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<b>Report To:</b>	<b>Inverclyde Integration Joint Board</b>	<b>Date:</b> 21 March 2022
<b>Report By:</b>	<b>Allen Stevenson Interim Chief Officer Inverclyde Health &amp; Social Care Partnership</b>	<b>Report No:</b> IJB/16/2022/AG
<b>Contact Officer:</b>	<b>Anne Glendinning Acting Head of Service Children &amp; Families and Criminal Justice Inverclyde Health &amp; Social Care Partnership</b>	<b>Contact No:</b> 715368
<b>Subject:</b>	<b>CPC ANNUAL REPORT 2020-21</b>	

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## 1.0 PURPOSE

- 1.1 The purpose of this report is to advise the Inverclyde Integration Joint Board of the publication of Inverclyde Child Protection Committee's Annual Report 2020-21.
- 1.2 Consider the report's findings in relation to Inverclyde Child Protection Committee's duty to provide an annual update of child protection business.

## 2.0 SUMMARY

- 2.1 Child Protection Committees (CPC's) are the key local bodies for developing, implementing and improving child protection work across and between agencies, bodies and the local community. A CPC is expected to perform a number of crucial functions in order to jointly identify and manage risk to children and young people, monitor and improve performance and promote the ethos that **"It's everyone's job to make sure I'm alright"**. CPCs must ensure all of these functions are carried out to a high standard and are aligned to the local Getting It Right For Every Child arrangements.
- 2.2 One of the key functions of a CPC is to provide a report of CPC business on an annual basis. The author is generally the Lead Officer for Child Protection. The last report published covered work across 2017. The committee will note that the report under consideration spans from March 2018 to March 2020. The two year span is due to a vacancy in the Child Protection Lead Officer role during 2019. A report covering March 2020 to March 2021 is currently under construction and will be presented to committee later in the year.
- 2.3 The attached report was presented to and accepted by Inverclyde Child Protection Committee on 18 October 2021. It was presented to and accepted by Inverclyde Chief Officer's Group on 16 November 2021. It was presented to and accepted by Inverclyde Health and Social Care Partnership on 16 December 2021.

### **3.0 RECOMMENDATIONS**

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

**Allen Stevenson**  
**Interim Chief Officer**

## 4.0 BACKGROUND

- 4.1 CPC's have 4 functions: Continuous improvement; Public information engagement and participation; Strategic planning and connections; Annual reporting on the work of the CPC.
- 4.2 Continuous improvement: This involves the collation of data which records outcomes for children and audit activity which identifies gaps in provision and determines improvement activity. CPC's are also responsible for delivering training and other learning activity to ensure that practitioners across all services are aware of the best and most up to date practice initiatives. CPC also has a duty to ensure that policies, procedures and guidance are kept up to date and that practitioners are aware of their content and availability. Finally CPC's take the lead in terms of any learning when a child is significantly harmed or dies.
- 4.3 Public information, engagement and participation: CPC's have a role in raising awareness so that members of the public, including children and young people, know what child protection means and what to do if they have a concern for a child or young person. They must engage with local communities to raise awareness of indicators of concern and increase understanding of the role that communities and all adults have in protecting children and young people. Finally they must involve children, young people and families in the design and delivery of child protection systems.
- 4.4 Strategic planning and connections: CPCs must ensure strong and robust strategic planning links to wider integrated children's services planning arrangements in their local area in order to ensure that the need for support and protection of children and young people can be comprehensively met in well designed, effective and sustainable local services, programmes and initiatives. CPCs must also link effectively with other multi-agency partnerships and structures locally, regionally and nationally, including Chair and Lead officer participation in Child Protection Committees Scotland.
- 4.5 Annual reporting on the work of the CPC: CPCs must produce and publish an annual report, endorsed by the Chief Officers, which sets out the work undertaken by the Committee, delivery against key performance measures in that year as well as identified priorities for the year ahead.
- 4.6 The Inverclyde Child Protection Committee Annual Report begins with an account of the role and remit of the child protection committee within Inverclyde, set within the context of wider strategic planning groups. In the main body of the report it records the multiagency response to the COVID-19 pandemic and examines areas of best practice. The report then goes on to review the priority areas described in 4.2 to 4.4, detailing the work achieved in these areas via CPC's Performance Management, Training, Child Sexual Exploitation and Whole Family (previously CAPSM) sub groups. This section also reflects on work being undertaken by the Violence Against Women forum of which the CPC Lead Officer is a member, and notes work being done in the areas of parent and children's mental health. The report concludes by charting areas of future work.
- 4.7 In terms of public information and advice, Inverclyde CPC participated in the national **Eyes and Ears** campaign over the summer of 2020. This was intended to encourage family members and communities to keep an eye out for children who might be struggling or experiencing harm and a listening ear to their needs. This campaign was reissued over Christmas. The campaign was succeeded in March 2021 by **KeepingKidsSafeOnline**, a virtual poster campaign with information links for parents and carers encouraging them to check in on what their children are up to online. This was on the back of Police Scotland noting that there had been a 13.4% increase in reports of online abuse and exploitation since lockdown commenced.

Autumn 2020 was to see the launch of 'Helping Hands' an Inverclyde specific campaign to promote access to early support for children and families in need. It was decided to delay this, however, in order to focus on the national rollout of the **Children (Equal Protection from Assault) (Scotland) Act 2019**. This act, known colloquially as the 'smacking ban' removes the defence of 'reasonable chastisement', which a parent or carer could previously use to justify the use of physical force to discipline a child. The change in law necessitated a robust publicity campaign to ensure parents and carers were aware and our local early years services were particularly adept at communicating the change via parent packs despite the limitations imposed by ongoing social distancing. New guidance was developed for practitioners and a series of online information events were offered to multiagency staff teams. Inverclyde's Lead Officer for Child Protection joined the communications sub group of CPC Scotland in May 2021 and was party to the development of a more asset focused campaign over the summer of 2021 called **For Kid's Sake...** which encouraged extended family and local communities to keep a benign eye on children over the summer holidays and offer a helping hand to parents. A new and exciting development within CPC Scotland's sub group will encourage children and young people to become directly involved in the theming and co-production of future campaigns. Inverclyde's Lead Officer for Child Protection is encouraging Inverclyde's extremely active Champs and Little Champs, members of the Proud2Care network, to get involved and help shape the future of child protection communication.

4.8 With regard to learning and Development, COVID-19 has had a significant impact on delivery of training. However, during February and early March 2020 the 5 day Child Protection Course for enhanced practitioners and children affected by parental substance misuse training to multiagency teams was delivered. Within months, the training sub group was up and face to face training was provided virtually. In early 2021 The Assessment of Care: formerly known as the Neglect Toolkit was rolled and 5 sessions to 41 members of staff from social work, health and community learning and development. A twilight session has taken place for education staff. A recent evaluation session noted that the training has increased awareness of the impact of neglect though practitioners have struggled to use the toolkit with families given lockdown restrictions. Neglect training for the general workforce: A virtual programme is complete and ready to deliver to relevant agencies. Child Protection Awareness for the general workforce: This has been adapted to a virtual format and is now being delivered to a range of services. Scottish Drugs Forum: Everyone has a story, an account of the impact of problematic substance use on children and young people was delivered virtually to a multiagency staff team. All training is conducted with reference to the **assess-plan-do-review** cycle which means we revisit it with participants at regular intervals in order to assess how well learning is embedded in practice.

4.9 The draft Annual Report concludes with a plan of business. This includes plans to progress work already begun via CPC sub groups and deliver multiagency training in relation to neglect, child protection awareness and Whole Family Support for addiction. All of the objectives noted are underway and an update report will be offered within the next annual report. The Annual Report for 2020-2021 is attached below.

## 5.0 IMPLICATIONS

### Finance

#### 5.1 Financial Implications:

##### One off Costs

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

N/A					
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Annually Recurring Costs/ (Savings)

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

## LEGAL

5.2 There are no specific legal implications in respect of this report.

## HUMAN RESOURCES

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

## EQUALITIES

5.4 Has an Equality Impact Assessment been carried out?

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

5.4.1 How does this report address our Equality Outcomes?

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

## CLINICAL OR CARE GOVERNANCE IMPLICATIONS

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

## 5.6 NATIONAL WELLBEING OUTCOMES

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

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

## 6.0 DIRECTIONS

### 6.1

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

## 7.0 CONSULTATION

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

## 8.0 BACKGROUND PAPERS

8.1 CPC Annual Report attached as appendix 1

# **ICPCC Report**

**March 2020  
to  
March 2021**

## **Section one – Introduction and overview**

- 1.1 Inverclyde Child Protection Committee: Vision & Aims
- 1.2 What is the role and remit of Inverclyde Child Protection Committee
- 1.3 The Chief Officers Group
- 1.4 The Inverclyde Public Protection Network
- 1.5 The wider agenda
- 1.6 The Environmental Context
- 1.7 The Inverclyde Profile

## **Section two – Inverclyde Child Protection Committee in action**

- 2.1 Response to COVID-19 pandemic
- 2.2 The Inverclyde profile

## **Section three – What have we achieved since 2020**

- 3.1 Public information and engagement
- 3.2 Continuous improvement
- 3.3 Participation
- 3.4 Sub group updates
- 3.5 Innovation during COVID
- 3.6 Inverclyde and the national picture

## **Section four – Forward planning**

- 4.1 The next twelve months in summary
- 4.2 Business Plan 2020-2022

## Appendix

1. Child Protection Committee and Public Protection Chief Officers Group Members



# Forward

Louise Long, Chief Executive, Chair, Chief Officers Group

Welcome to the Annual Report for Inverclyde Child Protection Committee 2020-21. The report sets out the developments and improvements between March 2020 and March 2021. The outcomes framework at the end of the report contains the business plan 2021-22 and sets out key priorities for the coming year.

This has been a year like no other and much of the report's focus is necessarily on the impact of the COVID-19 pandemic as it affected Inverclyde and shaped committee business. The Inverclyde community was quick to respond to the crisis with an impressive humanitarian effort to deliver care, food and other resources to people in need. All services which have child protection within their remit were intent on identifying children and young people they deemed most vulnerable and worked well together to ensure that nobody was left out. My impression has been of a multi-agency community working well together to deliver frontline services in a manner that brought people together in an expression of community solidarity and pride.

The commitment of all agencies in ensuring that all children in Inverclyde are safeguarded and protected from harm and abuse is apparent in the day to day delivery of child protection services. It can also be seen in agencies' extensive contribution to the strategic improvements and developments carried out, even within the context of a global pandemic, in 2020.

The Child Protection Committee works with colleagues locally and nationally and across Integrated Children's Services. It aims to support the multi-agency workforce and members of the public to ensure Inverclyde is a safe place to grow up. It aims to promote the care and welfare of all our children and to protect them from abuse and harm.

We are committed to partnership working to ensure the protection and safety of the Council's children and young people. We are committed to understanding the child protection concerns which arise in our Council Authority and to making improvements together to address these.

The Child Protection Committee has representatives from social work, police, health, education, housing, the Children's Reporter and the third sector. The work of the Child Protection Committee could not have been delivered without the commitment and support of these agencies and the many front line practitioners. I would like to thank the Child Protection Committee members and the constituent subgroups of the Child Protection Committee for their continued commitment to ensuring that our vision and aims for children across Inverclyde are realised.

As the Chair of the Chief Officers Group I endorse this report and the outcomes framework which we hope you will find informative in detailing the work of the committee and its future planning.

**Chief Executive**

**Countersigned Stephen McCabe  
Leader of Council**

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# Preface

## Sharon McAlees, Chair, Child Protection Committee

I am very pleased to present the March 2020 to March 2021 Annual Report and Business Plan 2021-2022 for The Inverclyde Child Protection Committee.

All Child Protection Committees across Scotland produce an Annual Report and set out their priorities for the coming year. The following report describes how our Committee fulfilled its functions and tasks during 2020 to early spring 2021. The production of this report allows the Child Protection Committee an opportunity for reflection on the successes and challenges along the way and assists in planning our priorities for the year ahead.

As we undertake this opportunity for reflection we are compelled to consider the significant impact of the recent pandemic situation on children's services. The past year has tested our capacity beyond . In my role as chair of the Child Protection Committee but also as Head of Service for Children's Services within the HSPC and the Chief Social Work Officer, I can wholeheartedly reflect that the joint working and prioritisation of Inverclyde's most vulnerable children, from the very initial stages of service response to the pandemic within lockdown to the deliberate planning around recovery, has been thorough, innovative and nothing short of outstanding. As our initial focus in March 2020 was on identifying the most vulnerable children within Inverclyde for target monitoring and support, this meant that more strategically focused child protection business inevitably needed to be stepped back somewhat . The committee itself continued to meet through April to June with its focus being on maintaining communication sharing best practice. From July 2020 committee business returned to its more regular focus (whilst continuing to reflect on the ongoing impact of the pandemic) with sub groups also recommencing from around that time.

I am pleased to report an agile shift from in person training to virtual delivery with trainers showing creativity and innovation in their delivery of key strategic training aims. The roll out of multi-agency training in the Assessment of Care has been a particular priority and it has been good to see this delivered across the Health and Social Care Partnership. Delivery of child protection training is ensuring that our message around child safety and wellbeing is being received by a wide audience. Other training, offered via our Whole Family and Violence Against Women streams, ensures that practitioners are kept up to date with the most recent research and practice and also helps to build professional networks across agencies. I welcome the increased emphasis on a rights respecting approach to alcohol and drug service delivery in a change of name for our Whole Family Sub Group and look forward to similar discussions in relation to Child Sexual Exploitation Sub Group whose remit we wish to expand in the coming year. Our Performance Management Sub Group has completed valuable audit work even in the midst of a pandemic and has much planned to ensure that we continue to improve practice and learning from it. Most importantly our committee has embarked on the work of becoming a rights respecting forum and are underway in our journey to be assessed by our young people for the Inverclyde Respecting Rights of the Child Award.

This coming period will see updated National Guidance for Child Protection being published, alongside new guidance for Learning Reviews, the Age of Criminal Responsibility and incorporation of the United Nations Convention for the Rights of the Child into Scots law amongst many other new initiatives. As a Child Protection Committee then, we are outward facing, working closely with our regional and national colleagues to incorporate guidance and make sure that we are delivering services to national standards which ensure that the children of Inverclyde receive the best in protective services that we can deliver.

I am very proud of the way Inverclyde has come together as a community to offer a targeted humanitarian response to the pandemic. I believe this has greatly enhanced the ability of child protective services to focus at those children most acutely affected by high levels of need and risk. I would like to extend my sincere thanks to our partners and the frontline practitioners who deliver the protection services for vulnerable children in Inverclyde and who have continued to do so in the most testing of circumstances. I should also like to thank the members of the general public for their continuing support of the Child Protection Committee and of child protection within Inverclyde.

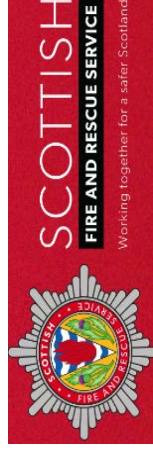
# Section 1:

## Introduction and overview

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### 1.1 Our Vision and aims

The ICPC is an inter-agency strategic partnership responsible for the design, development, publication, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider 3<sup>rd</sup> sectors in Inverclyde.



#### Aims

##### We aim to:

- Improve the way we work to provide access to early help and support in order to improve the wellbeing of children, young people; targeting the most vulnerable;
- create systems and processes with a clear understanding of local needs, planning, governance, data support and service development;

- create a culture for all that provide protective services that is defined by high levels of support, alongside challenge and expectations to deliver our priorities; and
- Use GIRFEC principles when we work with children and young people in accordance with Children's rights under the UNCRC.

## **Priorities**

### **We want to ensure that our Child Protection Committee:**

- Knows who our most vulnerable children and young people are, and focus the work of the Child's Plan to improve outcomes for these children and young people;
- Hears the voice of children and young people; influencing their experience of our support, improving their outcomes and informing service planning;
- Understands that exposure to high levels of stress, neglect and abuse impacts on children's psychological wellbeing and self-esteem and seeks to promote and support resilience
- Supports families to give their children the best childhood they are able
- Gives practitioners the tools and support to make a difference

# Our values



Embedding the Nurturing Inverclyde approach across children's services



Driving continuous improvement through a culture of collaboration, high aspiration, reflective practice and learning for success



Mitigating the adverse consequences of child poverty through an extensive cross-cutting range of strategies



Involving children and young people in every aspect of policy, planning and service development and promoting their rights



Investing significantly in prevention and early intervention, especially from pre-birth to commencement at school.

# Our UNCRC charter

Article 2: The Convention applies to every child without discrimination

*We will work together to make sure you enjoy these rights no matter who you are, how you look or where you come from.*

Article 3: your best interests shall be a primary consideration

*By making sure that we ask everyone who knows you what you need to thrive. By making sure that our own practices and procedures are fit for purpose*

Article 12: we promote your right to express your views freely

*By listening to you carefully and recording your views in reports and for meetings. By offering you the support of an advocate if you would like one*

Article 19: we aim to protect you from all forms of physical or mental violence, injury or abuse, neglect, maltreatment or exploitation

*By supporting those who care for you to offer you the best care they can. By ensuring that we keep up to date with the best research on how to do this*

Article 27: we recognise your right to a standard of living adequate for your physical, mental, spiritual, moral and social development

*By working with Scottish Government & other agencies to end child poverty. By publishing data that tells us how we are doing in this area*

Article 33: drug abuse, Article 3: sexual exploitation, Article 35: abduction, sale and trafficking

*We will work together to help keep you free from harm and do our best to ensure that an environment exists where you are safe and protected. We will focus on areas where most harm is caused and look at ways to prevent this from occurring. We will support you and care for you if you become victim to any of these criminal behaviours and share information appropriately to safeguard you*

Article 39: we will take all appropriate measures to promote your physical and psychological recovery and social reintegration if you are harmed

*By making sure we have the most up to date knowledge to help make things better. By making sure we learn from when things go wrong*

## 1.2 What is the role and remit of Inverclyde Child Protection Committee?

Inverclyde Child Protection Committee (CPC) is a locally based, multi-agency strategic partnership responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across Inverclyde. The CPC are also responsible for the quality assurance of multi-agency practice and ensuring that the performance measures put in place ultimately lead to improving outcomes for children and young people. Child protection means preventing a child suffering significant harm from abuse or neglect. The CPC is committed to its responsibility to keep all children in Inverclyde safe from harm whether abuse or neglect has already taken place or looks likely to take place. In working to achieve that, the functions of the CPC are continuous improvement, strategic planning, public information and communication.

### **Who are the members of the Child Protection Committee?**

The CPC has senior membership across the full range of agencies and services with child protection responsibility including Inverclyde Council (Social Work, Education and Housing), Police Scotland, NHS Greater Glasgow and Clyde, the Reporter to the Children's Hearing, Inverclyde Violence against Women Partnership and the third sector. The CPC has a chair, a vice chair and a lead officer to ensure tasks are taken forward. All members aim to consistently improve upon the delivery of robust child protection practices across the public, private and wider third sectors.

### **Who is responsible for the CPC?**

The National Guidance for Child Protection in Scotland 2014, requires that each CPC be established and governed by a Chief Officer Group. The Local Police Commander and the Chief Executives of NHS Glasgow and Greater Clyde and Inverclyde Council are the Chief Officers responsible for the leadership, direction and scrutiny of the local child protection services and they have strategic responsibility for the CPC. Inverclyde CPC works collaboratively with other strategic partners; in particular, the Integrated Children's Services Board, Violence against Women Partnership, Adult Protection Committee and the Alcohol & Drugs Partnership. This means that child protection is seen alongside the wider context of supporting families and meeting children's needs. It ensures that partners are aligned in their aims, priorities and delivery of improvements as set out in the Child Protection Programme and the Local Outcome Improvement Plan (LOIP). We are committed to Getting It Right For Every Child. GIRFEC is the national practice model which aims to ensure children and young people are safe, healthy, achieving, nurtured, active, respected responsible and included.

Some areas of child protection activity are shared across local authority areas. In Inverclyde we work closely with partner agencies in Renfrewshire, West Dunbartonshire and Argyll and Bute regarding the delivery of child protection learning and development opportunities to the multi-agency workforce, including Joint Investigative Interview training. ICPC is also a member of the West of Scotland consortium which meets bi monthly and shares best practice initiatives across the 13 Local Authorities in the West of Scotland. The CPC also works in partnership with the Scottish Government and other CPC's nationally to take forward child protection policy and practice under the banner of Child Protection Committees Scotland.



## **How does the CPC work?**

Inverclyde CPC normally meets six times each year. All the members have child protection skills and knowledge. They consider information from a variety of sources such as the local Child Protection Register, Children's Reporter, significant case reviews, formal inspections of Children's Services, case file audits and national developments. Identified areas for improvement and emerging trends in relation to child protection are then incorporated into the Child Protection Business Plan, which is detailed in this report.

The CPC has four permanent Sub groups, each reporting directly to the CPC. The Performance and Management Sub Group focuses on the monitoring and measuring of improvements in child protection practice. The Training Sub Group identifies and has oversight of the delivery of multiagency child protection learning. The Whole Family Sub Group (previously CAPSM, Children Affected by Parental Substance Misuse) has a focus on improving outcomes for children and delivering training in this area and links into the Council authority wide Alcohol and Drugs Partnership. The Child Protection & Domestic Abuse group has worked collaboratively with the Inverclyde Violence Against Women Partnership in the development of multi-agency guidance and the delivery of new approaches to assessing the risk from domestic abuse and identifying new interventions to reduce incidents of domestic abuse.

The CPC also implements short working groups once key areas of practice improvement are identified. The Child Sexual Exploitation working group was established in 2017 to undertake work in this area. The Addressing Neglect, Enhancing Wellbeing project, while also under the aegis of GIRFEC/Early intervention addresses its work towards the ICPC as getting it right at the earlier stages will have a positive impact on CPC work.

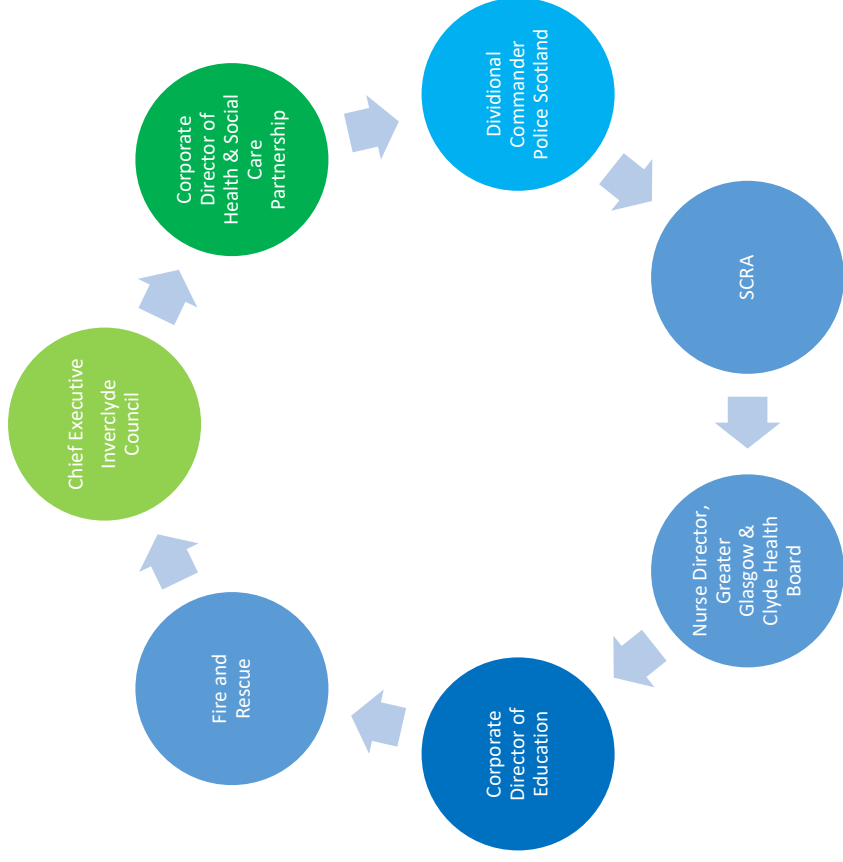
## **Links to other committees**

We work consistently to ensure that the CPC links with wider strategic plans and committees structures to ensure robust governance and reporting arrangements and that our activity links to wider local authority, HSPC and national strategy. This includes the Public Protection Network, the Children's Service Planning Partnership, the GIRFEC Strategic Group, the Child Poverty Action Group, the HSPC Big Action planning and working groups, the Community Safety Partnership and the Inequalities Committee.

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## **1.3 Chief Officers Group**

Chief Officers across Scotland (Local Police Commanders and Chief Executives of Health Boards and Local Authorities) are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their Child Protection Committees. This responsibility applies equally to the public, private and third sectors. They also have responsibility for maximising the involvement of those agencies not under their direct control, including the Scottish Children's Reporter Administration, the Crown Office and Procurator Fiscal Service and the third sector.



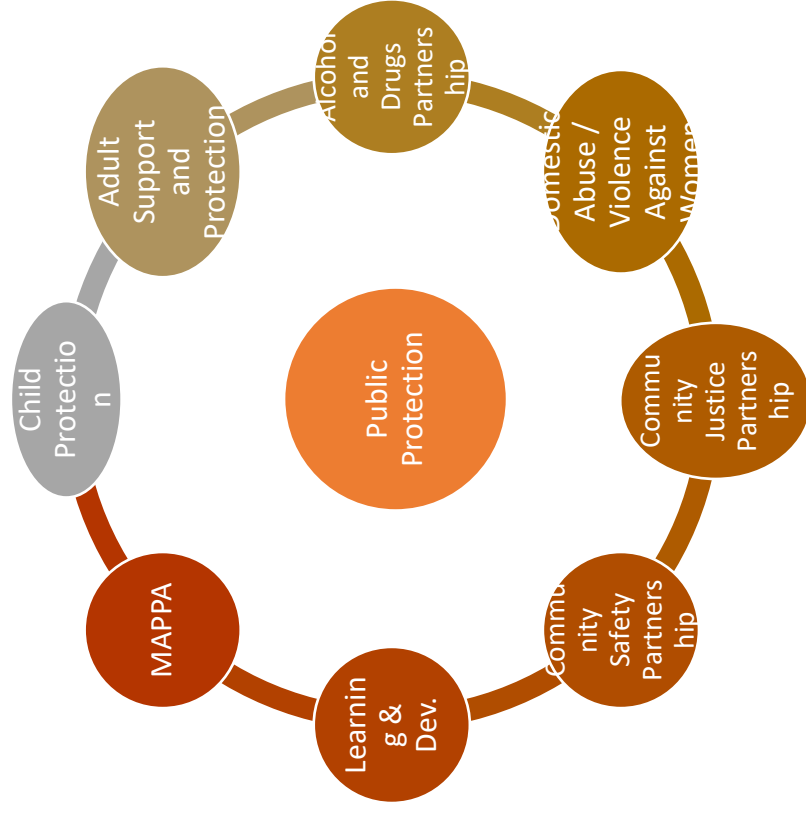
### Chief Officers Group (COG)

The Chief Officers Group in Inverclyde meets quarterly with the Heads of Service and Lead Officers from the Public Protection Network. The Chief Officers are updated on the progress of the core functions of the Child Protection Committee and priority areas as outlined in the business plan along with updates on reactive matters. The Chief Officers provide leadership, direction and scrutiny and ensure that links are made with the wider governance structure.

## 1.4 The Inverclyde Public Protection Network

The Inverclyde Public Protection Network is the forum with responsibility for shaping public protection arrangements across Inverclyde. It aims to strengthen the links between the Child Protection Committee and other statutory and regulatory functions.

The image below illustrates the relationship between the various bodies and groups responsible for protecting the public in Inverclyde



The network aims to protect vulnerable people and keep people safe by promoting wellbeing, equality and diversity, collaborative joint partnership working, information sharing and communication, community engagement and capacity building, peer support and challenge, shared learning and understanding and partnership wide policy and practice developments. In early 2020 we have increased efforts to coordinate Public Protection Networking across the CPC, APC and MAPPA. This has included the creation of a common digital framework and an annual communication and engagement plan.

## 1.5 The Wider Agenda

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The Child Protection Committee does not function in isolation. The collaboration and links with wider planning, strategic and operational groups facilitate effective partnership working and make the best use of resources and skills.

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

At the heart of the GIRFEC approach is an emphasis on early, proactive intervention in order to create a supportive environment and identify any additional support that may be required as early as possible. Early intervention and support can prevent a problem from escalating into a crisis and ultimately, ensure positive outcomes for children.

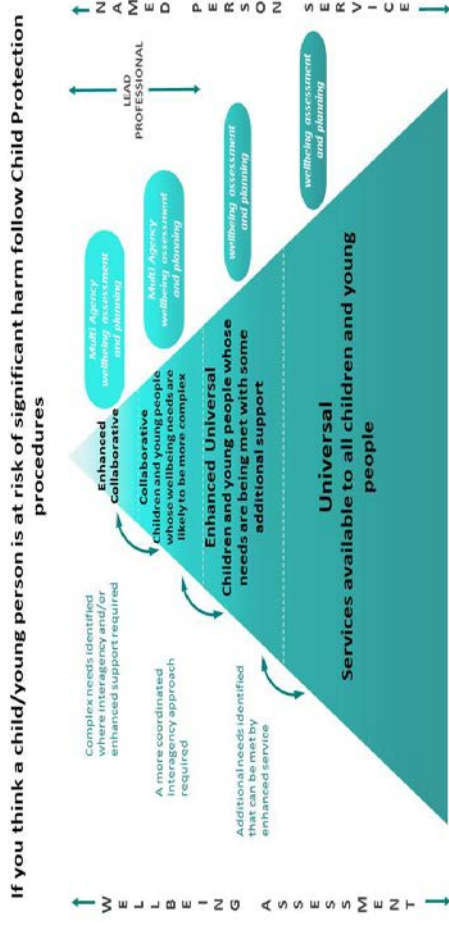
While all Child Protection interventions operate at the 'enhanced collaborative' level of service delivery, Inverclyde Child Protection Committee are committed in the promotion of achieving early help for children, young people and their families. The CPC has close links with the GIRFEC strategy group and the children's planning partnership. This ensures that planning for children is joined up and shares the same values across the council. This approach is encompassed within the 'Nurturing Inverclyde' approach which received a COSLA Gold excellence award in 2013 and is an area that we have continued to build on and develop.

Improvement actions identified in the Children and Young People's services plan

- Improving shared systems, paperwork and processes in order to enable more effective collaboration
- Improving consistency in the understanding and implementation of thresholds, roles and responsibilities within, across and between agencies
- Smooth transitions between Named Persons in different agencies ie., Health and Education at the commencement of Primary School education
- Named Persons feel more supported in aspects of their Named Person role from training to implementation.
- Increase information, access and availability of the support for parents, providing the right help at the right time.

are linked into improvement actions within the CPC action plan. For example, information relayed into our National Minimum Dataset has identified a need for audit of step down supports from statutory to universal services which links to the work being undertaken around thresholds. A presentation by Child Protection Committees Scotland on the identification of risk at the universal level was shared with Health Visiting and Social Work teams to boost understanding the role of the named person. The GIRFEC Quality Assurance Group, which is coordinated by the CP Lead Officer, prompted the development of a more user friendly risk assessment document for health and inter-agency training around neglect has helped boost collaborative working between health, education and social work. Therefore, while Child Protection remains very much at the enhanced collaborative level of statutory intervention, we understand that to get things right for children and young people, CPC needs to be engaging in supportive action and developmental work at the universal level too.

## Inverclyde Practice Model - the GIRFEC Pathway



## 1.6 The Environmental Context

In order to understand the context in providing Child Protection Services in Inverclyde it is essential to understand the area and the challenges faced by the citizens living here. The Inverclyde area stretches along the south bank of the river Clyde estuary and covers 61 square miles. It is one of the smaller local authority areas in Scotland with a population of approximately 80,000. At the most recent estimate, 20.3% of the population is 0 – 19 years of age. Over the period 2001- 2011, Inverclyde had the second highest drop in population of all council areas in Scotland. This decline has had a greater impact on young people, young families and working age people. The population is projected to be 70,271 by 2039 representing a decrease of 12 per cent. The under 16 population is projected to decline by 16% over the next 25 years.

The area's main towns are Greenock, which has the largest population, Port Glasgow and Gourock. The Scottish Index of Multiple Deprivation (SIMD) divides Scotland into small areas, called data zones, each containing around 350 households. The Inverclyde area has significant challenges in relation to deprivation and poverty. 51 (44.7%) of Inverclyde's data zones are in the 20% most deprived in Scotland, this is the highest local share in Scotland. Inverclyde has the second highest local share of data zones in the 15% most deprived in Scotland. The council with the highest local share is Glasgow. 22 (19.3%) of Inverclyde's data zones are in the 5% most deprived in Scotland, this is the highest local share in Scotland.

There has been an upward trend in the number of data zones moving into the 5% and 10% most deprived in Scotland category that were previously in the 10-20% most deprived category. Most of the deprived data zones are within Greenock and Port Glasgow.

Across Inverclyde 13,945 people are income deprived. This is 17.7% of the population and higher than the Scottish average of 12%. Of this number, 10,143 live in the 20% most deprived data zones, which means that 3,802 income deprived people do not reside in the 20% most deprived data zones. There are 7,126 people in Inverclyde that are employment deprived. This is 14.3% of the population and is higher than the Scottish average of 9%. There has been a small reduction in employment deprivation (1%) between 2016 and 2020. Of this number, 4,994 live in the 20% most deprived data zones, which means that 2,132 employment deprived people do not reside in the 20% most deprived data zones.

The area has further challenges in relation to child poverty. According to poverty figures published by End Child Poverty (2019), Inverclyde has the ninth highest level of child poverty in Scotland, after housing costs. It is estimated that just over 1 in 4 (35%) children and young people in Inverclyde are living in poverty. Poverty levels vary significantly across the authority with Inverclyde East Central and Inverclyde East having the highest levels of child poverty with over 30% with Inverclyde West decreasing the level of child poverty to 9%. In the school year 2015/16, there were 4,296 pupils enrolled in Inverclyde schools with 21% of these registered for free school meals compared to the national average of 14%.

Research into the relationship between poverty and neglect notes that children living in poverty are over represented on child protection registers and recognises the strong link between poverty and its impact on multiple life opportunities. All services in Inverclyde are committed to addressing the causes of poverty and improving the life circumstances of their children. This issue became even more prominent during 2020 as Inverclyde weathered the impact of the COVID-19 pandemic.

# Section 2:

## Inverclyde Child Protection Committee in Action

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### 2.1 Response to the COVID-19 pandemic

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#### **Community response to the crisis**

Inverclyde has a long and proud history of community support and this was in evidence from day 1 as local volunteers and businesses worked with the Council to make and distribute meals to those in need and build up support systems for those experiencing social isolation.

#### **Plan for minimum necessary intervention**

In order to optimise the safe and effective delivery of services at the beginning of lockdown in March 2020, the HSCP moved to a Hub model of service delivery. A discrete Covid Response Team was established and led by the Corporate Director of the HSCP and supported by the Head of Health and Community Care and the Inverclyde Alcohol and Drug Partnership. The Chief Social Work Officer supported operations and the Chief Finance Officer/ Interim Head of Strategy supported coordination across the HSCP. At this time the HSCP focused service delivery efforts at the Critical Risk Level and where capacity allowed also provided services for service users in the substantial risk category. This was kept under review on a daily basis in terms of assessment of capacity and risk. The key principle underpinning service delivery during this period was safe delivery of services based on dynamic assessment of risk and vulnerability in a way that supported staff health and wellbeing and enabled optimum ongoing service delivery throughout the period.

#### **Inter-agency communication and cooperation**

This coordinated effort was mirrored by our partners in Police Scotland, education services and the Third sector with all agencies coming together to collate an at risk register for both children and adults, the aim being that no one should be left without help if they required it. Heads of Services consulted weekly and, in the initial weeks of the pandemic, twice or three times weekly via virtual platforms. It has since been acknowledged by all agencies that the improvements to communication channels enabled by Webex and Microsoft Teams, considerably enhanced partner relationships,

responsiveness to need and the speed of decision making. Indeed, 18 months on, virtual platforms continue to be used to expedite large group meetings with attendance at these enabled by not having to travel out with operational locations.

### **Move to hub working for children and families social work**

The 7 children and family support teams were paired up to create 3 core teams across three locations that rotated to allow staff to work one week in the office and then one from a virtual hub.

### **Children and families support hubs**

Staff triaged referrals for all cases in order to assess and manage risk, carry out Interagency Referral Discussions and put emergency safety plans in place. Support hubs ensured continued support to the most vulnerable children and families. Immediate tasks and practical or short term tasks were followed up either by office based staff or those in the virtual hubs.

### **Virtual support team – home based**

The virtual support team carried out home based tasks for families on their caseload, contacting families through phone contact, report writing, chronologies, assessment completion as well as supporting the active teams with tasks and providing support advice and guidance to families during the pandemic by telephone. Home based staff could also be called in to cover shortage in active teams. A rota was established to rotate those staff working at home and those working from an office base.

The development of the Virtual Hub, as well as a pragmatic response to national guidance, was seen as vital in enabling the HSCP to respond at an optimal level throughout a prolonged period. This supported staff to practice social distancing in the working environment and enabled staff who were able to do so to work from home. Guidance for work allocation together with staff support and supervision was developed.

For those working from the office, guidance in relation to undertaking home visits, personal safety and protective equipment and contingencies for infection was issued. Regular keeping in touch contact by phone or email, supervision and support was built into the home working structure.

A list of our most vulnerable children was drawn up and categorised using a red, amber, green system. Bespoke support packages were agreed and contingency plans drawn up for those whose extended families would be unable to step in in a crisis. Partnership working continued to ensure food parcels, medicine and other essential items could be delivered to those in need.

### **Education hubs**

Education hubs for the children of key workers were set up across Inverclyde. These hubs were also intended to support children identified as vulnerable. Every school and Early Learning Centre in Inverclyde in partnership with social worker services, identified children and young people whom they deemed vulnerable. Children's Services across the partnership worked to try to ensure that professionals had some contact with these children and their families each week. Advice was issued for all children on the vulnerable list who did not attend a hub. This included the allocation



of each child who was vulnerable to a member of the Senior Leadership / pastoral / guidance team/teacher/key person as appropriate. Team members also made phone contact with each allocated pupil /child 2/3 times per week to check safety and wellbeing and were directed to speak to the child (if age appropriate). A brief summary of conversation was recorded on SEEMIS. Guidance was issued on the reporting of concerns and escalation of these if necessary.

Weekly data collated on home visiting in Inverclyde evidenced a high level of vigilance in maintaining face to face contact with children on the Child Protection Register with almost 100% being seen weekly (exceptions were in relation to a new born baby who was in a hospital setting and a child who had moved to foster care). Vigilance in terms of contact with children subject to multi-agency plans was also maintained by social work professionals with over 70% being contacted every week. In addition many of these children were offered places at the Education hub and received support from partner agencies. Significant efforts were made to maintain contact with those young people in aftercare.

### **Support from our third sector colleagues**

Our third sector colleagues via Community Volunteer Service and Barnardos were a fundamental part of our child welfare and protection system, providing not only weekly door step visits to vulnerable families but food parcels and much needed crafting materials, paper, glue and glitter pens along with ideas for parents to spend time with their children during lockdown. With the first lockdown encompassing a large part of the school summer holidays, anecdotal feedback suggests that families really welcomed the practical support offered by services and that this had a positive impact on families who, living in poverty, would normally view the summer holidays as a time of additional stress.

Like other CPC's Inverclyde CPC was aided by central support and communication via the publication of Interim Child Protection Guidance and the sharing of best practice by national partners. Information on available support, along with in the moment research on the impact of the pandemic, was coordinated by Child Protection Committees Scotland via a weekly publication Keeping Connected.

### **Immediate and longer term impact of the pandemic within Inverclyde**

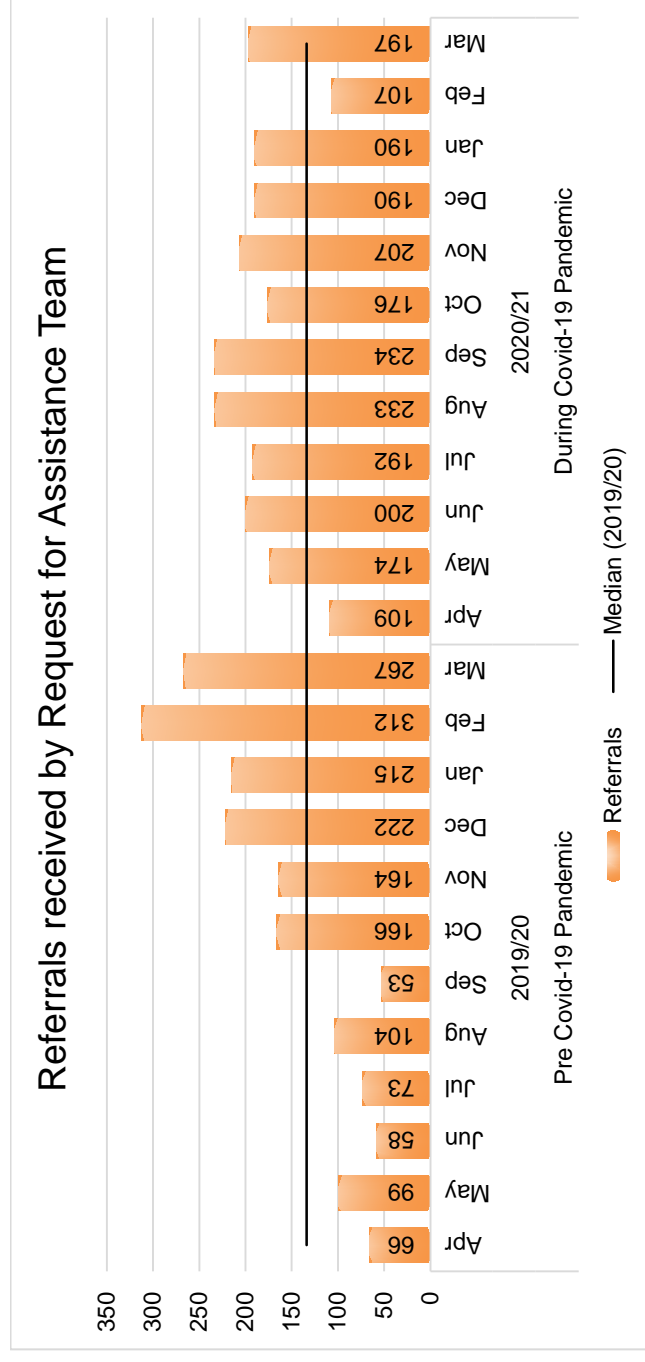
While Inverclyde's response to the pandemic was both robust and immediate, it needs to be acknowledged that COVID-19 has had a particularly devastating impact on communities that were already compromised by poverty and social inequality. With some of the poorest wards in Scotland, Inverclyde initially saw deaths soar, recorded in the first few months of the pandemic at over 13 times the Scottish average. While this did decline and Inverclyde found itself in a relatively positive position throughout the later part of 2020 and early 2021 compared to other areas of Glasgow and Greater Clyde, there is no doubt that the virus has had a significant impact in terms of increased personal and community experience of bereavement and loss. The social impact of the pandemic in relation to, not only lost educational opportunities, but suspected increases in rates of domestic abuse, sexual abuse (in both familial and online settings), decline in both children and parent's mental health and incidences of neglect, remains an ongoing enquiry albeit current data suggests a more positive picture than initially feared.

## 2.2 The Inverclyde Profile

The use and analysis of data and evidence is essential in order to measure the impact that Child Protection Services are having in Inverclyde. Over summer 2021 we collected data in order to compare pre-pandemic data from 2019 with data from 2020-21. This encompassed the first year of response to the COVID-19 pandemic and 2 national lockdowns. Of course data collation over such a short period needs to be viewed with caution especially within a Local Authority as small as Inverclyde. There will inevitably be some natural statistical variability across all years.

### Child Protection Activity during the pandemic

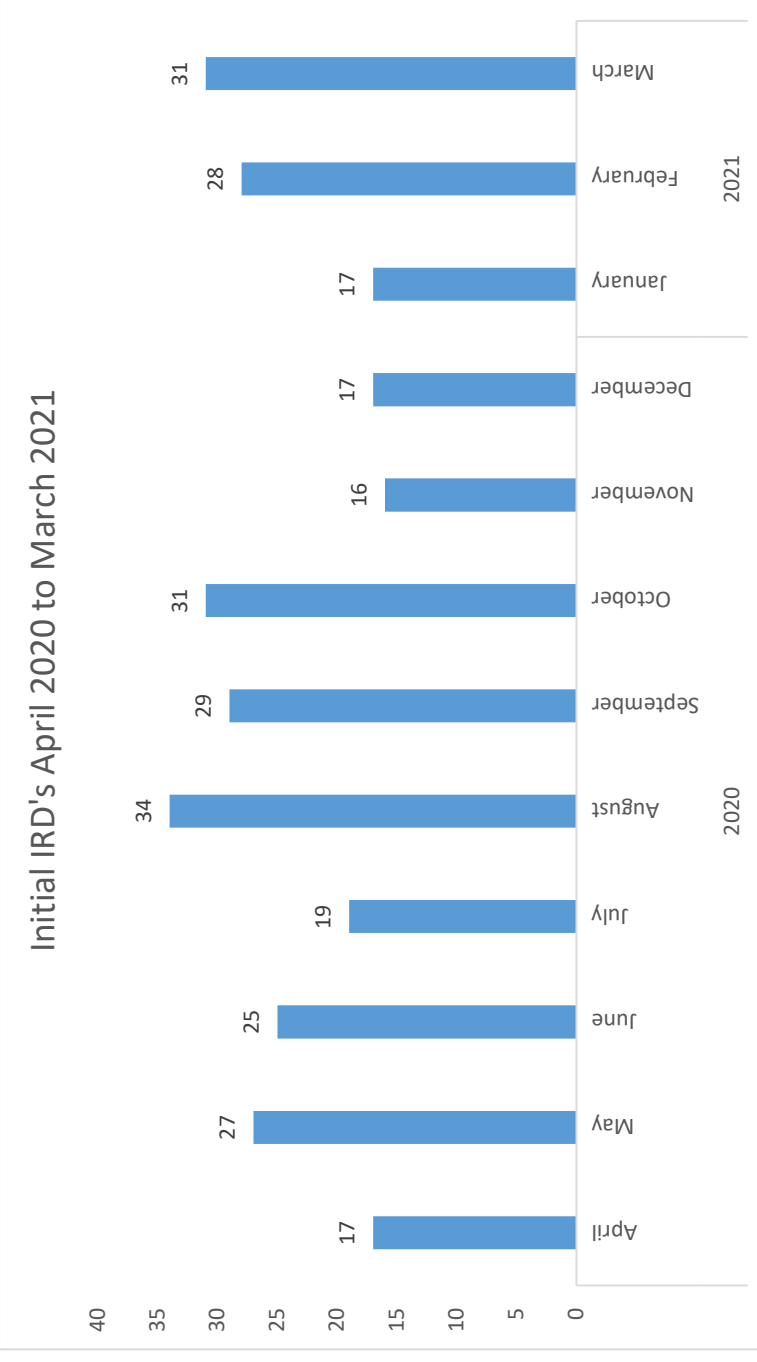
Initial referrals around Child Protection are made to the Request for Assistance Team (RFA). The chart below shows the referrals received by the RFA team for the last 2 years. Not all of these referrals will be assessed as child protection, nevertheless an increase in demand is apparent from October 2019 (pre-pandemic) and levels have, mostly, remained above the median (mid-point) value of 134 throughout the Covid-19 pandemic



### Interagency Referral Discussions

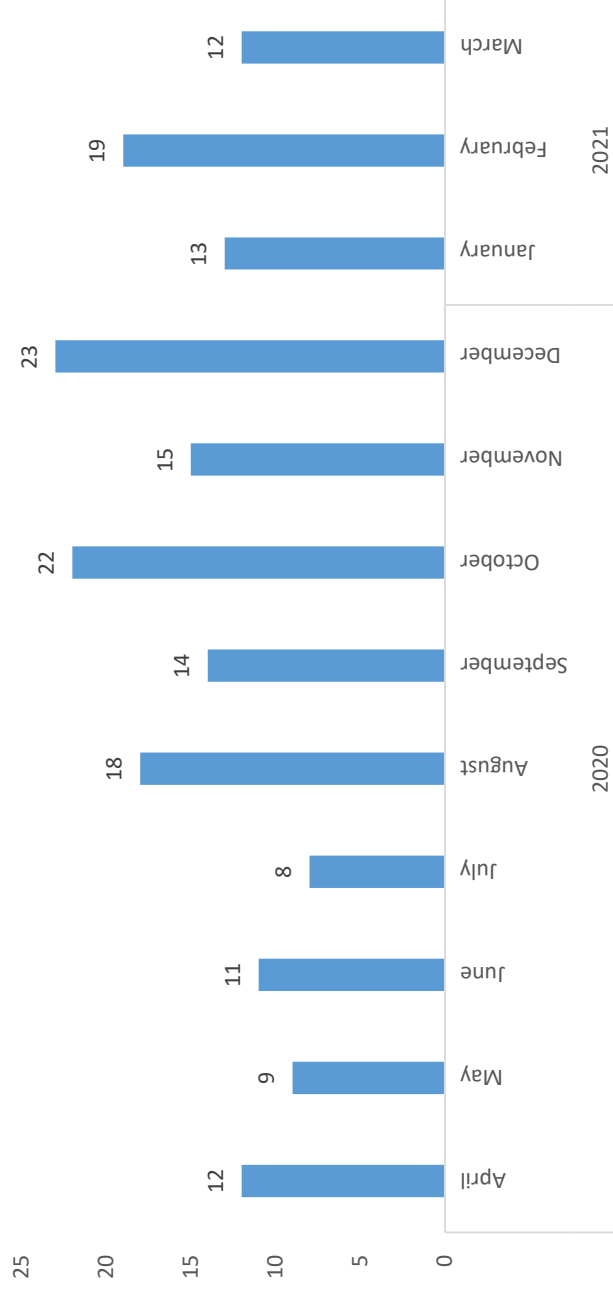
Interagency referral discussions are the meetings that take place between police, health and social work (with education and our third sector partners such as Barnardos, contributing to the discussion if they know the child(ren) in order to share information they hold. This helps assess the level of risk for the child and determines immediate actions, for example for police and social work to interview the child, or for social work to follow up on concerns as a single agency. From the chart below we can see a rise in IRD's post the two national lockdowns. This makes sense as lockdown often

increased stress for families that would previously have been described as vulnerable. Children not previously deemed to be vulnerable would also not have been seen to the extent they normally would by education and our third sector colleagues during lockdown. As schools and nurseries returned to in person teaching so referrals to police and social services increased with a consequent increase in IRD's

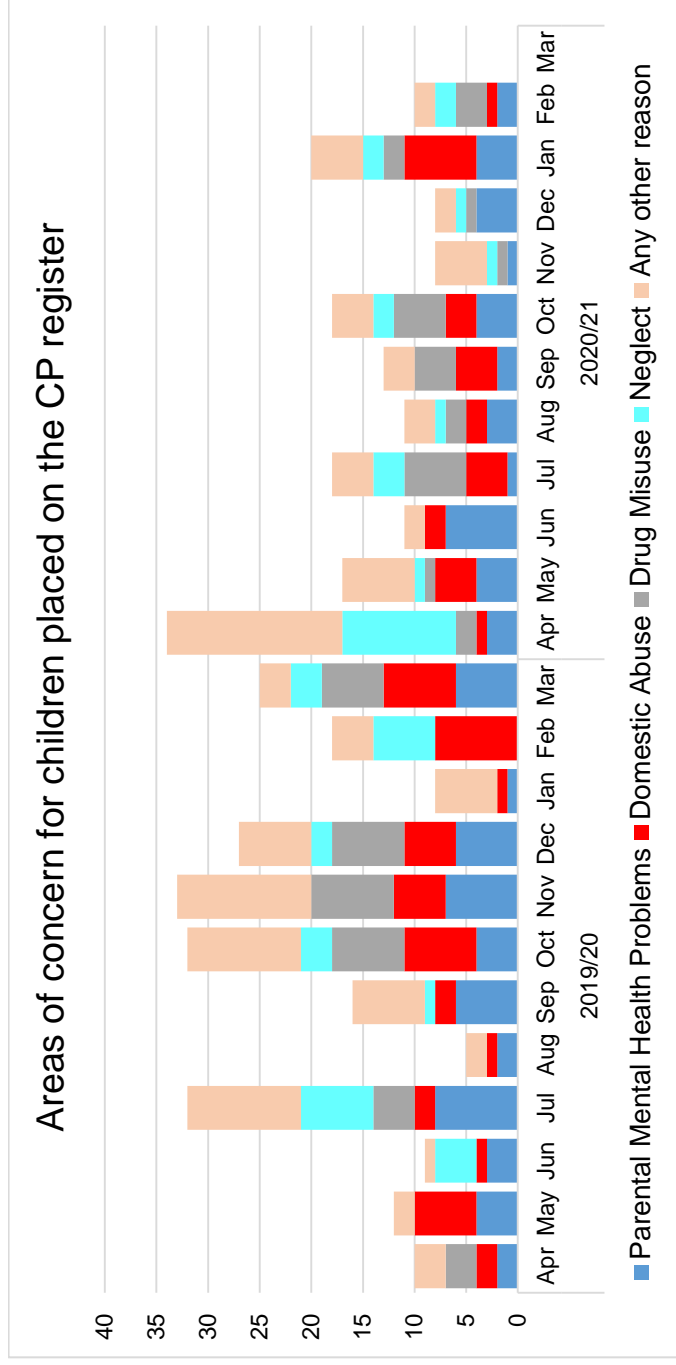
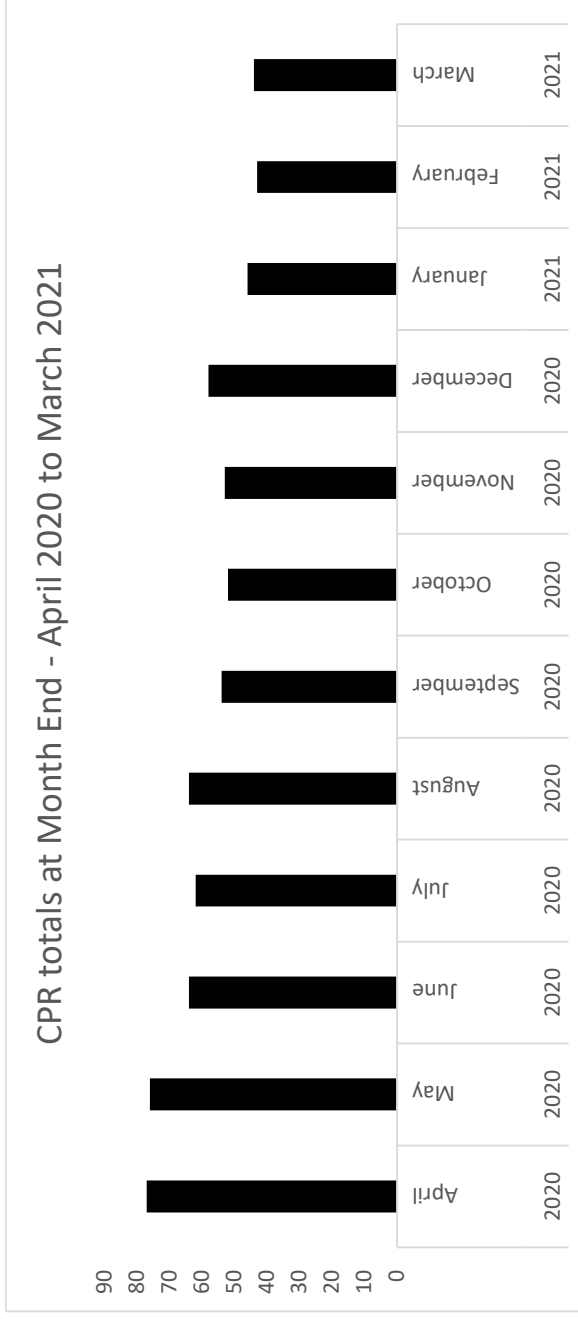


The increase in IRD's during the pandemic may also be a reflection of services taking a cautious approach to risk assessment where the usual lines of communication and information sharing might not have been so readily available (for example a social worker who knows the child and their family well might have been off with COVID-19, a school that would normally see a child daily and therefore be able to keep an eye on their wellbeing was closed). Where agreed as an outcome of an IRD, a child protection investigation is undertaken. This data is shown in the chart below

Investigations Started April 2020 to March 2021



After an investigation a child may be placed on the child protection register; there are various reasons for this and sometimes multiple reasons are identified. The chart below highlights the main reasons for a child being added to the register. The child protection data provided should be considered in the context of COVID. In April 2020 during the first national lockdown a much higher than average number of children and young people were on the child protection register. This number remained high throughout most of 2020. The higher than average numbers, and the persistent nature of this can be in part explained by caution being applied by conference chairs in respect of stepping plans back from a child protection level whilst other multi-agency services were less available or less able to provide the usual level of support. One clear example would be children not attending school due to the national lockdown and therefore the ongoing assessment and support from the multi-agency team not being the same as pre-pandemic. The numbers do start to decrease as other services (some of which would have been impacted upon by redeployment of staff to the COVID effort) progressed through their recovery plans and were able to play a fuller role in child's plans. As can be seen from the data the numbers of children on the child protection register stabilised in the last quarter of the year.



'Any other reason' includes emotional abuse, physical abuse, sexual abuse, the child placing themselves at risk, alcohol abuse and non-engaging family.

# Section 3:

## What we've achieved in 2020-21

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The planned activities and priorities for the Child Protection Committee were set out in its Business plan in April 2017 and built upon in the business plan of 2018-20. These plans were based on the functions and duties of a Child Protection Committee as set out in National Child Protection Guidance 2014. These have not changed since the publication of the National Guidance for Child Protection 2021 (published in June of this year) although the new guidance encourages a shift in the value base of child protection with more focus on the impact of poverty on familial vulnerability, and a more trauma informed approach to working with families who find it difficult to accept services within their lives. Inevitably, some of the work projected required to be redesigned due to the impact of the pandemic. However, Inverclyde CPC has continued to show creativity and innovation in the way it has responded to the constraints of two lockdowns and a shift to virtual working arrangements.

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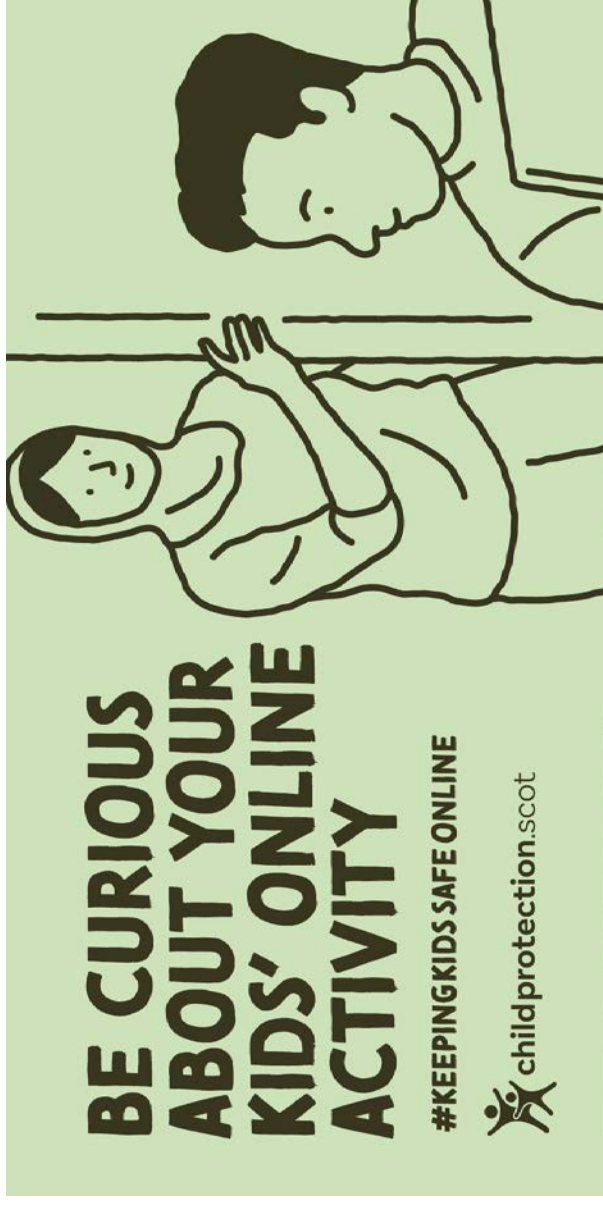
### 3.1 Public Information and Communication

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Inverclyde CPC participated in the national **Eyes and Ears** campaign over the summer of 2020. This was intended to encourage family members and communities to keep an eye out for children who might be struggling or experiencing harm and a listening ear to their needs. This campaign was reissued over Christmas.

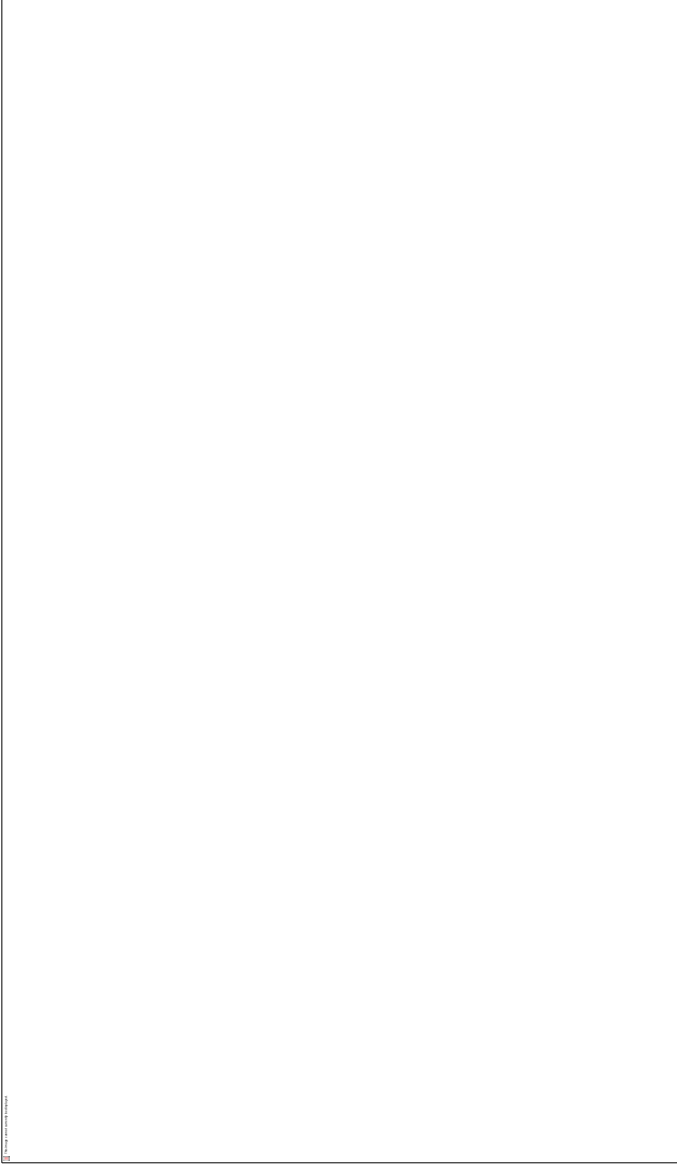


The campaign was succeeded in March 2021 by **keepingKidsSafeOnline**, a virtual poster campaign with information links for parents and carers encouraging them to check in on what their children are up to online. This was on the back of Police Scotland noting that there had been a 13.4% increase in reports of online abuse and exploitation since lockdown commenced.



Autumn 2020 was to see the launch of 'Helping Hands' an Inverclyde specific campaign to promote access to early support for children and families in need. It was decided to delay this, however, in order to focus on the national rollout of the **Children (Equal Protection from Assault) (Scotland) Act 2019**. This act, known colloquially as the 'smacking ban' removes the defence of 'reasonable chastisement', which a parent or carer could previously use to justify the use of physical force to discipline a child. The change in law necessitated a robust publicity campaign to ensure parents and carers were aware and our local early years services were particularly adept at communicating the change via parent packs despite the

limitations imposed by ongoing social distancing. New guidance was developed for practitioners and a series of online information events were offered to multiagency staff teams.



Inverclyde's Lead Officer for Child Protection joined the communications sub group of CPC Scotland in May 2021 and was party to the development of a more asset focused campaign over the summer of 2021 called **For kid's Sake...** which encouraged extended family and local communities to keep a benign eye on children over the summer holidays and offer a helping hand to parents.





A new and exciting development within CPC Scotland's sub group will encourage children and young people to become directly involved in the theming and co-production of future campaigns. Inverclyde's Lead Officer for Child Protection is encouraging Inverclyde's extremely active Champs and Little Champs, members of the Proud2Care network, to get involved and help shape the future of child protection communication.

### **CPC website**

Improvements have been made to the website with existing information updated and a rolling news page regularly added to. New sections on 'Interesting research' have been inserted and links to training have been made as user friendly as possible. It must be acknowledged that the website, now 13 years old, would benefit from an upgrade, however, and we look forward to a hoped for roll out of a more interactive virtual interface with our communities in time.

## **3.2 Continuous Improvement and self evaluation**

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Continuous improvement and self evaluation is undertaken on CPC's behalf by the Performance Management Sub Group. While undoubtedly the progression of work identified in 2019 was impacted by the pandemic, the PMG were meeting virtually by early June and have managed to complete a great detail of work over the past year as described below:-

**Inverclyde National Minimum Dataset:** The National Minimum Dataset encourages all CPC's to collate a national minimum of information with regard to data on child protection input and outcomes. CPC's are free to add other areas of data collection as they see fit. Inverclyde CPC has continued to collate data in order to assess performance and identify necessary areas of further audit. We are also contributing to the national conversation regarding the second iteration of the dataset which will be based on CPC's experiences of using it in practice.

**CP file audit:** Over the summer of 2020 a team of senior managers were able to undertake a file audit of child protection cases. This encompassed some 40 children and young people. Such a wide audit range means that we have now been able to collate data on patterns, themes and trends within child protection intervention. This has been particularly successful in relation to neglect however we are also looking at tailoring specific assessments in relation to children affected by domestic abuse and parental substance use. As a consequence, we are now able to tailor training and coaching on tools to aid assessment and intervention in a much more focused and strategic manner. Staged evaluation is built into this approach

with opportunities for social workers to revisit approaches with seniors and share best practice initiatives with peers. These are anticipated to have a positive impact on assessment, intervention and decision making which will in turn improve outcomes for children, young people and their families.

**Analysis of 52 week reviews:** 52 week reviews take place where a child's name has been on the Child Protection Register for over a year. These are inevitably some of our most complex and entrenched cases and it is deemed useful for a non-operational review team to revisit the case, review risk assessment, children's planning and review and identify there is anything else that could be done to reduce the risk of significant harm to the child including the provision of any other supports or services; whether an alternative plan should be considered at the next review and whether anything can be learnt from the way the case has been managed and services delivered during the period of registration. Over 2020 we saw a significant increase in the number of 52 week reviews, which is repeating itself in the first half of 2021. We surmise that this is an outcome of the COVID-19 pandemic but continue to keep a close eye on this. Findings from 52 week reviews are shared with the team around each child in order to note the positives in child protection care planning and identify any deficits.

**Audit of stepdown planning:** The early 2021 iteration of the National Minimum Dataset identified a need to audit transition plans for children. An audit is underway regarding children who come to ICPCC but are not registered. The audit is looking at reasons around this as well as the robustness of step down plans. A multi-agency audit is in the planning regarding step down from child protection to child in need with a further audit planned regarding step down from child in need to universal services. The purpose of these audits is to ensure that step down plans help reduce risk to children and prevent a subsequent escalation in concern. Any areas of improvement identified will be shared with multiagency operational services.

**Initial Referral Discussion Quality Assurance group:** This multiagency group which includes operational and non operational staff meets every two months and reviews 3-4 IRD's via a pre-determined quality assurance framework. This helps to promote consistency across teams and can identify any themes or issues before they become entrenched.

**Inverclyde inspection improvement activity:** Inverclyde has not been notified of an inspection but works on the basis that continuous improvement and self evaluation needs to be built into the framework of all activity. A plan in relation to Inspection question 1, 'How good is the partnership at recognising and responding when children and young people need protection?' was reviewed in the light of audit activity across 2020 and that is in place or planned for the first half of 2021. This plan will be revisited and, if necessary, revised at each PMG.

All audit activity and improvement work within Inverclyde is carried out with reference to the **assess-plan-do-review** cycle in order to assess how well learning is embedded in practice. Inverclyde Performance Management Group has also taken heed of feedback from the 2017 inspection to ensure that any recommended improvements from audit activity continue to be supported and monitored even where we move onto other work.

## Participation

Inverclyde's already strong focus on children and young people's participation showed no decline over the course of the pandemic with:-

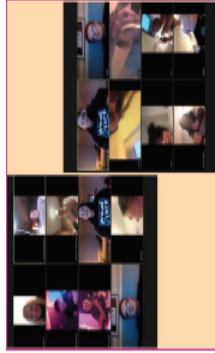
- Bespoke art boxes delivered to over 50 children

- Mental Health and Wellbeing boxes delivered to all members of the Champs group to encourage self-care – also sent to adult champs
- Took part in a virtual learning walk using FitBits we were able to provide to group members in partnership with corporate parents. The group walk a tour of Scotland and to Lorraine in France and back again – learning facts about each destination on route
- Took part in singing lessons and created a virtual Christmas concert, delivered cards/tea and biscuits to 27 residential care homes across Inverclyde for them to enjoy the concert
- Creation of Podcast – Care2Listen – young people are the podcasters interviewing people they have chosen
- Creation of a new Sports Club in partnership with CLD/Active Schools – Proud2BActive – members will receive free kit and resources to take home to continue to develop their new skills
- Creation of a new older group – Going4ward for young people involved in continuing care and through care service, helping to develop the service and create resources/ideas to support young people – this will include the creation of a cook book, a study group to support education/employment, a housewarming box and the group have already helped to develop new assessment paperwork
- Young people within residential have been supported to share their views on two areas concerning covid19 – this included their views on them and staff being tested for covid19 as well as their thoughts on family contact and ways to keep them and others safe

## COVID-19: RESPONSE

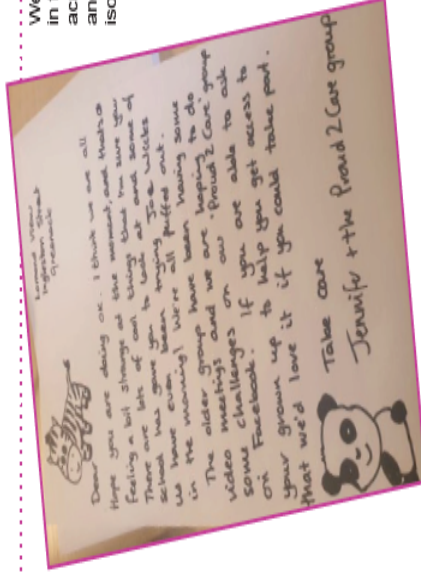
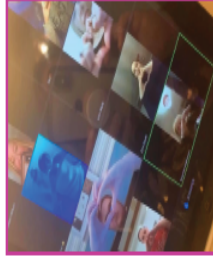
Physically distanced BUT Socially connected!

Being technically savvy young people we are now hosting Virtual Group Meetings on our usual Wednesday nights!



Magic Torch will be working with us virtually to develop our comic book and we have plans to meet with some of our corporate parents.

Proud2Care had so many things planned for over the coming months, including our Easter Camp activities. However, whilst we are feeling a little anxious and uncertain, we are as connected and creative as ever, we chat together on our Messenger group, play virtual scavenger hunts, quiz nights, sing alongs and support each other using online platforms. We have even tried PE with Joe Wicks and sharing our Tik Tok creations with each other. Creating a Proud2Care Tik Tok resource will be something we aim for over the coming weeks!



We have written a letter that is included in food isolation boxes being distributed across Inverclyde, offering some friendly and positive chat to those who are isolating in our community.



In terms of the child protection arena, anecdotal evidence was that many parents were preferring the move to virtual case conferences and core groups, since the former, in particular, were experienced by some parents (despite attempts by chairs to render them supportive) as still quite intimidating and alienating. The Child Protection Lead Officer tried to capture parental views initially via Survey Monkey and when this failed to elicit much response, via writing to parents on an individual basis inviting them to comment. This method also elicited only a minimal response and it was decided to ask case conference chairs to link in with parents post meeting regarding their views. With the country beginning to open up post the second lockdown, the Lead Officer is now hoping to be able to meet with parents either virtually or in person and gain their views on not only child protection case conferences, child protection procedures and protocols in general. This is with the hope of eventually moving to an environment where there is more co-production between services and families.

## **Policies, procedures, protocols and guidance**

Inverclyde Child Protection Committee continues to guide and support constituent services and agencies to ensure that they have their own child protection policies, procedures and guidelines in place and promote their continued development around existing and emerging child protection issues.

Evidence based, up to date published procedures and guidance are available via the CPC website and these are reviewed on a regular cycle. As a result staff feel supported to deliver high quality services and children young people and their families receive a consistent service based on good practice. The suite of guidance documents is revised and updated in line with an approved schedule and emerging local and national themes. This year we have seen new guidance devised in relation to the Children (Equal Protection from Assault) (Scotland) Act 2019 (see p. 24) and we are currently working on updating guidance on Significant Case Reviews to coordinate with the shift to a Learning Review focus. We also need to update all existing policy and procedures to ensure they reflect the 2021 National Guidance for Child Protection.

## **Learning and Development**

COVID-19 has had a significant impact on delivery of training to staff. Indeed, in the first few months of the pandemic CPC were unable to deliver any training. (fortunately, February and early March 2020 had seen delivery of both the 5 day Child Protection Course for enhanced practitioners and Children Affected by parental substance misuse training to multiagency teams). Within months, however, our training sub group was up and running virtually and we spent the following months converting in person training to a virtual format. In early 2021 we commenced training in:

**The Assessment of Care:** Formerly known as the Neglect Toolkit, we have so far delivered 5 sessions to 41 members of staff from social work, health and community learning and development. A twilight session has taken place for education staff. A recent evaluation session noted that the training has increased awareness of the impact of neglect though practitioners have struggled to use the toolkit with families given lockdown restrictions.

**Neglect training for the general workforce:** A virtual programme is complete and ready to deliver to relevant agencies.

**Child Protection Awareness for the general workforce:** This has been adapted to a virtual format and is now being delivered to a range of services

**Children (Equal Protection from Assault) Act 2019:** 2 briefing sessions were arranged in relation to the act, supported by representatives from Police, Scotland, Social Work, Health and Barnardos. This included a question and answer session which enabled staff to participate and ask questions about the act in relation to different scenarios that might come up.

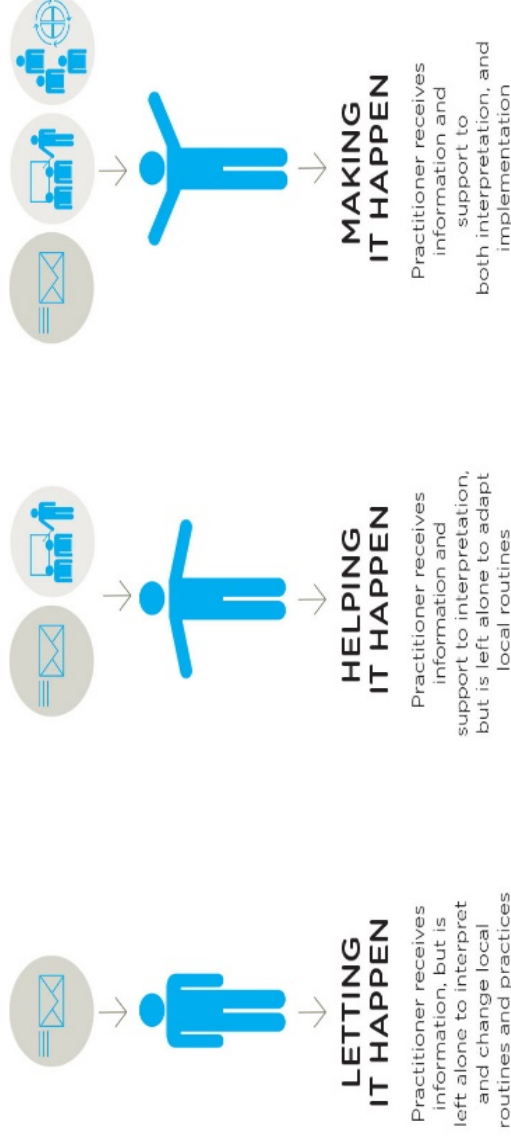
**Scottish Drugs Forum:** Everyone has a story, an account of the impact of problematic substance use on children and young people was delivered virtually to a multiagency staff team.

**Five to Thrive training:** Barnardos translated this into a virtual format for delivery to the Newly Qualified Social Workers and other interested practitioners.

Child sexual exploitation: As well as delivering training concerned with the identification of CSE, we are currently in the process of developing training that looks at CSE within a wider context of exploitation and which offers practitioners ideas for intervening to reduce risk of harm

As the country reopens and we move towards COVID level 0, we are planning to return to face to face training with regard to Child Sexual Abuse and delivery of the 5 day Child Protection awareness course. These courses are delivered via an independent trainer whom we commission for the purpose. While we recognise the advantages of virtual training in terms of boosting attendance (in that practitioners find it easier to take an hour or two outside their working day to attend virtual training rather than having to add travel time) we recognise that some areas of child protection are not so suitable to a virtual format and that there is no substitute for in person contact in these moments.

All training is conducted with reference to the **assess-plan-do-review** cycle which means we revisit it with participants at regular intervals in order to assess how well learning is embedded in practice



The CPC Lead Officer also works with the West of Scotland Learning and Development group to develop and share training materials across the region. Currently we are working on an e-learning tool to support communication with children and young people.

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## 3.3 Sub groups

### 3.3.1 Whole Family Sub group

A change of name has been agreed in 2021, moving away from Children Affected by Parental Substance Misuse. The name change is felt to be more in line with a Rights, Respect, Recovery focus. It also recognises that children and young people may also be impacted by their own alcohol and drug use, or those of their peers, as well as via family members.

A whole family approach to alcohol and drugs is promoted by Inverclyde HSCP and the group embraces this approach. In this we are supported by our colleagues at Barnardos and Scottish Families Affected by Alcohol and Drugs, both of whom undertake valuable partnership work with Inverclyde families.

Collation of accurate data across the different services represented in the group is an ongoing challenge but one which we need to tackle with regular updating of information. This is so we can be confident that we know how many families are affected by alcohol and drugs, and be sure that the services in place to support them are aware of them, and able to make a difference.

Training also remains a key function of the group which, like other areas, has had to adapt to delivering virtual training within the pandemic. Everyone has a Story, training delivered by Scottish Drugs Forum is about identifying the impact of problematic parental drug use from children's perspective. This training is followed up by The Story Continues. Training in the identification and support for children with a diagnosis of Foetal Alcohol Spectrum Disorder is also planned.

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### 3.3.2. Children affected by domestic abuse

The Child Protection Lead Officer is a member of Inverclyde's Violence Against Women network and reports to CPC on initiatives in relation to gender based violence. The COVID-19 pandemic, in particular the first and second lockdowns were feared to be creating conditions that might have increased risk for those already experiencing domestic abuse. Isolation from family, friends, and employment; opportunities for constant surveillance of a victim; restrictions on access to the outside world; are all exacerbated by lockdown conditions and there is often no escape or respite for victims and their children outside of the home. The 'Stay home, stay safe' message does not work if a person has never been safe in their home. For people trapped at home with abusive partners, lockdown has been incredibly dangerous and has increased the risk of homicide, serious harm and coercive control. The changing situation as restrictions are eased also increased risk for victims as perpetrators are threatened by a loss of control resulting in an increase in abusive behaviour. While these are challenging times for services, help is available for people who are experiencing domestic abuse at the hands of a partner or ex-partner. Some of the national and local initiatives Inverclyde VAW network has been involved in are detailed below.

**Domestic Abuse (Scotland) Act 2018.** Since April 2019 perpetrators of domestic Abuse can be prosecuted for abusing their partners/ex-partners. Domestic Abuse is recognised as consisting of a range of behaviours that undermine the victim and restrict their freedoms that is more than physical or sexual harm. Coercive Controlling Behaviours have a long lasting effect on both the adult victim and children. Until now this has not been reflected in criminal law in Scotland. It now recognises that domestic abuse frequently involves patterns of repeated and often long term abuse including psychological abuse and coercive controlling behaviour and the cumulative impact of such behaviour on victims.

**Disclosure Scheme for Domestic Abuse Scotland (DSDAS).** If you have concerns about a person who you suspect may be at risk of domestic abuse at the hands of a current partner, you can raise your concerns through the 'Disclosure Scheme for Domestic Abuse Scotland' (DSDAS). This process can be utilised by anyone who has concerns about a person who they suspect may be at risk of domestic abuse at the hands of a current partner. Applications can be made by agencies, a concerned friend, neighbour, family member or indeed the person who is in the relationship. If applications are approved the person potentially at risk is visited by Police. At this point they are told that the individual they are in a relationship with has a history of domestic abuse with a previous partner/partners and the Police believe that if they continue in the relationship they will be at risk.

**Ask for ANI ANI (Action Needed Immediately)** is a codeword scheme developed by the Home Office to provide a discreet way for victims of domestic abuse to signal that they need emergency help from the safety of their local pharmacy. Victims of domestic abuse are able to use the codeword in Boots Stores in Greenock and Port Glasgow to let staff know that they require an emergency Police response or help contacting a helpline or specialist support service. Participating pharmacies will display posters in their window and around the pharmacy to let customers know that they can approach their staff to seek help. Any information shared is treated confidentially.

**Up2U** Although work was temporarily delayed during the first lockdown with approaches needing to be developed within a virtual format, UP2U remains a key service for intervening in domestic abuse environments where harm can be reduced by focusing on healthy relationships and communication

**Multiagency Risk Assessment Conferences (MARAC)** MARAC's are held monthly and are chaired by Police Scotland with representatives from all social work, health, education and the third sector all of whom bring situations of concern to the table for assessment and mitigation of risk.

The Violence against women action plan is available for downloading here.

### 3.3.3. Children affected by neglect

Neglect is one of the most damaging childhood experiences and is associated with some of the poorest behavioural, emotional and cognitive outcomes. These affect life chances and contribute significantly to widening social, economic and health inequalities. The negative effects of child neglect ripple throughout society with high social and economic costs. The National Guidance for Child Protection 2021 describes neglect as: *'...the persistent failure to meet a child's basic physical and/or psychological needs, which is likely to result in the serious impairment of the child's health or development. There can also be single instances of neglectful behaviour that cause significant harm. Neglect can arise in the context of systemic stresses such as poverty and is an indicator of both support and protection needs.'* (1.43 National Guidance for Child Protection 2021)



The definition reflects wider research that a child may experience neglect through a failure to meet medical, nutritional, emotional, educational and physical needs and a lack of supervision and guidance. The impact of neglect is also felt across the age range from pre-birth if a mother's neglect of her own health during pregnancy can affect the development in the womb to infancy, pre-school, primary age to adolescence. The impact can manifest in different ways reflecting the different ages and stages of children through to young adults in terms of their relationships and their own health and wellbeing.

A further challenge is that different people - whether children, families or professionals may have different views on what it means to be neglected - and may have different views about which services need to be involved. The intergenerational nature of neglect in some families and the impact of living with poverty combined with the range of circumstances of children and young people who may be living with neglect can mean that sometimes practitioners feel stuck or become 'desensitised', normalising what they see or grappling with 'what's good enough'.

Research by Featherstone and Morris concluded that poverty is a contributory causal factor in child abuse and neglect and being poor significantly increases a child's chances of becoming looked after or subject to child protection registration. In Scotland, children living in more deprived neighbourhoods were nearly 20 times more likely to be looked after or on the Child Protection Register than those living in least deprived areas.

Not all parents who live in poverty neglect their children of course. However, living in poverty may undermine parents' ability to look after their children as it impacts on where they live, living conditions and availability of food. It can also impact on family relationships and parents' ability to function through increased levels of stress and anxiety. Parents often feel shame for not being able to provide for their families and live in deprived neighbourhoods with high unemployment and limited local resources. Services can reinforce the shame through their actions and inactions, e.g. not providing bus fares or making procedures for recovering bus fare money very bureaucratic. Poverty is a feature of everyday life and persistent poverty can contribute to an ongoing cycle of intergenerational trauma, which is hard to break.

Parents of neglected children can be some of the most economically and socially deprived adults, and neglected children are at risk of growing up to be amongst the poorest in society, with increased likelihood of poor health and wellbeing. Research has identified the range of factors present in the lives of children who may be experiencing neglect: parental risk factors of drug and alcohol use, domestic abuse, and mental ill-health; parental experiences of childhood abuse and neglect; and wider environmental issues such as poverty, homelessness and large family size. Living with any number of these factors does not mean a child is being neglected, however, the more factors present in a child's life increases the likelihood of neglect. Moreover, it is these families who may depend more on public services than other families, and their children are likely to be more affected by cuts to provision.

Children who live with neglect, and are exposed to parental substance misuse and/or witness or experience domestic violence suffer lifelong consequences. The longer such experiences persist may have a detrimental impact on a child's mental health. Studies have shown strong associations between all forms of maltreatment in childhood and a range of poorer child outcomes including depression, anxiety, post-traumatic stress, suicide, self-injury, severe and persistent behavioural problems, school failure, increased risk taking i.e. use of drugs and alcohol, sexual exploitation and crime. As the impact of neglect on children is often accumulative and gradual, it is important that all agencies identify emerging problems and potential unmet needs and seek to address these as early as possible. It is equally important that practitioners are alert to the danger of drift and 'start again' syndrome.

Neglect features as a category of concern on Inverclyde's Child Protection Register in its own right. However, it is also often a secondary feature in other categories of concern such as parental alcohol and drug dependence, domestic abuse or parental mental ill health. Its impact is corrosive, sapping resilience from children and their families. Early and effective intervention in cases of neglect has been the aim of Inverclyde for a number of years and was previously focused around the Addressing Neglect Enhancing Wellbeing programme (see annual report 2018-20). Research has shown that working alongside and in partnership with families to identify neglect and improve children's home situations, is an effective way of addressing neglect. In 1997 a group of community paediatricians led by Dr O P Srivastava, developed a practice tool for measuring the quality of a parent's commitment to meeting their child(ren)'s needs. The Graded Care Profile was subsequently developed by Barnardos and Glasgow Council in the Assessment of Care Toolkit and is now used in many Local Authorities to assess and mitigate the impact of neglect.



Assessment of  
Care.PDF

The Assessment of Care toolkit, which is attached above, divides care into three areas, physical, safety, love and esteem. These are then divided into additional sub areas of care. A traffic light system is used to grade care from 1 meaning a good standard of care is evident to 5, where care is so poor as to require intervention from child protection services. The toolkit is designed for partnership working with parents where a trusted professional, be this a social worker, health visitor, nursery lead or community support worker, works with the parent(s) to grade the care they currently offer their children and, where there is a deficit, to agree a plan of improvement. Having used the toolkit in my own professional practice, I can say that one of its advantages is that it can help to promote parents' self-esteem and confidence, for example where they are meeting their child(ren)'s needs and scoring 1s and 2s, whilst also offering them concrete examples of where they could improve their family's situations. For example, a parent might score highly on praise and reward in the love and esteem section but recognise that they need to improve on their capacity to keep their children safe from physical harm, for example by ensuring that a lock is secured on a back door to prevent their 4 year old running out into the street. Where neglect is intergenerational and a parent might be well intentioned but simply not understand what it is their children need in terms of physical or emotional security (because they never experienced this as children themselves) then the toolkit provides practical examples of what they can do to meet their children's needs.



Assessment Toolkit  
Action Points - Q's.doc

Adapted toolkit developed by one of our social workers. This can be adapted to the needs of individual families and uses language that is family friendly.

During 2020-21 Inverclyde CPC has translated training around the identification and assessment of neglect into a virtual format and delivered this training to multiagency teams of health visitors, social workers, school nurses, teachers and our Barnardos colleagues. Built into this training are periodic catch up sessions to assess how well this training has embedded and whether it is helping lead to early identification of neglect and earlier mitigation of its harms. Increased understanding of neglect is also fundamental to our GIRFEC work streams (see p. 14) and the training sits

alongside training delivered to the general workforce (housing officers, tradespeople attending at people's homes, leisure staff) who may be the first to spot early evidence of child neglect within the community. As a persistent and corrosive harm, neglect will continue to be the focus of child protection committee business into 2022 and beyond.

### **3.3.4. Children affected by their own and parental/family mental ill health**

Inverclyde is one of the most deprived areas in Scotland. Research shows that individuals in the most deprived areas are almost twice as likely as those in the least deprived areas to experience childhood adversity. Research informs us that multiple childhood adverse experiences can significantly increase an individual's likelihood of developing some chronic illnesses, enduring mental illness, experiencing incarceration and drug/alcohol dependencies. It has been also been recognised that Covid 19 and the factors brought on by the pandemic such as unemployment, increased domestic abuse, social isolation, food and housing insecurity, bereavement and prolonged periods of lockdown may exacerbate current childhood adversity.

ACES research should be utilised alongside many other sources of evidence demonstrating how early adversity affects later outcomes. Intervention and trauma informed systems are part of a whole systems response however the focus should remain on the primary prevention of the causes of childhood adversity. This crucially necessitates supporting adults and communities and not seeing children in isolation from their environments.

Inverclyde CPC recognises the importance of continuing with a focus on developing a trauma informed workforce. There is growing evidence that 'trauma informed' systems and practice, where the impact of childhood adversity on those affected is understood by staff, can result in better outcomes for those affected. The application of trauma informed care reduces the distress caused by engagement with services, enhances good care and reduces the risk of re- traumatisation. This work is being led via the Inverclyde strategic children's partnership and the CPC are closely aligned with this work

We need to focus on promoting good mental health as well as responding to distress. By developing accessible mental health supports and a trauma informed children's services workforce we can ensure that everyone involved in the lives of children knows that their primary purpose is to develop patient, kind, trusting and respectful relationships with children and their families. We aim to address the specific barriers for those who have experienced adversity, meaning they can receive positive help and support when needed by experiencing nurturing care giving relationships, education, supportive social networks and communities.

### **3.3.5. Child sexual exploitation**

The CSE sub group is considering a change of name in order to embrace a wider understanding of child exploitation, for example encompassing child criminal and commercial exploitation and child trafficking. In practice we often find that a number of different vulnerabilities may be present in children's lives and that it is not always possible to or useful to consider them separately. Online sexual exploitation of children and young people has increased exponentially over the pandemic and this is another area that the sub group intends to prioritise in upcoming work.

CSE training: It was agreed that while there is a need to continue to train in relation to help practitioners identify CSE, there is also a need to develop training in support and intervention. A small working group will be identified to develop the CSE support and intervention training.

Police information sharing protocol: The purpose of the Police information sharing protocol is to gather and share information within the community around CSE. This will help build intelligence around CSE.

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## Innovation during COVID

**Changes to ways of working:** Weeks into the pandemic Children's Planning Meetings moved to phone conferencing. Anecdotal feedback from some families is that they prefer this mode of interaction. However, not all are in favour with some families, and certainly many practitioners missing the opportunity to provide support face to face. In person support to our most vulnerable children and families actually increased during lockdown, with social workers and other support services visiting children at home (with the support of Personal Protective Equipment) or in their gardens. Texting, Whatsapp and phone calls were also employed to keep in touch. Some older children and young people have also indicated that they like the shift to a more virtual mode of communicating with their social worker and feel more comfortable communicating by text.. It is likely that a mix of communication platforms will be the legacy of the COVID-19 era, and that is the increased opportunities of communication within a blended approach that is giving added value.

A long pursued move to paperless meeting via Object Connect has been achieved by our Adoption and permanence panel. This not only minimises likelihood of data breaches but is a significant way of cutting down on environmental waste. Hopefully this will be extended to child protection paperwork at a later date.

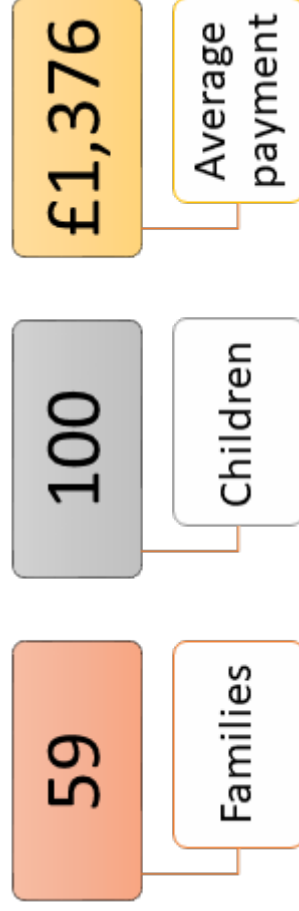
**Barnahus/North Strathclyde Joint Interview and Investigation Cadre:** This initiative, involving Inverclyde, East Renfrewshire, East Dunbartonshire, Renfrewshire, Police Division G and K and Children's 1<sup>st</sup> preceded COVID and was initially delayed by the onset of the pandemic, however is now up and running. It's aims are to ensure that interviews of children are conducted in a trauma informed manner; that children and their non-abusing care giver will have access to support and advice throughout the JII process with an opportunity to express their views, needs and concerns to inform a best evidence approach; that all interviews take place in a safe child friendly, age appropriate way that gives consideration to any developmental or additional needs; and that all children and their families will receive the practical and emotional support they require to recover. The project is in the process of purchasing a Barnahus, renamed in Scotland as a Bairns hoos, where children can be supported by a range of services in a single location. This will follow a Scandinavian model for supporting children and young people who are victims of abuse and aims to provide seamless support through investigation, interview and recovery.

**Winter fund for Social Protection:** In 2020, The Scottish Government allocated £22,000,000 in grant funding to local authorities as part of the winter plan for social protection and for the first time parts of this resource were earmarked to support Vulnerable Children & Young People. The grant was targeted to address the pressures around residential care for children and young people as a result of COVID-19, to address the extra social work demands posed by children's hearings recovery plans and to support services for vulnerable children and young people. The funds were distributed

per SIMD indicators and Inverclyde was allocated £387,686. £80,052 was allocated to residential care, £179,808 for the children's hearings recovery impact and £127,826 for vulnerable children and young people.

Following an exploration of needs the service has utilised the funds apportioned to residential care to ensure continuity of care within our residential services. As our children's houses are above capacity there are significant additional staffing and overtime costs and this grant will ease some of the budgets pressures upon this service. The service has utilised the further funds to directly benefit disadvantaged children, young people and their families, kinship carers and foster carers in the provision of direct aid and support. The funds have provided additional scaffolding for families to significantly improve their child's wellbeing outcomes and prevent a situation at home deteriorating. Some funds have also been used to stabilise kinship and foster placements, reducing placement breakdown which will reduce the likelihood of a child becoming accommodated and divert cases from the hearing system. As part of recovery funding made available during the Covid-19 pandemic, children's services were able to provide significant financial support to families most affected by poverty. It was observed that the Covid-19 pandemic was having a greater impact on vulnerable families and limiting the choices and options they had to adapt to national lockdown. Social work staff applied for payments for identified families that reflected their situation and the most impactful way to support them. Underpinning all of this was personal choice and using a model comparable to self-directed support to promote choice and to fully enshrine the families as the expert in their own needs.

A further area of work within this fund was to look at some aspects of poverty related neglect, in particular the physical environment in which many families live and often do not have their own financial means to make sustained changes. Whilst the average payment was around £1300 some families received significantly more allowing for large scale improvements to home environments for children and young people, promoting self-esteem, pride and overall safer living environments.



**A shift to virtual training platforms:** an immediate consequence of the pandemic, the shift has led to greater uptake of and attendance at training (see section on learning below). We do recognise that there are some challenges to delivering training via a virtual format, however, and look forward to a return to socially distanced training in some of our more challenging child protection subject areas in the hopefully not too distant future.

**Inverclyde Newly Qualified Social Workers Academy:** On the back of recruitment of a larger number of newly qualified social workers within children and families we have established the NQSW Academy which offers social workers access to regular coaching, subject specific workshops and up to date training. This will build knowledge and resilience in our workforce, forging the experienced practitioners of the future. Inverclyde HSCP has recently learned that we have been successful in receiving money from the Scottish Social Services Council to expand our academy to other social work sectors.

**Pandemic recovery plan:** The COVID-19 pandemic is of course far from over. However, with the initial crisis response of March-June 2020 being replaced by a move to the so called new normal of COVID-19 management throughout the rest of 2020, our thoughts in early 2021 began to turn to notions of COVID-19 recovery planning. These have included:-

A Council wide emphasis on health and wellbeing for staff. This incorporates the 'three pillars' of health and wellbeing, covering mental, physical and financial wellbeing and includes a wide range of helping initiatives.

Children and Families Social Work Services have implemented a range of helping sessions for social work practitioners to promote health and wellbeing including mindfulness sessions and sessions on managing workplace stress and anxiety

Children and Families Social Work Services are also mindful of the impact of the pandemic on families who have experienced bereavement, as well as those families who have been placed at greater risk during lockdowns from domestic abuse and parental substance use, with support targeted at these areas where we have seen an increase in need. Children's services, alongside their partners, have also continued to support children living in neglect, and to work in partnership with families to address the conditions that lead to neglect.

Education Services have renewed their focus on supporting children and young people's health and wellbeing via their roll out of trauma informed practice to their staff meaning that children, young people and their families will consistently experience nurturing, compassionate and respectful relationships when engaging with services. Improving mental health and wellbeing is a priority area within the Children's Services plan with a commitment to offering community based support, education about healthy coping strategies, increased participation and co-production in the design, re-design and evaluation of health supports and services. As part of this plan Action for Children were commissioned to provide support to children and young people who have seen a deterioration in their mental health and wellbeing.

Midwives, Health visitors and Family Nurse Practitioners have maintained close contact with new parents throughout the pandemic and continue to reassure those with new borns and toddlers, who have spent much of their initial development within an environment where opportunities to experience life beyond their family bubble, that they will progress and develop. The National Health Service as a whole is of course continuing to manage high numbers of COVID-19 infections with a back log of other work and it is expected that recovery will be a matter of years not months.

The Courts are also grappling with a significant backlog of cases which is having a real impact on children who are witnesses in, for example, domestic abuse cases with victims services such as ASSIST taking on extra staff to support families to engage with justice services.

# Inverclyde and the national picture

## The National Child Protection Improvement Programme (CPIP)

The CPIP was set up in 2016 to make improvements in Scotland's Child Protections systems following the Brock report and the Care Inspectorate's Triennial review. The review identified 9 areas for improvement including neglect, child sexual exploitation, trafficking, data and evidence, systems, children's hearings, leadership and workforce development, inspections and internet safety.

Inverclyde CPC has embraced the opportunities offered by the CPIP. We are addressing the corrosive effects of neglect on children and young people via improved multiagency working and early and effective intervention. We have embedded learning via the National Minimum Data Set into our regular audit processes. The second iteration of the Barnahus/JIT initiative (the project commenced in North and South Lanarkshire and has now moved onto Dumfries and Galloway) is well embedded as reported above. We are progressing with our understanding of CSE in terms of a wider concept of harm embracing a better understanding of community safety, and links between CSE, criminal exploitation of children and young people and trafficking. Finally we have adopted the National Learning Review as our guidance to approaching Significant Case Reviews (see below)

## National Guidance for Child Protection 2021

The National Guidance for Child Protection was published in September 2021. This was almost a year on from the initial publication date which was delayed by the pandemic. The guidance sees a real change in values as far greater emphasis has been put on children's rights, a whole family and trauma informed approach from helping services, and turning the notion of parental resistance on its head to ask, what is it about our own systems that impede parents in being the best parents they can be. It is a much larger document than the 2014 guidance and is designed to be used on a virtual platform where practitioners are able to zoom into the area of guidance they wish to consult. Virtual links are also offered to up to date research and best practice. A delivery plan is underway to cascade training in the new guidance alongside a national update to local guidance, policies and procedures.

## National Learning Review

As part of the National Child Protection Improvement Programme it was decided to embed a much more learning focused approach to investigations we undertake if things go wrong. The National Learning Review, published in September alongside the National Guidance for Child Protection illustrates this approach and is in the process of being adopted by CPC's within Scotland.

## National Hub for Reviewing and Learning from the Deaths of Children and Young People

This is a Scottish Government initiative to help ensure that the death of every child and young person within Scotland is investigated and that, if there are lessons to be learned, these are shared locally and then nationally. Inverclyde are full participants in the Glasgow and Greater Clyde hub regarding this initiative.

## **Contextual safeguarding**

Contextual safeguarding is an approach to understanding, and responding to, young people's experience of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse, for example, a park where young people gather that is targeted by adults for criminal exploitation. Therefore children's social care practitioners, child protection systems and wider safeguarding partners need to engage with this wider context in order to protect children. Inverclyde have begun to use the framework of contextual safeguarding in relation to episodes of community violence. We are keen to progress use of the approach in other areas of extra-familial harm.

## **Incorporation of the United Nations Convention on the Rights of the Child**

Scotland is the first nation within the UK to incorporate the UNCRC and as such has brought children's rights into the centre of Government.

## **The Promise**

The Independent Care Review published its findings in February 2020 and in Inverclyde we very much welcome its focus on community based intensive family support as this is a model we espouse and try to practice. Its policy of early and effective intervention also links in with our commitment to GIRFEC within Children's Services planning and CPC. Work is ongoing via our Children's Planning and Corporate Parenting structures to integrate the values of The Promise in every area of our work via the I Promise initiative.

## **Developing a trauma informed workforce**

The Children's Service Partnership recognises the importance of continuing with a focus on developing a trauma informed workforce in the evaluation of the children service plan 2017-2020. There is growing evidence that 'trauma informed' systems and practice, where the impact of childhood adversity on those affected is understood by staff, can result in better outcomes for those affected. The application of trauma informed care reduces the distress caused by engagement with services, enhances good care and reduces the risk of re-traumatisation. We need to focus on promoting good mental health as well as responding to distress. By developing accessible mental health supports and a trauma informed children's services workforce we can ensure that everyone involved in the lives of children knows that their primary purpose is to develop patient, kind, trusting and respectful relationships with children and their families. We aim to address the specific barriers for those who have experienced adversity,



meaning they can receive positive help and support when needed by experiencing nurturing care giving relationships, education, supportive social networks and communities.

## 3.5. The next twelve months: in summary

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### **Performance management group**

The Performance Management Subgroup will continue the work described under continuous improvement and self-evaluation, seeking to better understand what the child protection performance data tells us and, via audit and training and coaching, support practitioners to continue to improve outcomes for children and their families.

### **Training group**

The training sub group will continue to develop training on both a virtual and in person basis that is responsive to the needs of practitioners. Via the CPC Lead Officer there is also a direct link to West of Scotland and the National Training and Development Group to ensure we are always up to date with best practice. 2021-22 will see an enormous amount of work directed towards promoting the updated National Guidance for Child Protection and incorporation of the United Nations Convention on the Rights of the Child.

### **Children affected by domestic abuse**

Work will continue via the Violence Against Women network to improve outcomes for children affected by domestic abuse. See the Violence against women action plan embedded here for further information



VAW Action Plan  
2021-2022.docx

### **Whole Family Sub Group**

Service mapping and the collation of more accurate data over the next year will ensure that we are targeting the right areas in terms of support, thus improving outcomes for children and young people. A robust training plan will ensure that our practitioners across all services are confident in applying the most up to date research and approaches to whole family support.

### **Children affected by neglect**

2021-2 will see us building on the work we have already undertaken in relation to neglect and ensuring that this has been truly embedded in the Inverclyde workforce with a consequent reduction in cases.

### **Children affected by mental ill health**

This is an area of development for 2021-23 with a whole family approach to mental health ensuring that we are targeting support where it is needed and supporting families to develop resilience and helpful strategies in their pursuit of positive mental wellbeing and health.

### **Children affected by CSE**

The focus for the next year will be on expanding the understanding of exploitation to include criminal and trafficking, alongside developing training which supports interventionary strategies rather than simply focusing on identification. We also expect to incorporate a more sophisticated understanding of the importance of contextual safeguarding in our approaches.

### **Participation and communication**

This is also an area for development with new approaches to encourage children and their families to help shape service provision and co-produce a child protection strategy which embodies and embeds the values of The Promise.

### **Playing our part in the COVID-19 recovery plan for children and young people**

Inverclyde CPC will continue to link into, and produce our own, best practice to ensure that children and young people are supported during the post pandemic period with regard to mental health and well being, anti-poverty initiatives and ongoing support in relation to past trauma.

# Section 4 – Forward Planning

## Outcomes Framework 2021-2022

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The main functions of the Child Protection Committee are *Continuous Improvement (CI)*, *Strategic Planning (SP)* and *Public Information and Communication (PI&C)*.

### ICPC Outcomes

1. Children and young people are safe and protected from harm.
2. Children and young people affected by parental mental health, substance misuse, neglect and domestic abuse experience lower levels of risk.
3. The workforce that supports children and young people are well trained, motivated and feel valued.
4. Children and young people's lives are improved by effective multi-agency practice.
5. Children and young people are better protected through ICPC's links to other multiagency planning partnerships and structures.
6. Children and young people's voices are evident in policy
7. Children, young people and families know where to go for help

R.A.G. Status (copy and paste)



Red : Not commenced



Amber: Underway expected to meet timescale



Green :

Completed

Outcome Reference	ICPC Function	Development Area	Actions	Impact	Who is Responsible	Timescale
1	CI	Services take effective action to make children and young people safer. <b>Wellbeing Outcome : Safe</b>	Findings of multiagency QA activity in relation to early and effective intervention to be collated and presented to CPC, including early assessment of need and risk	Children are helped at an early stage, reducing risk of harm to them	Joint GIRFEC QA and Performance management sub group initiative	Ongoing
2 & 7	CI/PI&C		Undertake an audit of CP referrals pre, mid and post lockdown	Gives us information about how we responded under crisis and allows us to prepare in case of future lockdown	Performance management sub group	Data collated during the pandemic
2	CI	Robust and effective working groups target service delivery for children affected by <b>neglect, parental substance misuse, domestic abuse</b> and <b>mental health</b> and can evidence they are making children safer. <b>Wellbeing indicator: Safe</b>	<b>Whole Family Sub Group:</b> Undertake and report on a thematic case review on a sample of cases where a child is known to Children and Families Social Work Services. <b>CSE Sub Group:</b> Expand our understanding of exploitation, develop training which supports intervention, utilise contextual safeguarding in our approaches.	Children are better protected from harm that results from living with parental substance misuse	WF sub group	Ongoing  In process

4		Establish a joint substance misuse, justice, mental health and homelessness sub group	Children and their families experience a more joined up service	Hard Edges sub group	This has been absorbed into our Whole Family Subgroup
3	Develop a workforce that is competent and confident to promote the well-being of children and young people, protect them from harm and improve their outcomes. <b>Wellbeing indicator: Safe</b>	<p>Contribute to the implementation and evaluation of Up2U</p> <p>Continued involvement in the Strathclyde Joint Investigative Interview Pilot</p> <p>Continue to prioritise training and coaching in relation to Neglect and on the use of the Action for Children/GCC Assessment of Care Neglect toolkit. All training to be delivered with follow up coaching consistent with the values of implementation methodology</p> <p>Contribute to the production of a Public Protection Network Strategy document.</p>	<p>Children are safer</p> <p>Children experience the joint interview process as less frightening</p> <p>Children living in neglectful situations receive improved support from confident informed practitioners.</p> <p>Children are safer as a result of improved professional collaboration and co-operation.</p>	<p>Child Protection Lead Officer/area teams</p> <p>CPC</p> <p>CPLO/Training Sub Group</p> <p>Child Protection Committee / Public Protection Network</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Met and ongoing</p> <p>Ongoing</p>
	The Child Protection Committee shall develop				

5	SP	more effective partnership working. <b>Wellbeing indicator: Safe</b>	Establish better links with Inverclyde Child Poverty Action Group and Children's Services Planning	Children are safer as a result of the CPC improving its effectiveness based on shared learning	Child Protection Lead Officer / CPC	Met and ongoing
6	PI&C	To engage parents in child protection processes	Conduct an audit of the move to virtual Child Protection case Conferences and Core Groups with parents	Parents rights are respected and they are assisted to participate fully in decision making	Child Protection Lead Officer	31 <sup>st</sup> March 2022
7	PI&C	To maintain a high level of awareness of Child Protection with children and young people, families and the wider community through the provision of information. <b>Wellbeing Indicator: Safe, Nurtured, Included and Respected</b>	Via publicity targeted around the Children (Equal Protection from Assault) Act  Via the 'Helping Hands' campaign	Children and adults within Inverclyde have information on how to keep children and young people safe and where they can get help.	CPLO Inverclyde Council Communications	Met, changed to For Kid's Sake

6	To offer children and young people a range of different ways to communicate their views and feelings. <b>Wellbeing indicator: Safe, Nurtured, Included and Respected</b>	Improve participation and communication for Inverclyde's children and young people via virtual platforms such as Mind of My Own. Responding to requests in relation to the Historic Child Abuse Inquiry	Children have more ways of communicating their views People's rights are respected	CPC/Area teams CPC	31 <sup>st</sup> March 2022 Ongoing
7	Ensure our work is communicated. <b>Wellbeing indicator: Safe</b>	Seek accreditation of Child Protection procedures as rights respecting Update and develop the Inverclyde CPC website.	Children's rights are respected Children, parents and professionals have access to up to date information relating to the protection of children.	CPLO/Children's rights officer Child Protection Lead Officer	31 <sup>st</sup> December 2021 Met and ongoing
4	Implement National Guidance for Child Protection 2021 and the Learning Review Play our part in Inverclyde's COVID-19 recovery plan for children and young people	Via practitioner training, public information and awareness, the updating of policy and procedures Via involvement in best practice initiatives which support children and young people's mental well being	Communities are aware of the changes within the new guidance and children are protected Children and young people in Inverclyde are supported	Child Protection Lead Officer CPC	2021-23 implementation plan Ongoing

**Appendix 1: Members of Inverclyde Child Protection Committee :**

<b>Membership</b>	<b>Agency</b>
<b>Sharon McAlees (Chair)</b>	Inverclyde Health & Social Care Partnership
<b>Anne Sinclair</b>	Inverclyde Council: Legal & Administration
<b>Clare Fallone</b>	Inverclyde Child Protection Committee
<b>Kenneth Ritchie</b>	Scottish Children's Reporters Administration
<b>Detective Superintendent Gerald McBride</b>	Police Scotland
<b>Alan Stevenson</b>	Inverclyde Health & Social Care Partnership
<b>Jane Simcox</b>	Inverclyde Health & Social Care Partnership
<b>David Robertson</b>	Inverclyde Health & Social Care Partnership
<b>Dr Catherine Addiscott</b>	NHS Greater Glasgow & Clyde
<b>Laurence Reilly</b>	Inverclyde Council: Education Services
<b>Michael Roach</b>	Inverclyde Council: Education Services
<b>Hazel Mitchell</b>	Inverclyde Council: Education Services
<b>Martin Mathieson</b>	Barnardo's Nurture Service
<b>Dr Kerry Milligan</b>	NHS Greater Glasgow & Clyde
<b>Lynda Mutter</b>	NHS Greater Glasgow & Clyde
<b>Lindy Scaife</b>	Procurator Fiscal's Office
<b>Hugh Scott</b>	Inverclyde Health & Social Care Partnership
<b>TBC</b>	Local Housing Association
<b>David McCarrey/Mark Meehan</b>	Scottish Fire and Rescue Service