

Child Protection Committee Action Plan Feb 2011

The Child Protection Committee is responsible for a number of different functions around child protection. These include:

- Strategic Planning
- Management Information
- Policies Procedures and Protocols
- Quality Assurance
- Child Protection Training
- Promotion of Good Practice
- Public Information

Aims

- To ensure strategic leadership and ownership of activity in Glasgow to protect children and young people
- To improve co-operation between agencies in Glasgow in their work to protect children
- To enhance the development and delivery of services in Glasgow.

Objectives

- The development and review of procedures, guidelines and protocols necessary to protect children and meet their needs;
- To monitor and review information about the identification of children and young people at risk and about the operation of the Child Protection Register;
- Agree, implement and review multi-agency quality assurance mechanisms for inter-agency work, including auditing against the Framework for Standards; and address the implications of these reports for services; and inform strategy;
- Contribute to the preparation for the integrated system of inspection of child protection services;
- Have in place mechanisms to identify and disseminate lessons from audits and inspections and past and current practice, including systematic reviews of significant cases;
- Ensure that these lessons directly inform training and staff development; and
- To identify training needs and to take a leading role in developing and promoting training programmes;
- To encourage and support effective working relationships between different services and professional groups based on effective communication and co-operation;
- To develop and promote a public information strategy;
- Identify opportunities to share knowledge, skills and learning with other Child Protection Committees;
- Clearly identify the key links that are required to be made with other bodies, and ensure that these links are made.

Key Priorities

- Make appropriate arrangements for the medical examination of children about whom there are child protection concerns and ensure that these take account of children's ongoing needs
- Ensure that health staff are involved in initial referral discussions about all children for whom there are child protection concerns
- Ensure consistency and a management overview of arrangements for identifying and planning to meet the needs of vulnerable individual children, including unborn babies
- Ensure that staff from all relevant services contribute information to inform decision-making about vulnerable children involved in child protection.
- Ensure that staff and managers across services are clear and consistent about when to initiate child protection procedures.

	Source:	Action	Task	Outcome	Performance Measures	Lead Officer	Timescale
1	CPC Constitution	The CPC will report on progress and issues to the Chief Officer Group 4 times per year.	Inform the Chief Officers Group of issues and progress	The Chief Officers Group is well informed of citywide issues and progress made which will allow them to make informed delivery and resource decisions.	Schedule Chief Officer Meetings	Independent Chair / Lead Officer	Quarterly reporting April July October
2	CPC Constitution	The CPC will produce an Annual Report for wide publication.	Develop an annual report	This public document will inform Glasgow's population on the work that is being instigated in the CPC as well as informing the Chief Officers group and other interested bodies.	Completion of Report	Independent Chair / Lead Officer	Annually Oct 2011
3	CPC Constitution	The CPC will meet every 8 weeks	The CPC Lead Officer and Independent Chair will develop an annual reporting schedule. Ensure a draft agenda is sent to members 2 weeks prior to the meeting. All papers for the CPC must be sent to members 1 week prior to the meeting.	CPC members: <ul style="list-style-type: none"> ▪ Are aware of the reporting requirement in advance of meetings. ▪ have the opportunity to add to the agenda ▪ Have enough time to read the papers and prepare for the meeting. 	Reporting schedule	Lead Officer and Administration Team	As per the meeting schedule 2011.
4	HMle 4.4	Improve information sharing at CPC meetings.	Collate, co-ordinate and analysis all partner agencies data to produce a quarterly Joint Management Information Report.	The report provides evidence of services input and outcomes for children and young people. The CPC will have a good understanding of trends, what works and gaps in service to enable better planning and decision making.	None	Lead Officer and Administration Team	Quarterly reporting
5	HMle 4.6	Review CP administrative support	CP administrative support to be reviewed as part of the general Social Work admin review.	The CP process will have appropriate admin support to ensure processes are more efficient and effective.	None	Assistant Director Social Work Services	January CPC

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6	HMle 5.1	Review social Work Staffing structure and workforce capacity	The social work staffing structure has been reviewed and the previous PTL structure has been replaced. A number of new social workers have been employed in children and family services. This needs to be regularly monitored.	There is sufficient social work capacity to meet the demand for Child Protection services.	To be identified	Assistant Director Social Work Services	Regular reporting in the Performance Management Report - Quarterly
7	HMle 5.2 and 5.3	<ol style="list-style-type: none"> 1. Improve the timescales of Social Work response to neglect and cumulative concern. 2. Further clarity around thresholds for decision making by (PTLs) 	<p>Close working with the community based services as described in item 8 below, will be used to ensure that neglect and cumulative concern is identified and actioned quickly.</p> <p>On going IAF training is being undertaken to ensure all new staff, including Social Workers, Health and Education are made aware of the importance of a child centred assessment, a shared understanding of thresholds and timely response.</p> <p>The IAF training reinforces the thresholds for decision making.</p>	Vulnerable children are identified early and given appropriate care and support when they need it.	To be identified	Assistant Director Social Work Services	
8	HMle 3.1 and 3.3	<ol style="list-style-type: none"> 1. Begin a process to understand the totality of need below the CP threshold 2. Improve arrangements for early 	<p>Need to link this work to the Early Intervention and Investment Group. – Up-date from this group – report done to CSEG</p> <p>Regular progress reports need to come to the CPC from the</p>	The CPC have an overview of how we are meeting this HMle recommendation and make links across these services to ensure there is a pathway to services and reduce duplication of effort.		Mark Feinman as rep on CSEG	<p>Every Meeting</p> <p>Quarterly in Management</p>

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		identification of children's needs and interventions.	following citywide services: <ul style="list-style-type: none"> ▪ PACT – D Williams ▪ NORM – D Williams ▪ Family Support Services Review – Mike Burns ▪ Nurture Groups, etc – M McKenna Build this into the CPC reporting schedule.				Info
9	HMle 3.4	Improve the consistency of Multi-agency monitoring/support for lower level of concerns.	As per item 8 above, need to link this work to the Early Intervention and Investment work that is being done in the ?? Group and build into the regular report schedule.	All agencies will contribute to the IAF process.	Sampling of the quality of IAF's.	CSEG/IAF Steering Group	
10	CPC	CP Forums have been established in each of the localities. Need to ensure they are working to the CPC priorities.	Develop a regular reporting mechanism that provides to CPC with local information and informs the CP forums of the strategic priorities.	The CPC will have a good understanding of what works and gaps in service to enable better planning and decision making. The CP Forums can highlight citywide issues in the CPC and ensure that the CP Forums work mirror the CPC strategic planning.	CP Forum action plan reporting to CPC	CP Forums and CPC Lead Officer	6 monthly as per reporting schedule
11	Scottish national Guidance	Improve Communication between CPC and the general public.	Disseminate public information and promote the work of agencies in protecting children to the public at large, through: <ul style="list-style-type: none"> ▪ advertising campaigns ▪ consultations with children and young people 	Raise awareness of child protection issues and services within communities		Chair, Communication Subgroup	6 monthly as per reporting schedule

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12	HMle 5.4	<p>Improve all staff's understanding of thresholds to support and appropriate interventions.</p> <p>Work jointly with agencies to provide a comprehensive range of child protection training.</p>	<p>Develop a programme of training that meets the needs of all staff groups.</p> <p>Current training activity:</p> <ul style="list-style-type: none"> ▪ build on the awareness training to develop Seeing the Signs, for groups such as; Nurture Groups, Nursery staff, Family support services, PACT, etc ▪ Map out all CP Training being delivered across the city by single and multi-agencies ▪ Develop a process that monitors attendance at CP training with the help of local managers from Health, Social Work, Education and Police. ▪ Develop new training; <ul style="list-style-type: none"> ▪ work with addiction services to develop parental substance misuse training ▪ Child Trafficking 	<p>To provide a shared understanding by all staff of thresholds to support/care and appropriate interventions.</p> <p>The CPC will have a clear overview of the CP training being delivered across the city and will challenge staff who do not attend training.</p> <p>The training will continually be developed and improved to meet the needs of staff.</p>	<p>Monitoring of staff attending courses they have been nominated for.</p> <p>Evaluation of courses</p>	Chair, Training Subgroup	6 monthly as per reporting schedule
13	HMle 1.1	Ensure health staff are involved in initial referral discussions about all children for whom there are child protection concerns	<p>A new protocol has been developed by the three agencies to ensure that Social Work will undertake initial discussions with police and local contacts with health and the NHS GG&C Child Protection Unit (early sharing and collation of health).</p> <p>The implementation of the protocol will be monitored and the outcome will be reported</p>	Early sharing of information with Health	Audit	Tripartite Subgroup	6 monthly as per reporting schedule

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			to the CPC on a regular basis.				
14	NHS GG&C	Improve SW response to Health referrals	Agreed the best mechanism for validating receipt of referrals and confirmation of further action being taken.	Greater involvement of health staff in child protection process		Tripartite Subgroup	6 monthly as per CPC reporting schedule
15	CPC	Provide procedures and guidance for work related to vulnerable young people	Update Procedures and new practitioner guidance on the following: <ul style="list-style-type: none"> ▪ YP and Addiction ▪ Sexually Problematic Behaviour ▪ Child Trafficking ▪ ISMS ▪ Vulnerable young males. 	As issues arise the CPC will ensure that the vulnerable young persons subgroup research the issue and develop procedures and guidance to assist staff.		Chair, Vulnerable Young Persons Subgroup	6 monthly as per CPC reporting schedule.
16	HMle 3.5 and 3.6	<ol style="list-style-type: none"> 1. Develop a task group to consider the needs of vulnerable pregnant women and the unborn child. 2. Implement the pregnancy protocol 	<p>Develop and implement the inter-agency procedural guidance for vulnerable pregnant women.</p> <p>Implement the procedure through:</p> <ul style="list-style-type: none"> ▪ GPs ▪ Maternity services ▪ Addiction services. etc 	Vulnerable pregnant women will be identified earlier and their needs and the needs of the unborn child will be met.	<ul style="list-style-type: none"> ▪ Outcomes of pre-birth assessments ▪ No of women referred ▪ Outcomes of decisions ▪ Number of referrals for pre-birth assessments ▪ Number of pre-birth assessment undertaken 	The Women & Children's Vulnerable Women's Governance Subgroup	6 monthly as per CPC reporting schedule.
17	HMle QI.s	Improve outcomes for children by critically assessing multi-agency practice and identification of efficiencies.	<p>Develop a process for continuous multi-agency;</p> <ul style="list-style-type: none"> ▪ self evaluation ▪ collation and analysis of management information ▪ A learning culture from Significant Case Review recommendations. <p>Provide regular reports to the CPC.</p>	Improve outcomes for children and how services are delivered.	<ul style="list-style-type: none"> ▪ 3 year work plan reporting 	The Quality Assurance Subgroup	6 monthly as per CPC reporting schedule.

	Source:	Action	Task	Outcome	Performance Measures	Lead Officer	Timescale
			CPC will report findings to Chief Officers Group				
18	Development Day	Police Representative on CPC needs to be consistent	Donald to discuss with Strathclyde Police	Better information sharing and awareness of the issues and tasks.	<ul style="list-style-type: none"> Named officer attending CPC 	Independent Chair and Strathclyde Police	Feb 2011
19	HMle 4.3	Development of Central Child Protection database across Police Divisions	<p>The national Vulnerable Persons System (VPS) should provide a solution when it is implemented in 2012.</p> <p>In the meantime solutions need to be found to allow better information sharing, both internally and externally</p>	Effective information sharing by all partners		Strathclyde Police	6 monthly as per CPC reporting schedule.
20	Scottish Gov	Improve interview processes and techniques for children who may have been abused.	<p>Strathclyde Police and Social work are delivering the Joint Investigative Interview Training (JIIT) to staff.</p> <p>Strathclyde Police have funded the expansion of video interview facilities across Glasgow, to provide 8 fixed sites and 12 mobile.</p>	Children to feel safe when interviewed and providing evidence in court.	Video interview facilities in situ within the City	Strathclyde Police	6 monthly as per CPC reporting schedule.
21	HMle 2.2	Improve training and supervision of less experienced Paediatricians seeing physical injuries to avoid inaccurate diagnosis need FME involvement	Quarterly reports are being submitted by Health to the CPC to evidence the number of junior doctors who have been trained in safeguarding children and CP.	Junior Doctors are more aware of Child Protection issues and signs of abuse		GG&CNHS	Quarterly reports – CPC management information

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22	HMle 2.3	Develop examination services for older young people disclosing historical abused and for over 12's who have possibly experienced physical abuse.	Strathclyde Police, Archway and Child Protection Unit will commence a Pilot Service from 1st Dec 2010 for historical cases of child sexual abuse of adolescents, aged 13 - 15 years.	Young people have access to appropriate services that meet their needs.		GG&CNHS J Herbison	6 monthly as per CPC reporting schedule.
23	NHS GG&C	Improve access to electronic systems for early sharing and collation of information system	The CPU requires access to agencies systems to retrieve all relevant information to enable efficient sharing of information. In particular, <ul style="list-style-type: none"> ▪ PIMS/Mental Health ▪ LAAC ▪ Addictions ▪ Carefirst ▪ CDCs ▪ CAMHs 	Improved risk assessment due to speedier information sharing.	Audit	Tripartite Quality Assurance	6 monthly as per CPC reporting schedule.
24	GSCPF	Develop stronger links between the CPC and the voluntary sector through GSCPF.	<ul style="list-style-type: none"> ▪ Ensure that all CPC subgroups include members of the voluntary sector ▪ GSCPF contribute relevant information to the CPC Management Information Report ▪ Ensure that all CS Providers have up to date Child Protection Policies in place and that these are adhered to. 	CPC planning and service delivery is informed by the voluntary sector.		GSCPF E McKenna	Quarterly within CPC Management Info
25	GCSS	GCSS to develop and implement Child Protection training strategy for staff	<ul style="list-style-type: none"> ▪ CP training is being delivered and monitored 	GCSS staff have a greater awareness of CP issues.		Training Sub Group.	6 monthly as per reporting schedule.