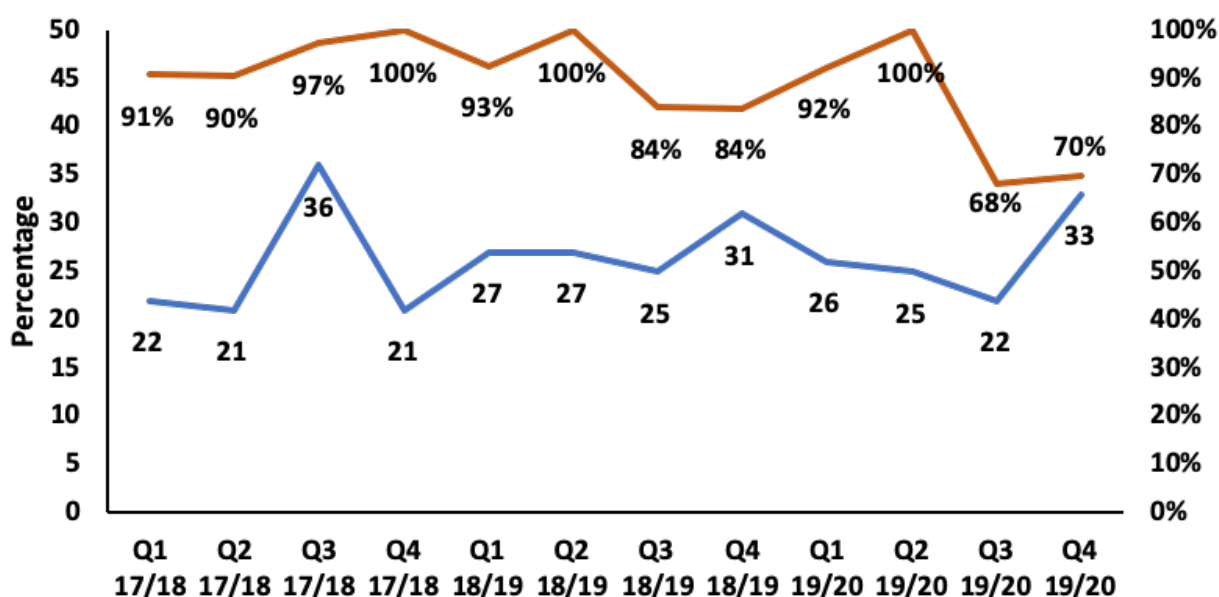
Analysis of CPO's continues to be the focus of joint work between the SCRA and Children's Social Work Services. This has assured the CPC that all CPOs are proportionate and appropriate at the time of application.

Child Protection Processes Timescales in the National Guidance for Child Protection in Scotland



Timescales for initial case conferences (red line) deteriorated from around 90% in 2017/18 to around 75%; this is because there was a radical dip during March and April as partnership services adjusted to lockdown. Since then, compliance with timescales has shot up again, to the 2017/18 level in the last quarter. Timescales for review conferences within 3 months (dark blue line) were at around 75% until the most recent quarter when they deteriorated to 50%. Around 70-74% of core groups (light blue line) continued to be held within 15 days.

Parental or carer attendance at initial child protection case conferences and initial core group meetings



Parental attendance at initial case conferences decreased from 84-100% pre Covid-19 to around 70% during restrictions. Overall attendance over the past academic year at all case conferences was at 84%. This varied for 95% during the first quarter (Aug-Oct) to 68% in Q3 (Feb-Apr).

Meaningful engagement with parents and young people with lived experience of protection activity is identified as a priority actions for the coming year.

In terms of face-to-face contact with children and young people on the CPR, Dundee had the highest average percentage of children with a child protection plan seen over the reporting period. This was higher than the national average, whereas both Angus and Perth & Kinross have percentages in line with the national average.

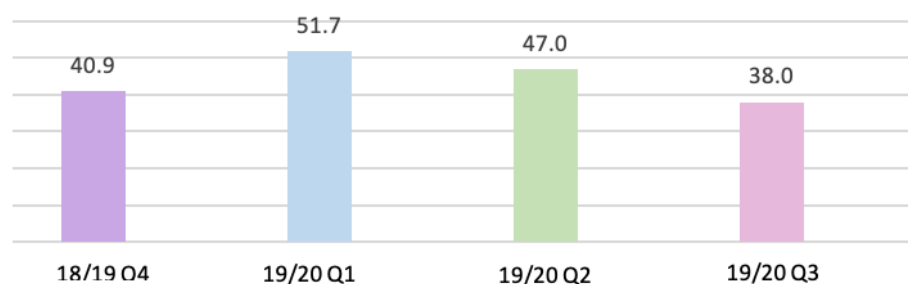
Local Authority	Average % of children with CPP seen over reporting period
Angus	94%
Dundee	98%
Perth and Kinross	94%
Tayside	96%
Scotland	94%

Reporter decisions within 50 working days of referral receipt

The last two quarter show an improvement over the previous three quarters in the % of Reporter Decisions within 50 days (see table below).

% of Reporter Decisions within 50 working days	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	2018/19	2018/19	2018/19	2018/19	2019/20	2019/20	2019/20	2019/20
	72%	75%	63%	41%	49%	55%	70%	72% (est)

Average working days (non-offence) Receipt to decision



At the same time average working days to decision decreased with an average for the year (based on 11 months to June) at 42.6days

Across the whole of Scotland, lockdown and continuing restrictions have had an impact on the Hearing System due to a combination of offices being unavailable for hearings and IT systems not enabling easy alternatives. This has resulted in a backlog of 250-300 cases in Dundee resulting in reviews being held late as the most urgent cases are prioritised. For Dundee's looked after children this in turn means that some CSO have been extended by 6 months without full review, which is having an impact on the number of Looked After Children in Dundee.

Activities within the Children's hearing System will not return to normal until the backlog has been worked through, with a current aim of March 2021.

NHS Tayside Child Protection Nursing Service

5



NHS Tayside CP Updates

NHS Tayside services have undertaken a wide range of work throughout 2019/20 to strengthen and develop services to keep Tayside's children and young people safe. Contingency planning within NHS Tayside's Child Protection (CP) Nursing Service has been ongoing in response to the evolving Covid-19 situation. Prior to lockdown, core CP functions within the service were assessed and priority given to providing CP Supervision, manning the CP Advice Line, supporting the Dundee Multi-Agency Screening Hub (MASH) and coordinating and supporting the health contribution to multi-agency Inter-Agency Referral Discussions (IRDs).

Child Protection Learning and Development

A NHS Tayside CP Training Strategy is in place (established in 2010) for all NHS Tayside staff, including medical staff. The Strategy was updated in May 2020 and alongside its associated CP training programme supports workforce readiness, new ways of working and procedures following full implementation of the Children and Young People (Scotland) Act 2014. The CP Training Programme supports CP training at Level 1, which is mandatory for all staff and Levels 2 and 3 for staff identified by their area of practice; training content focuses on recognising and responding to CP in all levels of CP training delivered.

Face to face training from March 2020 onwards was suspended due to the Covid-19 situation. Level 1 training remained available to staff via an online module, while Levels 2 and 3 training continue to be delivered via Microsoft Teams until Covid-19 restrictions are eased.

Throughout 2019/20, the following training was developed:

- In 2019, NHS Tayside’s CP Nursing Service in conjunction with the North of Scotland CAMHS Network Team launched Emotional Abuse and Emotional Neglect Level 3 training.
- In March 2020, a refreshed online module for mandatory Level 1 CP training was launched.
- In response to the Covid-19 situation, a Level 3 CP training resource was developed for staff to undertake training during 2020/21.
- In response to ICR/SCR findings, a new Level 3 module has been developed on Chronologies: Supporting Assessment, Decision Making and Planning in Child Protection, which commenced in November 2020.

In partnership with Angus, Dundee and Perth and Kinross CPC colleagues, NHS Tayside shared and disseminated all ICR/SCR learning/findings to NHS Tayside staff via staff briefing events using, for example, the 7 Minute Briefings tool. ICR/SCR learning specifically for health services has been incorporated in the training content of the CP Training Programme.

Child Protection Supervision

CP case supervision remained a priority for NHS Tayside throughout 2019/20; all eligible Health Visitors and Family Nurses were offered a minimum of four CP supervision sessions per annum. In response to Covid-19, 1:1 supervision was delivered via telephone rather than face to face. Services in receipt of group supervision were advised to contact the CP Advice Line for support. COVID-19 related factors affected staff uptake in March and April 2020, with a return to expected levels of uptake thereafter.

Child Protection Advice Line

NHS Tayside’s CP Advice Line is available to all NHS Tayside staff and was manned by Nurse Advisors Child Protection (NACPs), Monday to Friday from 09:00 to 16:30 hours (except public holidays) throughout 2019/20. A wide range of services contacted the Advice Line for CP advice and support; the most frequent contacts were with Health Visiting, Mental Health Services and Child and Adolescent Mental Health Services (CAMHS). Key themes of calls during 2019/20 related to mental health, information sharing and domestic abuse.

Dundee Multi-Agency Screening Hub (MASH)

The CP Nursing Service continued to support MASH regarding health information requests to share relevant and proportionate information and also to identify relevant health professionals such as Health Visitor/Family Nurse to support risk assessments for children/young people. NACPs worked in partnership with MASH colleagues and played an important role in receiving Unborn Baby (UBB) Referrals, ensuring that these were actioned in an appropriate and timely manner.

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Inter-Agency Referral Discussions (IRDs)

The CP Nursing Service continued to work closely with Police and Local Authority CP Duty Teams and CP Paediatric colleagues to ensure appropriate and timely health representation at IRD meetings. In response to Covid-19, IRDs were held via teleconference with key health professionals continuing to engage in the process. The majority of children and young people discussed at an IRD were known to NHS Tayside services. NHS Tayside continues to work in partnership with CPC colleagues across Tayside on a Tayside wide IRD model.

Tayside Plan for Children and Young People

6



The [Tayside Plan for Children, Young People and Families 2017 - 2020](#) [11Mb] (also available in [poster](#) [2Mb] format) is the first joint plan to be produced by the three Community Planning areas of Angus, Dundee and Perth and Kinross. It reflects shared leadership towards multi-agency cross-border collaboration in the planning, management, commissioning, delivery, evaluation and improvement of services to children, young people and families.

Priority Five of the plan states

“Our children and young people will be safe and protected from abuse at home, school and in the community”.

Priority Group 5 has continued to build on the longstanding commitment of the Child Protection Committees in Angus, Dundee and Perth and Kinross to working in collaboration, sharing practice and to pooling resources whenever it is appropriate and to add value to our continuous improvement in services to protect children and young people.

The initial focus of PG5 was to ensure incremental improvements to result in consistent high quality child protection practices across the collaborative and to provide a more solid foundation for larger scale change and integrated models of delivery over the life time of the plan. A delivery plan is supported by Action Groups with representation sufficient to implement improvement across agencies forming the collaborative and a clear remit to achieve step change in key areas

which are notoriously complex and problematic both locally and nationally. Taking time to connect through regular meetings and developing shared understandings of similarities or variations is building stronger partnership working. Very good progress has been made in relation to the original identified actions particularly in relation to the development of shared key processes and guidance for staff.

These have included:

- **Development of Tayside Unborn Baby Protocol**
- **Development of Tayside Chronology standards and guidance**
- **Development of Tayside Good Practice Guidance for Key Child Protection Meetings**
- **Development of Professional Curiosity Guidance**

In addition, Angus, Dundee City and Perth and Kinross Child Protection Committees (CPCs), via the Tayside Regional Improvement Collaborative (TRIC) Priority Group 5 (PG5) Safeguarding and Child Protection wanted to ensure it has a system of learning and case reviewing that is fit for purpose and leads to improvements in inter-agency child protection practice to protect children. It commissioned an analysis of recently conducted ICRs/SCRs to provide data on themes arising across the reviews and to identify lessons that could be learned to inform local policy and practice. Although yet to report the learning identified from this has informed the proposals for TRIC actions over the coming year.

A number of priorities have been identified for Priority Group Five for the coming year.

These include:

- **Development of a shared vision across the collaborative and community planning partnerships for child and public protection.**
- **To share the research findings from the commissioned review work to inform our agenda for continuous improvement; shared leadership and vision for protecting children over the next 3 years.**
- **A commitment from the three authorities to resourcing the key components for a successful multi-agency workforce development plan.**
- **Ensure Chief Officers, Senior Officers and Managers understand the key child protection improvement messages across Tayside and build this into their work.**

It is proposed to convene a Tayside-wide Chief Officers Group leadership event to receive the research undertaken by Dr Sharon Vincent of Northumbria University into Initial and Significant Case Reviews (ICR/SCR Research) carried out in Tayside since 2015.

Building on this leadership event, we will report on the key messages and actions arising in a format that is accessible to operational managers and staff in an effort to;

- **Establish key leadership messages arising from the report and the two key themes of**
 - **Relationships with children and families**
 - **Working together**
- **Prepare and implement a plan for dissemination of the research and key leadership messages to CPCs, operational managers and staff**

In addition, the group will work to establish a whole of *Tayside Child Protection Workforce Development Programme* for First Line Managers and Frontline Practitioners aimed at enhancing leadership, changing culture, ethos and day to day working practices. This will empower and support a competent confident and skilful workforce to deliver better outcomes for babies, unborn babies, children, young people and families.

Key components of this will include:

- **Building a culture of reflection, professional curiosity and confidence to challenge**
- **Promoting practice that focuses on the child and their lived experience**
- **Supporting practitioners to undertake effective assessment, analysis, review and planning to meet the needs of children and families.**
- **Sharing learning and good practice**
- **Effective training, support and supervision**

By the end of this period we will have reached a position of deeper knowledge and shared understanding of performance across the collaborative and highlight areas of good practice worthy of exploration and sharing/scaling, and areas of more concern worthy of peer support and challenge.

Learning and Workforce Development Activity

7



The way in which training is delivered across the partnership has had to adapt to the social distancing restrictions in response to Covid-19.

Many of the existing programs have been developed as online modules including

Tayside chronologies of significant events for children and young people

<https://rise.articulate.com/share/MvGxsrHMoizmTBsCevx45phmDMNGYaIZ>

Designated Child Protection Officers

<https://rise.articulate.com/share/l7vOS7CNdoaVL56lU2Ji3QZTDKwqQJ8T>

Child Sexual Exploitation (Produced by Ayrshire Council)

<https://rise.articulate.com/share/nTN4JCF2eMgA9eWkx1ScbFKQ4FAO2ym->

The following are due for development over the coming weeks.

- **Child Protection and Disability Practitioners Course**
- **Child Protection and Disability Managers Course**
- **Tayside Professional Curiosity and challenge**

Further development of **Tayside training features** in **Section 6** of this report.

Dundee Family Support Options Review Activity

8



In response to ‘The Promise’ and in the context of an already ambitious programme of improvement in Dundee, the Children and Families Executive Board has outlined a number of key developments.

The ‘Dundee Family Support Options Review’ now encompasses three of these developments, namely: the further development and roll-out of the FORT system; the ‘What Matters to You?’ programme of activity; and the options review of Child and Family Support Services in Dundee. In combining these activities, the Executive Board have maximised the knowledge, experience, time and wider capacity, necessary to progress the work, which mirrors the Independent Care Review’s The Promise:

“It is clear that Scotland must not aim to fix a broken system but set a higher collective ambition that enables loving, supportive and nurturing relationships as a basis on which to thrive”

(Independent Care Review, The Promise, Feb 2020)

The Family Support Options Review is focused on the capacity that sits between school, family and community. This involves a broad range of provisions developed by a combination of statutory and voluntary agencies to promote the welfare of children and families in their own homes, schools and wider communities. The starting point for the work is the ‘What Matters to You?’ activity which has been taken forwards in partnership with children and families in the Lochee area of the City. The work invests in leadership at a community level with aim of mobilizing the community asset, while also informing and/or co-producing wider child and family supports.

The FORT system maintains a live map of the services that exist in an area while at the same time providing a route to access those services. In doing so, it allows lead professionals, named persons and others, including the families themselves, to identify who can best contribute to the child and family needs, and to engage those services. The FORT System supports and encourages joint working and a collaborative approach across agencies. The Family Support Options Review is exploring the use of FORT in relation to Family Support in other areas of Scotland, including in Fife.

More generally, the work is following a standard options appraisal format comprising three phases of activity: (1) analysis (which includes correlating evidence from all of the activities already undertaken across the City, together with analysis of current trends, spend, key drivers, challenges to be addressed and evidence of what has worked/not worked); (2) the subsequent formulation of options and recommendations; and (3) the implementation of options and/or recommendations approved by the Project Board.

The combined project work is supported by the Hunter Foundation/BBC Children in Need and Columba 1400 who are investing in an ambitious leadership programme alongside support for direct activity within communities. Barnardo's Scotland and Action for Children have funded the capacity necessary support the development of the FORT system and the associated roll-out. Alongside the independent guidance and support provided by the Hunter Foundation and Columba 1400, the team charged with progressing the work, also benefit from support provided by the Association of Chief Officers of Scottish Voluntary Organisations (ACOSVO) and the RS Macdonald Charitable Trust. Levels of independent guidance and involvement, coupled with the establishment of a separate decision-making Family Support Board and other agreed mechanisms¹, are designed to mitigate any potential conflicts of interest for those charged with taking the work forwards.

¹ The full arrangements are described in a Project Terms of Reference agreed with the Project Board

Child Protection in Dundee. 9

The Way Forward



The contents of this report provide the framework by which Dundee Child Protection Committee can deliver its core functions, specifically....

Strategic Leadership

Including:

- Assurance
 - To the COG
 - From single agencies
- Oversight of strategic risk
- Public Engagement and Communications
 - Participation of People with Lived Experience

Strategic Planning and Continuous improvement

Including through mutual accountability and scrutiny

- Policies, procedures and guidance
- Data and evidence
- Learning and development
- ICRs / SCRs
- Practice improvement / development
- Planning
- Local, regional and national interfaces

The committee has developed a number of key outcomes and actions informed by this framework and developed a delivery plan for the next twelve months.

Child Protection Committee 10 Delivery Plan 2020-2021

Child Protection Committee Delivery Plan 2020-2021

Vision: Dundee's future lies with its people, they deserve the best this city can give them. We will provide the protection they need, when they need it, to keep them safe from harm.

Core functions of PP Committees / Partnership

Strategic Leadership

Including:

- **Assurance**
 - To the COG
 - From single agencies
- **Oversight of strategic risk**
- **Public Engagement and Communications**
 - Participation of PWLE

Strategic Planning and Continuous improvement – including through mutual accountability and scrutiny

- Policies, procedures and guidance
- Data and evidence
- Learning and development
- ICRs / SCRs
- Practice improvement / development
- Planning
- Local, regional and national interfaces

Key Outcomes

- Children, young people and families are kept safe from harm and have improved wellbeing across a range of indicators
- Dundee has a confident and supported workforce delivering best practice to children, young people and families
- The Dundee CPC is assured and can provide assurance that key processes are delivered effectively and services are operating in line with up to date policies, procedures and guidance

Key Actions

- Maintain focus on local, regional and national interfaces and how these inform all areas of our work
- Ensure provision of clear and up to date guidance, policies, procedures and learning opportunities
- Increase public awareness and stakeholder engagement through clear communication and participation processes
- Develop and improve scrutiny and assurance processes
- Develop and improve the use of the protecting people corporate risk register

Strategic Leadership:

How good is Dundee CPC’s leadership and how is Dundee CPC assured of the quality of operational management?

Ref/ Cross ref	Aim	Actions	Evidence	Lead	Timescale
	Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		
1A	There is a clear vision, commitment and direction provided by leaders which is communicated regularly and effectively to a range of stakeholders	Communication/consultation with key services/teams on our shared vision, direction and actions Induction pack for CPC members is reviewed and re-distributed	Distribution list demonstrates who has received the pack Minute of meeting demonstrates discussion at CPC	Chair/Lead Officers	January 2021
		Communication strategy developed to ensure visibility of the CPC leadership and encourage a culture of collaborative working CPC agenda includes set items – Risk Register, Data and Improvement Activity and National/Regional Updates CPC members to provide internal service colleagues with regular updates on the activities of the Committee	Clear communication strategy is published and events are advertised – feedback from events is gathered and used to inform future planning CPC agendas	PP Team/ Comms in partnership with NHS and Police Scotland Comms links – as identified via TRIC Comms Grp Chair/Lead Officers	Ongoing comms work focused on Covid at present (can revisit this after first quarter of 2021)
1B Cross ref 1A	Increase Public Awareness of child protection and Community Engagement	Build on the ‘If not you, who?’ and ‘What I need from you’ branding and communications by developing a clear public communication strategy and engagement plan	Evidence of public communications eg social media, website and engagement events	PP Team/ Comms	As above

<p>1C</p> <p>Cross ref 2A & 3D</p>	<p>Provide scrutiny of key processes and both multi and single agency operations</p>	<p>Develop and communicate a clear process for reporting recommendations and learning from workstreams listed in action 2a.</p> <p>CPC set agenda item and clear direction provided on actions agreed in response</p>	<p>See 2a</p> <p>CPC agendas and minutes</p>	<p>Chair/Lead Officers</p>	<p>Quarterly at CPC meetings</p>
<p>1D</p> <p>Cross ref 2C</p>	<p>Provide oversight of strategic risk for child protection and assurance to COG that key processes are being delivered and strategic risk is being managed</p>	<p>At each CPC review the Corporate Risk Register for Protecting People (incorporating cross cutting themes from Child Protection)</p> <p>Independent chair reports to COG reflect identified strategic risks</p>	<p>Minutes of CPC evidence discussion</p> <p>Change log within the risk register reflects discussions and actions</p>	<p>All members of CPC</p> <p>Chair/Lead Officers</p>	<p>Quarterly at CPC Meetings</p> <p>Quarterly at COG meetings</p>
<p>1E</p> <p>Cross ref 2C</p>	<p>Participate in the transformative re-design of protection processes</p>	<ul style="list-style-type: none"> • CPC members represented on TPP Oversight Group • CPC members participate in consultation on PP Structure • Practice development under TPP are clearly communicated to CPC and CPC supports scaling up these areas of work 	<p>Minutes of meetings</p>	<p>Lead Officers/ Senior Manager C&F</p>	<p>Ongoing</p> <p>2021 (to be confirmed)</p>

Strategic Planning and Improvement

Inspection link - What key outcomes has Dundee CPC met and how well does Dundee CPC meet the needs of stakeholders

Ref/ Cross ref	Aim	Actions	Evidence	Lead	Timescale
	Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		
2A	Drive Continuous Improvement of key processes and practice through: <ul style="list-style-type: none"> • scrutiny of dataset • quality assurance processes • audit cycle and case review (both local and national) • Recommendations from The Promise 	CPC to discuss findings / recommendations from scrutiny group within the quarterly reports and identify action required e.g training, policy review Agree multi agency reporting cycle aligned with scrutiny group/ dataset to ensure consistent reporting	Evidence of scrutiny group discussions and recommendations Set agenda item at CPC – actions agreed from dataset report Multi agency reporting in place	Scrutiny sub group/ All CPC members	Quarterly at CPC meetings March 2021 July 2021
		Establish representative focus groups to carry out in depth, self-assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes	Self- assessment is completed Evidence is available	CPC	Ongoing
		Scale up quality assurance work under TPP (linking to case file audit action plan for C&F SW)	Regular reporting to CPC on quality assurance undertaken and case audits as part of this	Lead Officers/ Senior and Service Manager C&F Reps from all key agencies – NHS lead	Ongoing February 2021
		Development of ICR/ SCR group to provide regular reports and recommendations to the CPC including recommendations from the Sharon Vincent research		As above and TRIC	

Cross ref
1C,3A&B

<p>2B</p> <p>Cross ref 1B,3A&B</p>	<p>Increase the involvement of children, young people and parents/ carers in work of CPC</p>	<p>Short life working group of CPC to be set up to take forward this area of work:</p> <ul style="list-style-type: none"> • Establish methods of gathering existing information on children’s views as well as identifying gaps. • Tayside Reviewing officers network finalise evaluation framework and development of ‘Myview’ app • ‘Voice of the child’ to be included in case file audits – link to quality assurance work in 2A. 	<p>Short life group established, processes developed and clear evidence of CYP and parent/carer views influencing strategic direction and delivery of key processes:</p>	<p>Reps from NHS/DCC C&F/ L&OD/ Education/ third sector</p> <p>TRIC</p> <p>Lead Officers/ Senior and Service Manager C&F</p>	<p>July 2021</p>
<p>2C</p> <p>Cross ref 1D,E & 3A</p>	<p>Continual revision of strategic risk register to inform our priorities and actions</p>	<ul style="list-style-type: none"> • Risk Register is set as a standing agenda item for CPC. • Protecting People team to organise a short session for CPC to ensure all CPC members understand their responsibilities in relation to the risk register 	<p>Tracking system within risk register evidences regular review</p> <p>Minutes of meetings evidence discussions Minute of meeting evidences that this was delivered</p>	<p>Chair/Lead Officers – all members of CPC</p> <p>Lead Officer</p>	<p>Quarterly at CPC meetings</p> <p>December 2020</p>

Delivery of Key Processes

Inspection link – How good is Dundee’s delivery of services for CYP and families and how is the CPC assured of this?

Ref/ Cross ref	Aim	Actions	Evidence	Lead	Timescale
	Broad Overview	How do we deliver this	How do we know it has been delivered and is effective		
<p>3A</p> <div style="background-color: #0070C0; color: white; padding: 5px; width: fit-content; margin-top: 10px;"> Cross ref 1C, 2A&B </div>	<p>Development of guidance, policies, tools, resources and learning and development opportunities is focused on:</p> <ul style="list-style-type: none"> Identified key risks in the risk register incorporating the long term impact of Covid-19 with a particular focus on trauma Learning from scrutiny/ review activity Identified priorities at national and regional level including The Promise 	<ul style="list-style-type: none"> Processes developed under actions 1B, 2A and C, clearly communicate priorities to inform any development in this section. Ensure these are sense checked with those with lived experience <p>Short life working group to be set up to:</p> <ul style="list-style-type: none"> Develop processes for gathering workforce views including consultations, stakeholder surveys, third sector feedback and independent sector feedback. 	<p>Workforce feedback Feedback from CYP and families Evidence within dataset</p> <p>Working groups established and reporting to CPC with recommendations</p>	<p>All CPC (leads for national/ regional meetings, scrutiny group)</p> <p>L&OD/NHS/ DCC C&F/ Education/ Third sector</p>	<p>Ongoing</p> <p>Working group set up by January 2021 and reporting to CPC in April 2021</p>

<p>3B</p> <p>Cross ref 2A & B</p>	<p>Delivery and improvement of key processes are focused on:</p> <ul style="list-style-type: none"> Identified key risks in the risk register incorporating the long term impact of Covid-19 with a particular focus on trauma Learning from scrutiny/ review activity Identified priorities at national and regional level including The Promise 	<ul style="list-style-type: none"> Processes developed under actions 1B, 2A and C clearly communicate priorities to inform the delivery and improvement of key processes <p>Specific areas identified prior to and during Covid-19:</p> <ul style="list-style-type: none"> Assessment and engagement Risk assessment Superficial compliance Escalation <p>CAPSM</p> <ul style="list-style-type: none"> Develop joint infrastructure between ISMS and C&Fs service <p>Domestic Abuse</p> <ul style="list-style-type: none"> S&T training and resources to be fully utilised across partners S&T strategic steering group to be re-established and focus on developing a universal approach to working with domestic abuse and child welfare <p>Online risks</p> <ul style="list-style-type: none"> Training options to be considered by TRIC 5 Police monitoring data around online crimes involving children and reporting any changes to CPC. <p>Transitions and vulnerable young people</p> <ul style="list-style-type: none"> Focus group to be established to take forward recommendations around transitions. Vulnerable young people – CSE/County Lines etc <p>Trauma informed practice</p> <ul style="list-style-type: none"> Support the development of trauma informed workforce development 	<p>Clear link between risk register, scrutiny group recommendations and national/ regional priorities is reflected in discussions and action plans</p> <p>Infrastructure in place and reporting to CPC</p> <p>S&T action plan S&T self -assessment</p> <p>Steering group established and reporting to CPC</p>	<p>(leads for national/ regional meetings, scrutiny group)</p> <p>ADP C&F Working Group</p> <p>S&T Steering Group (CPC and VAWP)</p> <p>Lead Officer</p> <p>TRIC</p> <p>Police Reps</p> <p>H&SC/C&F Action Group Vulnerable adolescent partnership Trauma training steering group Trauma Champions</p>	<p>Ongoing</p>
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Appendix 1

Appendix 1: Dundee Child protection Committee Membership as of August 2020

Position

Organisation

The following are core members. Dundee CPC also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee.

Independent Chairperson	Dundee Child Protection Committee
Panel member(s)	Dundee Children's Panel
Lead Officer (Alcohol and Drug Partnership Representative)	Alcohol and Drug Partnership
Chair of the Vulnerable Adolescent Partnership	Dundee City Council
Chief Social Work Officer	Dundee City Council
Learning and Organisational Adviser	Dundee City Council, Learning and Organisational Development Service
Strategy and Performance Manager (IJB)	Dundee Health and Social Care Partnership
Principal Officer	Dundee City Council, Children and Families Service, Strategy and Performance
Head of Service	Children's Service and Community Justice
Locality Manager	Scottish Children's Reporters Administration
Assistant Director (Third Sector Rep)	Barnardo's Scotland
Independent Chair	Violence Against Women Partnership
Protecting People Team Leader	Dundee City Council, Neighbourhood Services
Lead Paediatrician Child Protection	NHS Tayside
Lead Nurse Child Protection	NHS Tayside
Lead Nurse Children and Young People	NHS Tayside
Link Inspector	Care Inspectorate
Detective Chief Inspector PPU & CID Partnerships and Support	Police Scotland

Appendix 2 Glossary

This is an explanation of some Child Protection terms.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

Assessment of need - Evaluation of the child and family identifying areas of need, which may require additional support.

Assessment of Risk - Evaluation of possibility of child abuse has taken place or that it is likely to occur in the future.

B

Buddy Scheme - is aimed at supporting children to express their views in any child protection meeting. Each child will be asked to choose someone they trust who can act as their Buddy, their voice in meetings. The scheme is supported by Children 1st.

C

Child - For the purpose of child protection instructions a child is defined as a young person under the age of 16 years or between 16-18 if he/she is the subject of a supervision requirement imposed by a Children's Panel or who is believed to be at risk of significant harm and there is no adult protection plan in place.

Child Abuse - Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur. To define an act of omission as abusive and/or presenting future risk a number of elements can be taken into account. These include demonstrable or predictable harm to the child that would have been avoidable except for the action or inaction by the parent(s) or other carers.

Chief Officers Group – the COG comprises of the chief officers for each of the key partner agencies in Child Protection and Protecting People. This includes members from Health and Social Care, Children and Families, Health, Neighbourhood Services Police and Third (voluntary) Sector.

Child Assessment Order - A Child Assessment Order allows for a child to undergo a medical examination or assessment where this has been deemed necessary. This does not supersede the child's rights under the Age of Legal Capacity (Scotland) Act 1991. At all times the child's welfare is paramount.

Child Protection Committee – Every Local Authority must have a Child Protection Committee. Child Protection Committees are locally based, inter-agency 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.

Child Protection Order - A Child Protection Order may be granted on application to a Sheriff if conditions for making such an order exist. A Child Protection Order can allow for the removal of a child to a place of safety or prevent removal of a child from their home or any other safe place. A Child Protection Order can last up to six days and is granted to secure the safety and wellbeing of a child.

Child Protection Plan - Agreed inter-agency plan outlining in detail the arrangements to ensure the protection of the child and supports to the family.

Child Protection Register - A formal list of named children where there are concerns about the possibility of future abuse and where a child protection plan has been agreed.

Child Trafficking - This is the term given to the movement of children into and within the country with the intent to exploit them.

Core Group Meeting - Meeting of small group of inter-agency staff with key involvement with the child and family who meet (with child and family) to review progress and make arrangements for implementing the child protection plan.

E

Emergency Police Powers - The Police have the power to remove a child to a place of safety for up to 24 hours where the conditions for making an application for a Child Protection Order exist.

Emotional Abuse - Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Exclusion Order - An Exclusion Order allows for a named person to be ejected or prevented from entering the child's home. Conditions can also be attached to secure the child's safety and wellbeing.

I

Initial Child Protection Conference - An inter-agency meeting to consider the safety and welfare of children who have been the subject of a child protection investigation. The meeting will consider whether the child is a risk of significant harm, and place their name on the child protection register. It will also create a child's protection plan. The parents and sometimes the child will also attend this meeting.

Inter-Agency Child Protection Discussion - An IRD is an inter-agency meeting to share information where there are child protection concerns which need further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed. Any support required should also be identified and a plan of intervention should be agreed which could include organising a Initial Child Protection Conference.

J

Joint Investigative Interview - A Joint Investigative Interview is a formal planned interview with a child. It is carried out by staff, usually a social worker and a police officer trained specifically to conduct this type of interview. The purpose is to obtain the child's account of any events, which require investigation.

N

Non-organic Failure to Thrive - Children who significantly fail to reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

P

Physical Abuse - Physical abuse is causing physical harm to a child or a young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Physical Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'no organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young people in particular, the consequences may be life-threatening within a relatively short period of time.

Planning Meeting - A Planning meeting (usually between social work and police) is usually held to plan a joint investigation - who does what and when is agreed.

Pre-Birth Child Protection Conference - An inter-agency meeting which considers the risk of harm to an unborn child and future risk upon the child's birth.

R

Review Child Protection Conference - An inter-agency meeting which reviews the circumstances of a child whose name is on the Child Protection Register.

S

Safe and Together - Is a programme for working with families where there are concerns about domestic abuse. It is a strengths based approach working in partnership with the victim of abuse to reduce risk to themselves and any children. It is an approach that strives to help the perpetrator of the violence responsible for their behaviour.

Sexual Abuse - is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in a sexually inappropriate way.

Significant Harm - Physical or mental injury or neglect, which seriously affects the welfare or development of the child.

T

Team Around the Child – Is a meeting involving parents and children with key professionals where some concerns or the need for additional supports are identified. There are usually three levels meeting. A level one meeting will be a meeting between the names person and the parent, level 2 will involve other professionals – sometimes a specialist such as speech and language, a specialist nurse or similar. If there are increased concerns a level 3 team around the child will involve a social worker. A TATC meeting at levels 2 and 3 will agree a Childs Plan to support the child and their family to ensure needs are met and risks reduced.

Transfer Child Protection Conference - An inter-agency meeting which considers arrangements to transfer cases of a child whose name is on the Child Protection Register where the family moves to another area.

What I
need!
from you!

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