



SCOTTISH EXECUTIVE

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29th April 2003

Dear Colleague

REPORT OF THE CHILD PROTECTION SUMMIT – 18TH FEBRUARY 2003

The Scottish Executive Child Protection Summit was held on Tuesday 18 February at the Holiday Inn in Glasgow.

I now attach a copy of the Report of the Summit which summarises the discussions which took place in the syndicate groups for your information.

If you have any further queries please contact me at [REDACTED]

Yours sincerely

[REDACTED]

ALISON KNOX





Report of the Child Protection Summit – 18 February 2003

Purpose

1. The purpose of this report is to summarise the discussions which took place in the syndicate groups at the Child Protection Summit on the 18 February.

Background

2. The Report of the review and audit of child protection in Scotland "*It's everyone's job to make sure I'm alright*" was published on the 25 November 2002. Whilst the report shows a real improvement in child protection over the last 20 years it also highlights the fact that many children in Scotland are not being adequately protected or cared for. In response to the Report the First Minister announced a three-year programme of reform for child protection services.

3. On the 18th of February the Child Protection Summit was convened in order to bring together senior local authority, health, police and voluntary sector representatives to discuss the reform plans with Ministers and the Scottish Executive. Mixed syndicate groups proposed lines of action for service providers and the Scottish Executive Delivery Action Team which will help take forward the 3 year Child Protection Reform Programme. This report outlines the issues and practices proposed by delegates in answer to the following three questions:

- *What specific actions need to be taken to improve child protection?*
- *What am I going to do about it?*
- *What can the action team do to help me?*

4. The range of responses to the three questions posed at the summit are summarised in the attached Annexes.

5. The Scottish Executive is working to identify and appoint seconded members of the Delivery Action Team for the Child Protection Reform Programme, with work scheduled to start in May 2003. A detailed work plan of the Child Protection Reform Programme is currently being drawn up which will take a full account of the suggestions which were made at the Summit. A key element of the workplan will be a communications strategy which will ensure that all key players are kept informed and involved. The Child Protection Steering Group will hold its first meeting on Monday 12th May 2003.

Children and Families Division
SEED
April 2003

What specific actions need to be taken to improve child protection?

The following comments were made:

- The role and remit of Child Protection Committees needed to be reviewed. This should be in terms of their structure, resourcing and function along with the identification of the appropriate levels of staff members. In particular CPCs should be reviewed in relation to; their role in auditing; accountability; relationships to other agencies and community safety.
- Front line staff in child protection needed greater support and supervision. The recruitment, training and retention of social workers were particularly significant issues. It was suggested that social work posts should be developed to be more attractive, with the recognition of the rewards of working with families and communities. Raising esteem for social workers was also an issue. Retired social workers could be employed as consultants in the short term to train new staff and mentors could be appointed to offer support. It was noted that at present, different children's services compete for the same staff. Health services also have stark pressures, especially within child and adolescent mental health.
- Child protection services currently received negative publicity only. This created a poor public image of services and a lack of trust in systems. The general public should be encouraged to act on concerns they had and should be confident that appropriate action would be taken in response.
- An increased sense of community and public ownership was also needed in communities. A national publicity campaign of zero tolerance of child abuse could be helpful. The fear of intervening in families should also be addressed. Furthermore it was noted that public education was needed on reporting concerns so that individuals knew how to obtain help for a child.
- A wider view of child protection was needed in general. Child protection should not be considered in isolation or as an issue solely for professional agencies. Child protection should be a general part of child welfare, community planning/safety and early intervention and long term support.
- A single shared assessment tool that could be used across agencies should be developed. Cases could be differentiated on a tertiary basis of risk – high, medium, low. More training was needed especially for working with high risk groups and identifying 'at risk' children at birth. Integrated assessments needed to replace rather than add to the administrative burden.
- Inter-agency communication was considered vital for future development. This included the speed of response from agencies to each other and the public.
- Information sharing should also be developed through a joint database. Central direction and legal guidance was needed for this to break down present barriers.

Specific channels needed to be created. For example, A&E departments should notify GPs/Health Visitors of children attending. This needs to be done promptly. A greater trust across agencies should also be fostered.

- Individuals were presently limited in using their initiative due to management structures. The present work culture tended to be bureaucratic, going through committee processes rather than individuals taking responsibility. Although this shared responsibility it slowed down processes. There was also ambiguity in roles of workers (investigatory versus providing support). Attention was needed to the structures that distinguished roles. Therefore different models of organisation should be considered. An ADSW paper on a tiered approach for staged intervention was considered a useful starting point for this issue. By identifying successive levels of intervention, it provided a basis for determining which agencies should perform which services, for identifying thresholds between types of intervention and for identifying the roles of health and social workers. (Clarity was needed on accountability and the follow-up of inquiries. Clarity on professional autonomy would also be needed through guidance.) Structural change was perhaps necessary. There could be a separation of family support services and child protection. Family support could be delivered by the health service (and voluntary sector) as this was often considered more acceptable by the general public than social work involvement.
- Ring-fenced budgets were not always helpful and resources needed to be flexible in order to be channelled to core services when necessary. (Bidding for resources was considered too time consuming.)
- More research was needed to collect evidence about effective support and intervention in child protection, as had happened in youth crime. "Success" and outcomes needed to be defined. These could provide a basis for achievable standards, and for defining roles and key skills. Research should also uncover the role of communities in child protection. That is, what communities expected of children's services and what was to be expected from the community.
- The organisation of children's services could be changed. One Local Authority had re-organised services to cluster around schools. This improved visibility and better use of resources.
- Closer links were needed to the Criminal Justice System to ensure consistency in sentencing and greater protection for child witnesses. It was felt that courts also need to be encouraged to engage more with local authorities and that there was a current lack of willingness to discuss the criminal justice role in child protection. In general, it was agreed that the difficulties of removing children should not be underestimated.
- New Community Schools and Local Health Care Co-operatives were considered excellent vehicles for promoting integrated approaches at local level. Good examples and lessons could be learnt from them.
- Policies and strategies should be synthesised to address child protection issues together. This would include guidance, planning and reports.

- The recommendations from the Victoria Climbié report should be incorporated into the reform. The recommendations were considered relevant for Scotland, especially those suggested for the health service.

What am I going to do about it?

The following comments were made:

- Make child protection a higher priority at corporate level.
- Place sufficient resources into staffing services.
- Keep up pressure on failed targets and bring these to the attention of the Chief Executive.
- Develop and prioritise the risk assessment agenda within health services.
- Chief Executive to take on chairmanship of CPC.
- Introduce auditing of case files.
- Develop joint investigations.
- Introduce performance indicators for all agencies relating to child protection. Create operational goal for police force.
- Secure the attention of medical directors and trusts locally and designate lead professionals responsible for child protection.
- Make child protection a strategic priority in community planning.
- Increase the training on children and families and child protection in the new honours degree.
- Senior managers to examine staff roles and responsibilities and provide support.
- Develop training and support for consultant paediatricians to encourage participation in child protection rota.
- Improve identification of children at risk.
- ADSW to work with Scottish Executive to develop common standards and performance indicators across agencies.
- Education services to be more aware of child protection for all children over three and to improve links with other agencies.
- Raise local awareness (perhaps distribute a leaflet) of public responsibilities and provide information about reporting concerns.
- Ensure smaller voluntary organisations understand their responsibilities in relation to child protection and know how to report suspicions.

- Consider child protection in the context of community planning.
- Encourage and invest in community based support services and develop a 'prevention of abuse' philosophy within frontline services.
- Develop inter-agency communication frameworks.
- Develop children and families issues into the core of police services.
- Place child protection on council committee agendas.
- Conduct an audit of practices against report recommendations.
- Give a higher profile to child protection issues within Children's Services Plan.
- Report to multi-agency group on the recommendations of the CP report.
- Mobilise organisations within the NHS to try to ensure their Child Health Strategy embodies the recommendations from the report.
- Explore the possibility of the Children's Reporters Administration investing more in central professional support and information structures. Also examine the gateway to the Children's Hearing System.
- Develop the contribution of elected council members to bringing together services under joint management structures, involving social work and health.
- Review guidance, protocols and procedures within the local authority. Firstly at inter-agency level, secondly at local authority and finally at level of children's services.
- Produce an article for Children in Scotland magazine.
- Move to more formal joint structures including the pooling of funding and joint posts and inter-disciplinary teams.
- Examine progress made by Joint Futures and consider their significance.
- Focus case conferences, which can be in terms of membership whilst still including those who need to be there.
- Set in place review and audit processes for social work department.
- Identify the risk areas within agencies and prioritise these.
- Consider confidentiality arrangements to ensure these do not inhibit multi-agency co-operation.

- Consider whether a single multi-agency child protection team is the best way forward at local level.
- Examine ways of simplifying the current plethora of 'routes' through the system to try to rationalise these into a more formalised structure with procedural guidelines.
- Prepare for implementation of new employers codes.
- Consider increase in health visitors to improve prevention.
- Consider the operation of cross-cutting teams within the same premises.

What can the action team do to help me?

The following comments were made:

- Produce a shared single assessment tool.
- Clarify the role of Child Protection Committees.
- Produce information exchange protocols.
- Examine the establishment of a single Scotland-wide referral telephone number.
- Develop national standards.
- Develop integrated IT systems for national use.
- Raise the status of social workers and improve their image.
- Take a broader view in considering child protection.
- Develop public confidence and knowledge in voicing concerns through a publicity campaign.
- Consider international experience where some countries employ self referral and services are considered more positively.
- Work out the tension between intervention and prevention.
- Pilot joint child protection teams in some areas.
- Disseminate good practice.
- Apply lessons learnt from the work done by the Health Department on integration of assessment and the joint future agenda.
- Consider work done by the implementation of the National Intelligence model in the police service which helps identify risk areas and prioritise resource deployment.
- Develop a managed clinical network of child protection (existing pilot in West of Scotland).
- Integrate work on Child Witness Support.
- Consider the employment of an action team member from the courts or Procurator Fiscal system.
- Build capacity and a stronger skills base.

- Develop a long term communication strategy on child protection.
- Manage expectations that some families will always struggle.
- Plan ahead for services to ensure that skills are developed to replace staff who move on.
- Drive forward the information sharing agenda to help remove barriers. Resolve data protection issues.
- The development of standards could potentially reinforce 'systems driven' approaches. Systems are presently very defensive and the action team should work to dismantle rather than compound defensiveness.
- Develop a self assessment tool for auditing practice.
- Establish that there must be clear leadership from the top.
- Devise a framework for inter-agency training which would become a requirement for all child protection staff. Look at the scope of bringing together inter-agency training on a number of fronts. Consider specific training on risk management and more training for teachers.
- Consider role of Children's Commissioner on promoting awareness and championing children's human rights. Expand on children's rights perspective in general.
- Ensure adequate funding and its appropriate use. Consider how to make financial connections by drawing funding streams together.
- Provide more training for therapeutic support.
- Work alongside the national group on domestic abuse and develop links.
- Develop national guidelines on child protection which will include voluntary organisations. Specifically address substance misuse within this.
- Simplify the referral system and streamline integrated working in order not to add to bureaucracy.
- Create longitudinal study on the effectiveness of single shared assessment.

ANNEX D

LIST OF PARTICIPANTS

Name	Designation	Organisation
Bill Alexander	Head of Service, Children, Young People and Families	NHS Highland/Highland Council
Donald Anderson	Leader	City of Edinburgh Council
Alan Baird	Director of Social Work	Dundee City Council
Peter Bates	Chair	Tayside NHS Board
Safaa Baxter	Head of Operations, Social Work	East Renfrewshire Council
Grahame Blair	Head of Service, Social Policy	West Lothian Council
Chris Booth	Head of Service, Childcare	Aberdeenshire Council
Alan Boyd	Head of Children & Families and Criminal Justice	Falkirk Council
Catherine Brown	Head of Branch, Police Division	Scottish Executive
Sue Bruce	Strategic Director, Community	East Dunbartonshire Council
Douglas Bulloch	Chair	Scottish Children's Reporter Administration
Anne Burgham	Policy Officer	Royal College of Nursing Scotland
Harry Burns	Director of Public Health	Greater Glasgow Health Board
Eric Byiers	Strategic Manager, Children and Adult Services	Fife Council
Sandy Cameron	Executive Director, Social Work Resources	South Lanarkshire Council
Andrew Campbell	Convener	Dumfries and Galloway Council
Ann Carnachan	Head of Educational Support, Falkirk Council	Association of Directors of Education in Scotland
John Carney	Child Care Manager	Moray Council

Harden Carter	Consultant in Public Health Medicine	Lothian NHS Board
Mary Castles	Assistant Chief Executive	North Lanarkshire Council
Charles Clarke	Consultant in Public Health Medicine	Lanarkshire NHS Board
Bronwen Cohen	Chief Executive	Children in Scotland
David Comley	Acting Director, Social Work Services	Glasgow City Council
Val Cox	Head of Early Education and Childcare Division	Scottish Executive
David Crawford	Director of Social Work	Renfrewshire Council
Peter Daniels	Chief Executive	East Renfrewshire Council
Alison Davies	Programme Director - Scotland	Save The Children
Linda de Caestecker	Consultant in Public Health Medicine	Greater Glasgow NHS Board
Harriet Dempster	Director of Social Work, Highland Council	Association of Directors of Social Work
Bernard Devine	Chief Executive	North Ayrshire Council
Bernadette Docherty	Vice Convener, Children and Families Standing Committee	Association of Directors of Social Work
Brenda Doyle	Convener, Children and Families Standing Committee	Association of Directors of Social Work
Allan Duncan	Acting Head of Criminal Justice	Perth & Kinross Council
Dougie Dunlop	Head of Children, Young People and Families	Argyll and Bute Council
Joan Elliott	Depute Director, Social Work Services	Glasgow City Council
Sandy Forrest	Assistant Inspector	HM Inspectorate of Constabulary
Stewart Forsyth	Vice Chair	Child Health Support Group
Joan Fraser	Head of Pupil Support and Inclusion Division	Scottish Executive
Kate Gabb	Service Manager, Social Care	Shetland Islands Council

Mike Gibson	Head of Additional Support Needs Division	Scottish Executive
John Gilruth	Head of Service, Education and Children's Services	Perth and Kinross Council
Ian Gordon	Director, Directorate of Health Service Policy and Planning	Scottish Executive
John Gordon	Labour Group Whip	North Lanarkshire Council
John Gray	Convener, Social Work Services Committee	Glasgow City Council
Anil Gupta	Policy Officer, Social Work	Convention of Scottish Local Authorities
Rachel Gwyon	Head of Young People and Looked After Children Division	Scottish Executive
Jean Herbison	Consultant Paediatrician	Greater Glasgow NHS Board
Andrew Hill	Leader	South Ayrshire Council
Christopher Holmes	Director of Children's Services	NCH Scotland
Claire Houghton	National Worker	Scottish Women's Aid
Anne Houston	Director	ChildLine Scotland
David Hume	Chief Executive	Scottish Borders Council
Tim Huntingford	Chief Executive	West Dunbartonshire Council
Jackie Hyland	Chair	Child Health Commissioners Group
George Irving	Chair	Ayrshire and Arran NHS Board
Gita Jackson	Policy Officer, Children and Families Division	Scottish Executive
Alexis Jay	Director of Social Work and Housing Services	West Dunbartonshire Council
Dave Jones	Executive Director, Services to People	Clackmannanshire Council

Philip Jones	Chief Executive	Dumfries and Galloway Council
Tom Keenan	Director of Social Work and Housing Services	Inverclyde Council
Lynda King	Information and Training Manager	Central Registered Body In Scotland
Margaret Kinsella	West of Scotland MCN Co-ordinator	Greater Glasgow NHS Board
Romy Langeland	Chief Executive	Aberlour Child Care Trust
Ian Latimer	Chief Constable	Northern Constabulary
Iain Macaulay	Depute Director of Social Work	Comhairle Nan Eilean Siar
Catriona MacDonald	Child Health Commissioner	Argyle and Clyde NHS Board
Fiona MacKenzie	Chief Executive	Forth Valley NHS Board
Allister Mackie	Deputy Provost	West Lothian Council
Colin MacLean	Head of Children and Young People's Group	Scottish Executive
Donnie MacMillan	Spokesperson for Social and Health Issues	Argyll and Bute Council
Bernadette Malone	Head of Performance Planning and Management	Perth and Kinross Council
Fred McBride	Head of Social Work: Children's Services	Stirling Council
Arthur McCourt	Chief Executive	Highland Council
Malcolm McEwan	Chief Social Work Officer	Midlothian Council
Gerry McGeoch	Head of Childcare, Pre-fives and Criminal Justice	Clackmannanshire Council
Gordon McIntosh	Head of Service, Children & Families and Criminal Justice	Angus Council
Andrew McIntyre	Leader	East Ayrshire Council
Margaret McKay	Chief Executive	Children 1 st
Alistair McKie	Superintendent, Community Safety	Strathclyde Police

Jackie McRae	Head of Women and Children's Unit	Scottish Executive
Alan Miller	Principal Reporter	Scottish Children's Reporter Administration
Jennifer Milligan	Acting Director of Health and Service Development	Dumfries and Galloway NHS Board
Jacqueline Mok	Consultant Paediatrician	Lothian NHS Board
Danny Molloy	Cabinet Member for Social Services	Midlothian Council
Claire Monaghan	Head of Branch, Civil Law Division	Scottish Executive
David Montgomery	Chief Executive	East Ayrshire Council
Keith Moody	Leader	East Dunbartonshire Council
Colin Morrison	Co-Director	The Children's Parliament
Morag Munro	Vice Chair, Education Committee	Comhairle Nan Eilean Siar
John Myles	Detective Chief Inspector	Fife Constabulary
Elaine Noad	Director of Social Work, Housing and Health	South Ayrshire Council
Gillian Ottley	Depute Chief Inspector of Social Work Services	Scottish Executive
Bob Ovens	Deputy Chief Constable	Dumfries and Galloway Constabulary
Marion Pagani	Chair	Children's Panel Chairs Group
Graham Pearson	Assistant Chief Constable, Crime	Strathclyde Police
Stella Perrott	Depute Chief Inspector of Social Work Services	Scottish Executive
Sally Pitches	Executive Director	Girl Guiding Scotland
Catherine Rainey	Head of Branch, Children and Families Division	Scottish Executive
Jan Raitt	Head of Branch, Children and Families Division	Scottish Executive

Sheila Ramsay	Head of Children's Services Operations	Barnardo's Scotland
Jacque Roberts	Chief Executive	The Care Commission
Gill Robinson	Chief Inspector	HM Inspectorate of Education
Phil Robinson	Chief Executive	Quarriers
Alan Ross	Head of Children & Families and Criminal Justice	East Lothian Council
John Ross	Chair	Dumfries and Galloway NHS Board
Caroline Selkirk	Commissioner for Child Health Services	Tayside NHS Board
Patrick Shearer	Assistant Chief Constable	Grampian Police
Angus Skinner	Chief Inspector of Social Work Services	Scottish Executive
Phyllis Smart	Senior Nurse, Child Protection	Grampian NHS Board
Sarah Smith	Head of Children and Families Division	Scottish Executive
Stan Smith	Head of Social Services Policy	Aberdeen City Council
Jean Swaffield	Nursing Officer	Scottish Executive
Stuart Telfer	Health Improvement Officer	Ayrshire and Arran NHS Board
Ruth Thomson	Consultant Paediatrician	Dumfries and Galloway NHS Board
Paddy Tomkins	Chief Constable	Lothian and Borders Police
Janey Traquair	Principal Officer, Education and Cultural Services	West Dunbartonshire Council
Kate Vincent	Director, Social Work Policy Co-ordination Division	Scottish Executive
Deirdre Watson	Director	Who Cares? Scotland
Pat Watters	President	Convention of Scottish Local Authorities

Tommy Williams	Convener, Community and Family Care Policy Board	Renfrewshire Council
Peter Willman	Head of Branch, Children and Families Division	Scottish Executive