



**Dundee
Child Protection
Committee**



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

**ANNUAL
REPORT
2022**



**Dundee
Child Protection
Committee**

www.dundeeprotectschildren.co.uk

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Introduction

This annual report of Child Protection Activity covers the period August 21 to August 22 to coincide with the school year and sets out the achievements and areas of improvement for the coming year.

This year has been a year of recovery following the COVID-19 pandemic during which all partners and staff responded and flexibly to keep children and young people safe especially when schools and other supports were closed. However, we acknowledge that this continues to have a significant impact on staff, families and children and young people themselves which is reflected in this report and future priorities.

During the period of the report Dundee Child Protection arrangements were subject to an independent Care Inspection and I was pleased that the result of this confirmed that the arrangements in Dundee were good - meaning that strengths clearly outweighed areas for improvement. In their conclusions, the Care Inspectorate noted the strong culture of collaborative working throughout Dundee and the commitment of staff and senior leaders to improve supports for children, young people and their families. They also commented that levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection report also identified a number of areas that could work better including support for older children who were facing a number of challenges including mental health and substance misuse. This had already been identified as a key priority for the committee moving forward and already there have been a number of improvement actions and changes made to strengthen our response.

This annual report also sets out the work for the next year continuing to strengthen the voice of children and young people in strategic developments, supporting the workforce, using data effectively to underpin a culture of quality assurance as well as the continuing development and delivery of collaborative leadership.

The Committee are very aware of the additional national challenges facing many families over the coming year including supporting families displaced from the Ukraine and the additional stresses that many families face with the increased costs of living. This requires all partners to continue to work together to collectively provide the right advice and support.

I would like to thank all the members of the Committee for their continuing support and commitment to this work and to express a huge thanks to all staff across all agencies who work so hard to protect our children and young people every day. I also recognise the key role that everyone in our communities in Dundee play in supporting children, young people and their families to keep them safe and protected and I look forward to continue our work together in the coming year.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee



1. Protecting People



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

Key Principles of Protecting People

- The protection of people in Dundee is part of the overall provision of services that will deliver positive outcomes for people in Dundee.
- The people delivering those services will have the knowledge, skills and experience to deliver quality services.
- We will deliver our vision by working in partnership across the statutory (Dundee City Council, NHS Tayside, Police Scotland and Scottish Fire and Rescue Service) and voluntary sector.
- We will work with our partners in other local authority areas, both in Tayside and throughout Scotland, to improve services to protect people and work towards a consistent approach.

Governance Arrangements

The wider Protecting People strategic agenda in Dundee City is led by a number of key public protection partnerships. These include the Alcohol and Drug Partnership (ADP), the Adult Support and Protection Committee (ASP), the Child Protection Committee (CPC), the Violence Against Women Partnership (VAWP) and the Multi Agency Public Protection (MAPPA) Strategic Oversight Group. All report to the Chief Officers Group (COG).

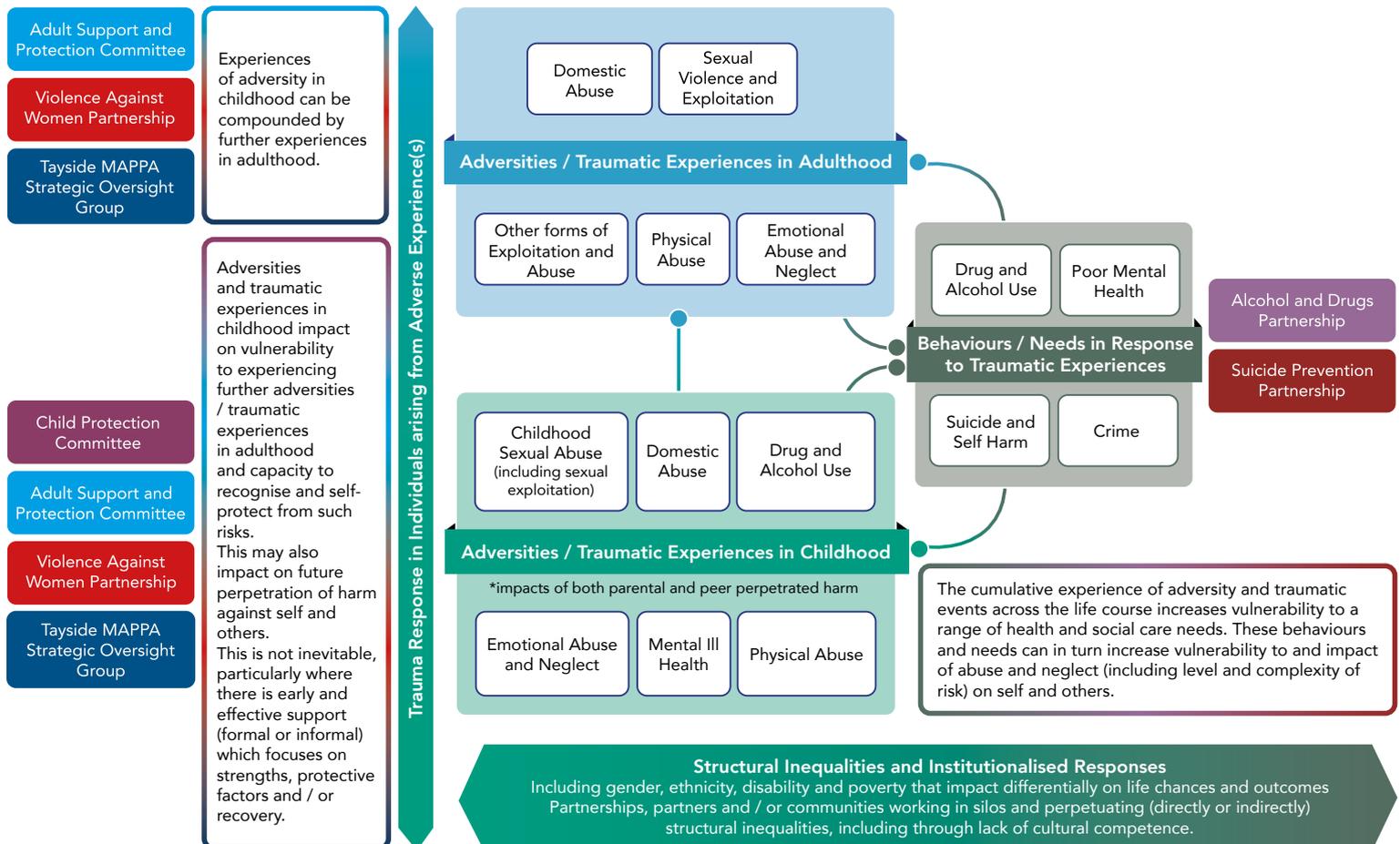
The COG is the strategic forum for public protection in Dundee with responsibility for setting the strategic direction for the improvement public protection arrangements. It is attended by all Chairs of Protecting People Committees and partnerships, along with representatives from all key services and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



Integrated Public Protection Approach

In Dundee an integrated protecting people approach has been adopted and informs all of our work to protect people at risk of harm. Across all of the protecting people committees / partnerships we are committed to developing approaches that improve support to people with often multiple, complex and changing needs which typically arise from experiences of trauma, instead of individually and separately addressing specific themes.

To highlight the interconnected nature of Protecting People work and how experiences of trauma can impact life experiences and outcomes, the following diagram was produced to provide a visual rationale for our integrated protecting people approach.





Dundee Child Protection Committee

The Child Protection Committee (CPC) is the lead multi-agency body responsible for delivering the core functions of continuous improvement, public engagement and communication, strategic planning, assurance, oversight of strategic risk and leadership in relation to child protection.

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

The Committee is Chaired by an Independent Chairperson contracted to fulfil this role by Dundee City Council on behalf of the Committee. The Committee is attended by all representatives of key partner services, including the Chief Social Work Officer for Dundee City Council. It also has a number of members who receive minutes but who are not required to attend every meeting. The Protecting People Strategic Support Team provides the necessary coordination and support for the committee. Membership is illustrated in the table below and full details can be found in Appendix 2 of this report.

2. Dundee at a Glance

Snapshot of Dundee

4th

highest prevalence of drug use in Scotland; with an estimated 2,300 problem drug users in Dundee². Alcohol related harm is also high both in terms of hospital attendances and alcohol-related deaths.

23,958

children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

HIGHEST

of the Dundee population live in the 20% most deprived SIMD data zones; including 10,506 children aged 0-15 years (43.8% of all children in that age group)⁴.

5th

highest rate in Scotland of adults (aged 16-64) who reported in the 2011 Census that they are living with a mental health condition.

36.6%

prevalence (per 100,000 population) of incidents of domestic abuse recorded by the police in Scotland³.

1 National Records of Scotland, Mid-year Population Estimates 2020

2 Public Health Scotland. Estimating the Prevalence of Problem Drug Use in Scotland 2015/16, published 2019.

3 Domestic abuse: statistics recorded by the police in Scotland 2019/20

4 Scottish Index of Multiple Deprivation, 2020

DUNDEE

1/4
in
POVERTY
2nd highest in Scotland

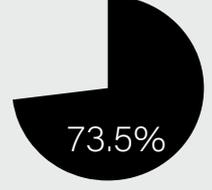


is **Scotland's**
fourth largest city

Dun dee

Employment rate

January - December 2020
ONSS ANNUAL POPULATION SURVEY



Dundee

Scotland

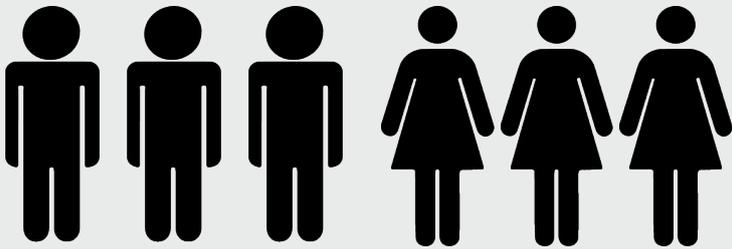
147,720

people as of June 2021*. Down from 148,820 in 2020
*NRS 2021 Mid-Year Population Estimate

ALCOHOL DEATHS

27.04 per **100,000**

5th highest in Scotland



71,220

76,500

73.8

 Male life expectancy

79.4

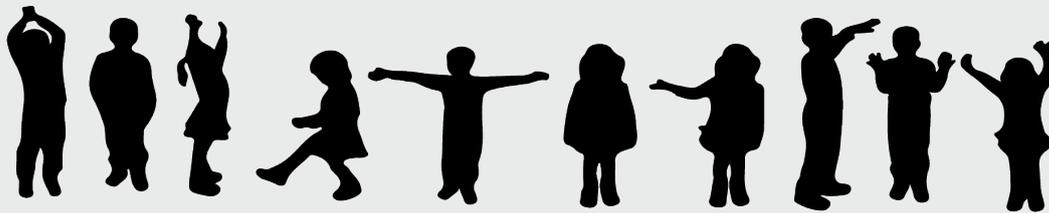
 Female life expectancy

0.23%

Imprisonment rate
1st highest in Scotland

DRUG USE Est **2,300** DEATHS **45.2/100,000**

(5 year average) 1st Highest in Scotland
Drug use: 4th highest in Scotland



CHILD PROTECTION

ORDERS **2.2** per **1000**
1st highest in Scotland

64 / 10000

16-64
living with mental health conditions
5th highest in Scotland

177 / 100000

DOMESTIC ABUSE

(5year average) 1st highest in Scotland



SUICIDE **22 PER 100,000**

1st highest in Scotland

Trauma Informed Implementation

The Dundee Trauma Steering Group have recently launched a local implementation plan for trauma informed practice across the workforce in Dundee.

Research tells us that while anyone is at risk of experiencing trauma, women are significantly more likely than men to experience trauma as a result of being a victim/ survivor of domestic abuse, rape and sexual assault, stalking and harassment, commercial sexual exploitation and other forms of gender-based violence. Women are also likely to face significant barriers to accessing support for violence and abuse as a result of experiencing feelings of stigma, blame and judgement around their traumatic experiences, not feeling believed by professionals if they disclose what has happened to them, and facing complex referral pathways to support, which can be re-traumatising. Without adequate support, women and children who have experienced VAW are at increased risk of experiencing other negative outcomes. It is therefore vital that trauma-informed systems and services are in place locally that take account of previous, current or ongoing experiences of violence, abuse and trauma, and ensure that women and children's voices are heard and their rights are respected.

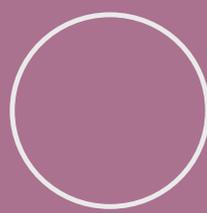
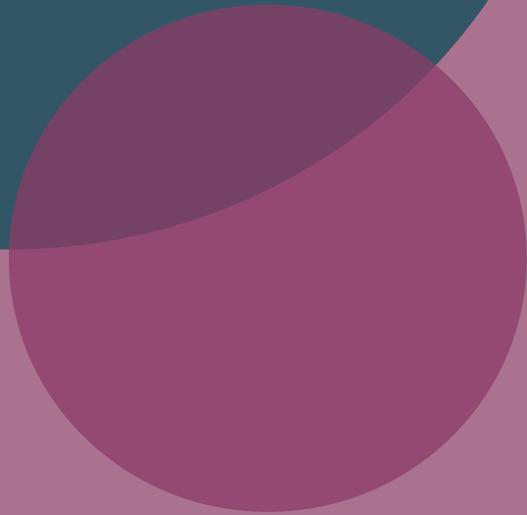
Our commitment to tackling the challenges that children, young people and families face is reflected in the activity undertaken by multi-agency partners across the city to tackle issues such as parental drug and alcohol use, parental mental health, domestic abuse and neglect at the earliest possible stage.

Getting it Right for Every Child

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

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

The formal Child Protection process is therefore one end of a spectrum of staged interventions applied across the partnership to identify, understand and proportionately address concerns about the health and wellbeing of children and young people. This emphasises the importance of identifying and responding to concerns as soon as possible and of the importance of engaging with families.



If not
you?
...who!

3. Response to COVID-19 Pandemic



Our partnership had already embarked upon an ambitious programme of improvement activity across the Getting It Right For Every Child (GIRFEC) pathway (including protection stages) prior to the pandemic and consequently was in a strong position to respond to government guidance and local needs. This included the use of an expanded national child protection minimum dataset that was invaluable in informing the initial prioritisation of responses.

The CPC met more frequently and introduced new evaluation and monitoring systems with a focus on keeping children and young people safe and responding to their needs. As restrictions eased and the partnership became more mobilised the need for such interim meetings was reduced. The initial phase of the pandemic (March and July 2020) involved building on strong relationships

between make sure the most vulnerable and at risk children, young people and families continued to receive the support they needed. Partners worked together to people most at risk of harm. Some key developments included:

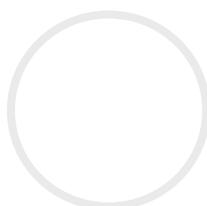
- Health Visiting, Family Nurse Partnership and Early Learning and Childcare working more closely to support 0-5-year olds;
 - Community Support Centres established to support jointly identified vulnerable nursery and school aged children and young people (both face-to-face and through digital means to respond to different needs);
 - In order to sustain multi-agency information sharing, assessments, planning and reviews for children and families at greatest risk all child protection case conferences, initial referral discussions, Multi-Agency Risk Assessment Conference (MARAC) and Multi-agency public protection arrangements (MAPPA) meetings were maintained on a digital basis;
 - Staff across the partnership were proactive in utilising technology for support meetings with children and families;
 - Minimum Practice Requirements introduced to promote proportionate levels of face-to-face and/or digital Social Work support; and,
 - Monitoring and oversight through a risk register, real time data and regular audit activity which allowed support to be adapted in real-time.
 - To encourage early identification of concerns and access to support, targeted public and workforce communication made use of a variety of media with physical bag drops at community support centres, extensive use of social media, video and radio campaigns.
 - To mitigate risk of infection working environments and arrangements changed considerably in line with public health guidance, including testing and vaccination programmes. The multi-agency workforce demonstrated high levels of resilience, flexibility and commitment over this period). It was clear that children were safer as a direct result of their collective efforts.
 - A strategic risk register was established informed by multi-agency operational challenges. The introduction of COG and CPC Executive Groups initially monitored and coordinated mitigating activity and latterly monitored the impact of those activities and identify any new risks.
 - The creation of a new Cross-Sector Alliance Group co-ordinated early support, including through the accelerated implementation of the Fast-Online Tracking System (FORT) to enable children and families to receive crucial financial and practical support, including more the £500k of welfare funds. The creation of a new Hidden Harm Group brought partners together to share information on possible concerns and identify and coordinate support to potentially vulnerable children and young people, including in relation to summer activities.
-



Although the use of technology contributed greatly to the development and continuity of services this also presented challenges of access for the workforce and for children and families.

We believe that our responses to COVID-19 significantly increased the speed and impact of responses across the partnership to vulnerable groups.

Moving forward the partnership has reflected upon what improvements have been necessitated by the challenges of the pandemic and that learning identified from this has informed our delivery plans for the future.



The image features a teal background with three overlapping circles: a large purple circle at the top right, a smaller dark teal circle at the top left, and a small white outline circle in the center. A large, faint circular graphic at the bottom contains the text "If not you? ...who!".

If not
you?
...who!

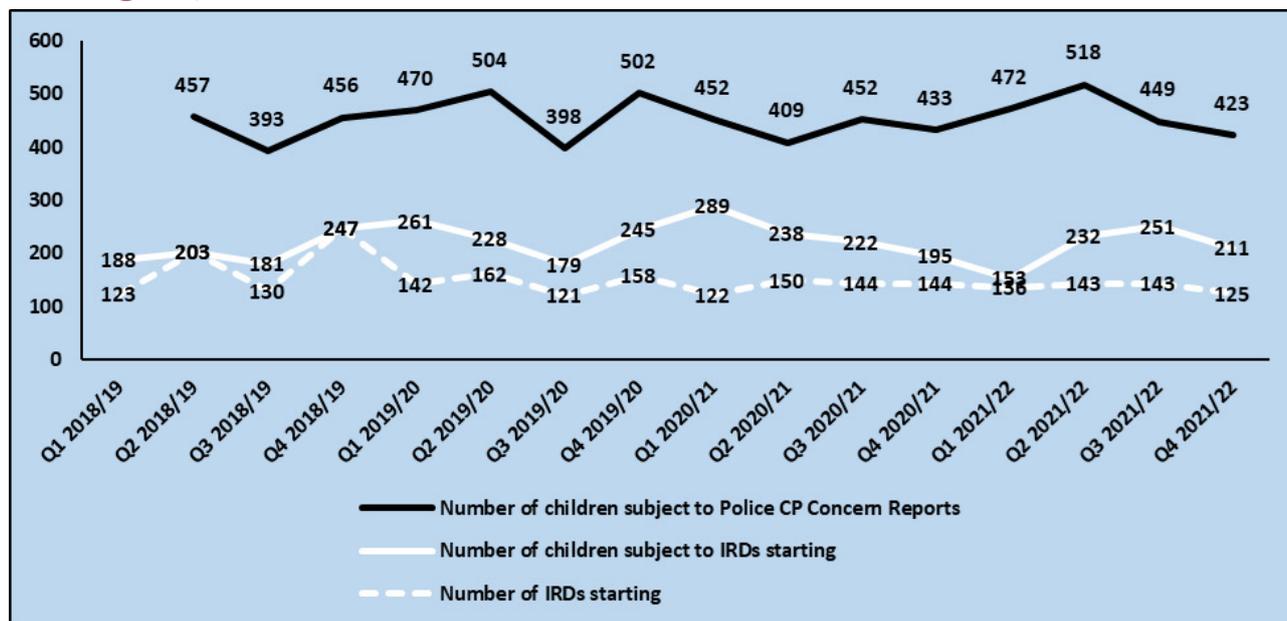
4. What Our Data is Telling Us



The CPC, supported by the Data Sub-Group has continued to maintain and further develop the use of the national minimum dataset at a local level. Dundee has also been one of two early adopters of the updated version, which reflects the new CP Guidance, includes more inputs from other agencies (Police, Health and Scottish Children’s Reporter Administration), and focuses more on earlier processes pre-registration. The CPC receives regular reports from the Sub-group presenting key data and accompanying analysis. During 2021/22 some of the key matters considered by the group and subsequently presented to the CPC were:

- Stabilising trends after some more extreme data points during the pandemic.
- Continued high figures around domestic abuse resulting in a linked subgroup to further examine the impact on children and young people experiencing domestic abuse.
- Continued high figures around mental health, both for parents and also for school aged children and young people where anxiety can impact on school attendance.
- The impact of staff sickness absence (incl. COVID) and staff turnover on meeting timescales and having time for tasks such as data quality, training and self-evaluation by operational staff.
- Increased focus on older young people, who may be affected by sexual abuse, exploitation or physical abuse (including historic abuse) but where registration is not the most effective way of keeping them safe and supported.
- Increased focus on earlier processes, including inter-agency referral discussions, and on what supports are in place for children and young people who do not progress through child protection processes, or following de-registration.

Table 1: Number of Police Scotland-recorded Child Protection Concern Reports and Inter-agency Referral Discussions



The above table reflects the number of CP concerns received from Police Scotland as well as the number of children subject to IRD and the number of IRD meetings convened. A further area for development relates to how many concerns are raised from health, education and other sources. This is difficult to establish as concerns may be recorded by MASH but also by other social work teams, where data isn't easily collated.

37 (17%) of the 211 children who had IRDS in the last quarter, also had at least one other IRD in the preceding 12 months.

Table 2: Analysis of IRDs and MASH data

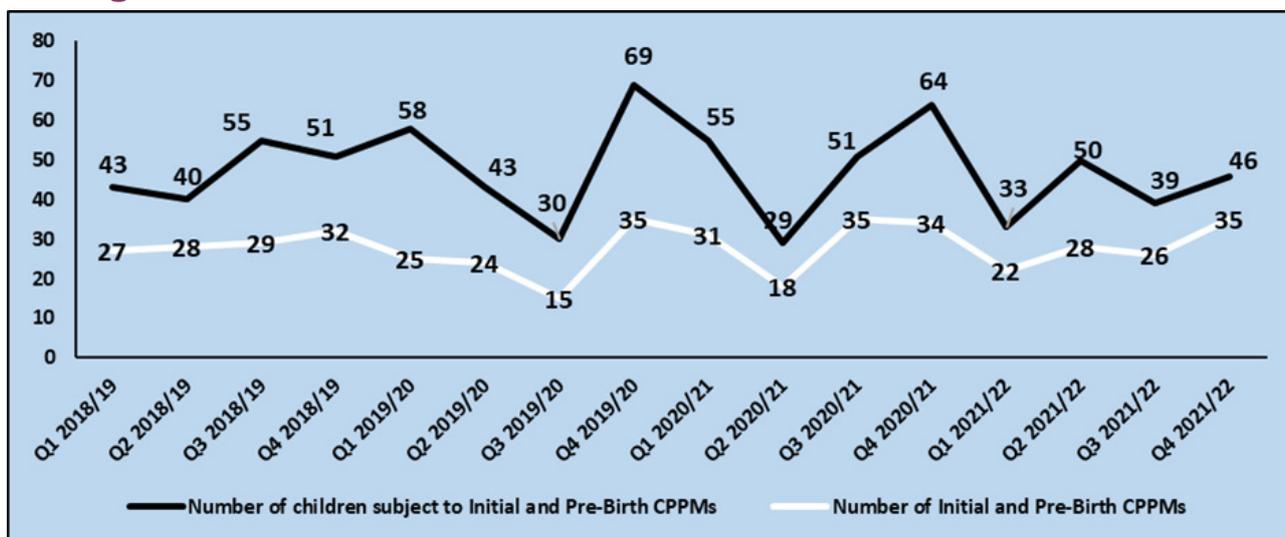
| Agency contacting MASH | May-Jul | Aug-Oct | Nov-Jan | Feb-Apr | May-Jul | Average previous 4 quarts |
|------------------------|-------------|-------------|-------------|-------------|-------------|---------------------------|
| | Q4 2020/21 | Q1 2021/22 | Q2 2021/22 | Q3 2021/22 | Q4 2021/22 | |
| 3rd Sector | 44 | 54 | 44 | 30 | 48 | 43 |
| Education | 258 | 369 | 367 | 401 | 289 | 349 |
| Health | 204 | 215 | 224 | 289 | 281 | 233 |
| Local Authority | 283 | 343 | 355 | 344 | 320 | 331 |
| Police | 564 | 568 | 593 | 550 | 515 | 569 |
| Public | 249 | 257 | 225 | 237 | 282 | 242 |
| Total | 1602 | 1806 | 1808 | 1851 | 1735 | 1767 |

⁶ Solace is the leading members' network for local government and public sector professionals throughout the UK

This table reflects early concerns and early interventions, only some of which proceed to further child protection enquiries. A snapshot check of a month of MASH data confirmed that the majority of MASH activity is about information sharing and screening, advice and guidance (to members of the public as well as other agencies) so supporting early intervention and decision making.

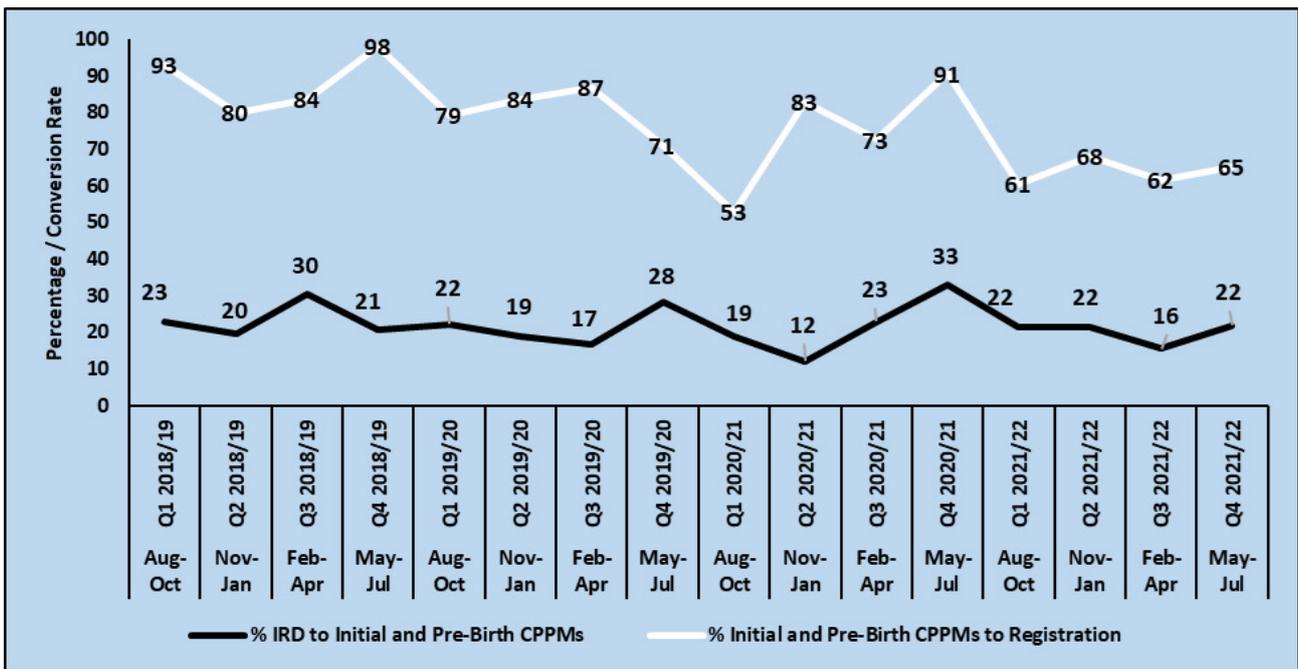
- The last quarter saw 125 children at 211 IRDs: The number of IRDs and children at IRD has reduced similarly to last year in summer
- The number of children recorded by MASH have also reduced, largely due to a reduction of contacts from school; health contacts have remained high
- Police concerns (as recorded by social work) and contacts with MASH reduced compared to the previous two quarters but again within range for summer holiday time.

Table 3: Number of children subject to Initial and Pre-birth Child Protection Planning Meetings



The above table reflects how the proportion of meetings for sibling groups can be seen by the size of the gap between the two graphs; in the last quarter, with 46 children at 35 meetings, the figures include an average mix of single children and sibling groups, the largest of which with four children.

Table 4 : Conversion Rates (%) - IRD to CPPMs; CPPMs to Registration

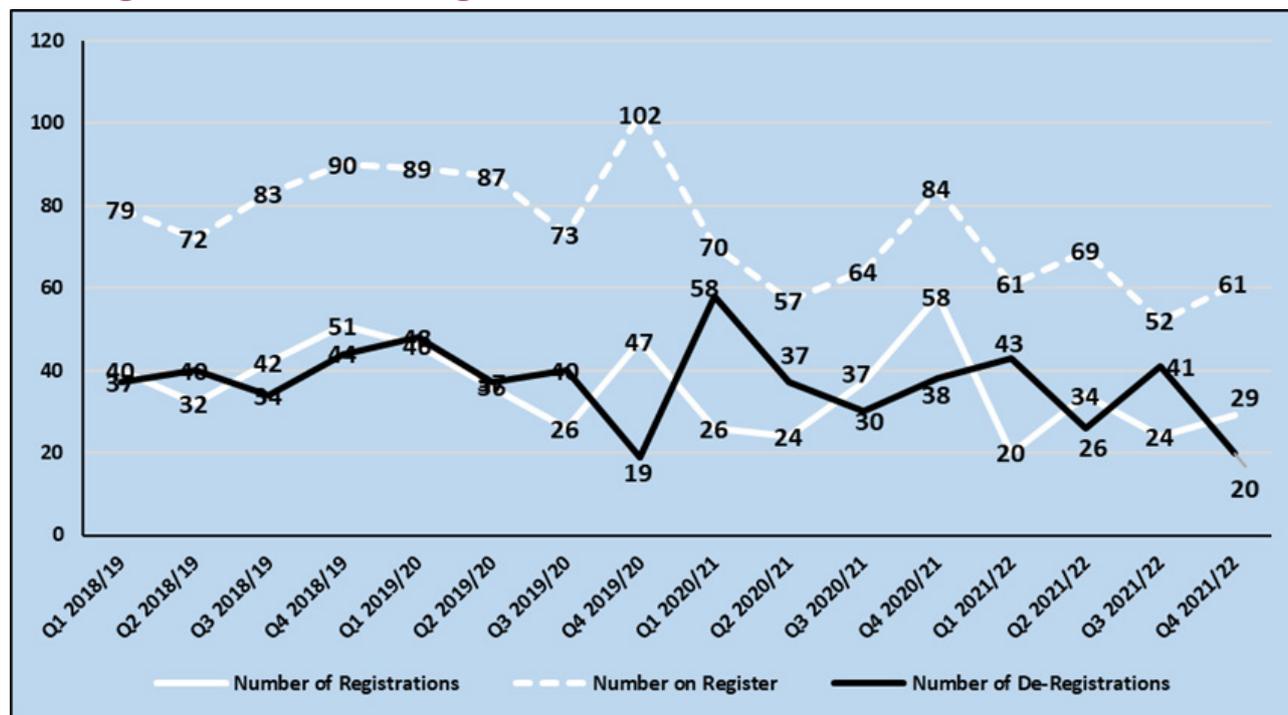


The white graph shows conversion rates at case conference, around 2 in 3 children were registered over the past four quarters.

The black graph above shows the % proceeding from IRD to Child protection Planning Meeting – this is fairly stable at around 15%, which means that 5 out of 6 children at IRD do not proceed any further, which suggests a high level of screening at IRD stage.

This raises questions for the partnership relating to thresholds. What reasons/factors led to children not progressing to further child protection processes; and are the needs of these children being met? This is identified as an area for scrutiny over the next 12months.

Table 5: Number of children (including pre-birth) on the Child Protection Register, new Registrations, and De-Registrations

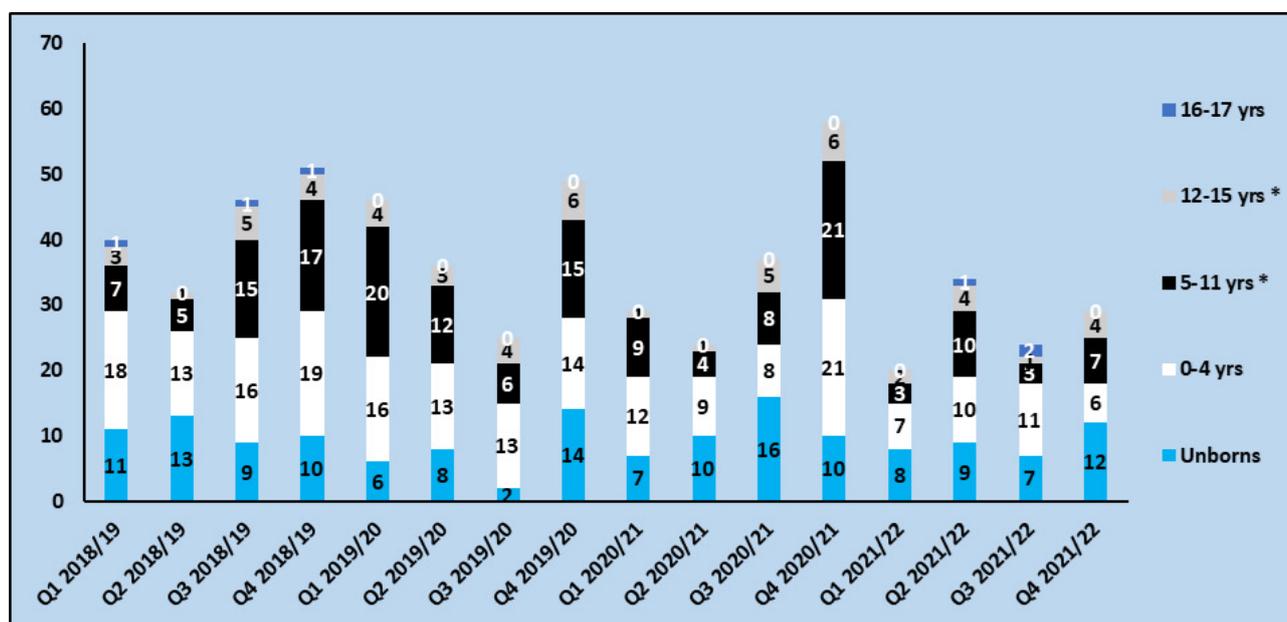


The length of time children were supported on the Child Protection Register (CPR) returned to pre-pandemic level, with 95% de-registered after less than 12 months (same as 2019-20 and higher than 2020-21: 84%). During the pandemic, children had been on the CPR longer to retain oversight of risks during the more challenging circumstances. The increase in the proportion de-registered within 12 months indicates that support was effective in keeping children safe from harm.

Table 6: Number of Re-Registrations within 3, 6, 12 and 24 months of De-Registration

| | Q1 20/21 | Q2 20/21 | Q3 20/21 | Q4 20/21 | Q1 21/22 | Q2 21/22 | Q3 21/22 | Q4 21/22 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|
| 3 months | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 months | 0 | 0 | 0 | 4 | 0 | 0 | 0 | 0 |
| 12 months | 0 | 0 | 4 | 10 | 0 | 1 | 1 | 4 |
| 24 months | 0 | 0 | 4 | 10 | 0 | 6 | 3 | 7 |

Table 7: Age of children and young people at Registration



Dundee has not seen any major changes in age profile for a significant period of time; the younger the child when they come to services attention, the more likely they are to be registered to keep them safe. Whereas for older age groups, other solutions are more commonly sought, especially where risks originate in the wider community rather than family members. However, recent case reviews and inspection recommendations have prompted service development in these areas. See next section for further details.

Table 8: Concerns recorded for children placed on the Child Protection Register at a Pre-birth or Initial Child Protection Planning Meeting (numbers of new Registrations in quarters and % for annually for national comparisons and broader trends)

| Key concerns over time and compared to last national figures (academic year 2020/21) | May-Jul | Aug-Oct | Nov-Jan | Feb-Apr | May-Jul | % May-Jul Dundee | LAST 4 QUARTERS Dundee | % LAST 4 QUARTERS Dundee | % LAST Scottish Scotland |
|--|------------|------------|------------|------------|------------|------------------|------------------------|--------------------------|--------------------------|
| | Q4 2020/21 | Q1 2021/22 | Q2 2021/22 | Q3 2021/22 | Q4 2021/22 | | | | |
| Services finding it hard to engage | 3 | 2 | 6 | 3 | 4 | 14% | 15 | 15% | 22% |
| Child affected by Parent/Carer Mental Ill-Health | 14 | 12 | 21 | 8 | 14 | 48% | 55 | 54% | 44% |
| Domestic Abuse | 23 | 15 | 18 | 11 | 16 | 55% | 60 | 59% | 47% |
| Parental Alcohol Use | 10 | 8 | 5 | 3 | 5 | 17% | 21 | 21% | 11% |
| Parental Drug Use | 6 | 9 | 17 | 7 | 12 | 41% | 45 | 44% | 19% |
| Physical Abuse | 8 | 8 | 6 | 1 | 2 | 7% | 17 | 17% | 24% |
| Emotional Abuse | 10 | 4 | 2 | 1 | 5 | 17% | 12 | 12% | 38% |
| Sexual Abuse | 3 | 4 | 3 | 1 | 3 | 10% | 11 | 11% | 7% |
| Neglect | 14 | 4 | 6 | 7 | 8 | 28% | 25 | 25% | 42% |
| Child Sexual Exploitation | 0 | 0 | 0 | 1 | 1 | 3% | 2 | 2% | 4% |
| Other Concern(s) | 2 | 0 | 1 | 1 | 4 | 14% | 6 | 6% | 19% |
| TOTAL NUMBER OF REGISTRATIONS | 37 | 29 | 24 | 20 | 29 | 100% | 102 | 100% | 100% |

In summary, Comparison to Scottish Average

Dundee MORE consistently much higher for parental drug use, and also for domestic abuse, alcohol abuse and parental mental health.

Dundee LESS: consistently lower for engagement, emotional abuse, and neglect

Questions raised by the data

How does the concerns profile at registration compare with the concerns profile at earlier stages of the child protection process (e.g. IRD)? We cannot easily compile data on concerns at IRD stage; however, given the age differentiation described above, the main concerns for unborn babies and children aged under 4 remain domestic abuse, parental mental health, and parental substance misuse (drugs and alcohol); concerns for older children, such as risk of sexual exploitation, are less visible on the register as the young people can often be better supported without registration.

What factors explain any change(s) in the concerns profile? For example, genuine emergent concerns, training on specific concern(s) leading to increased identification, changes in how concerns are recorded, or impact of a recent Learning Review?

How do the concerns interact with wider Public Protection (e.g. Adult Support and Protection) concerns? The Protecting People Team commented very positively on the new concern categories, and would welcome further cross-referencing and more detailed analysis regarding both parents and older young people.

To what extent are parental concerns (e.g. domestic abuse; parental drug or alcohol use) shared with other Public Protection groupings to inform wider service planning? As above, further cross-working across Protecting People would be welcome.

The number of Child Protection Orders (CPOs) remains relatively high at 36 but again is the same as 2019-20 and lower than the height of the pandemic in 2020-21 (44). Regular updates are provided to the CPC on the number of CPOs and quality assurance activity has confirmed that they have all been a proportionate response to the nature and level of immediate risk. Whilst also emphasising the importance of continuing to work with partners to strengthen preventative support.

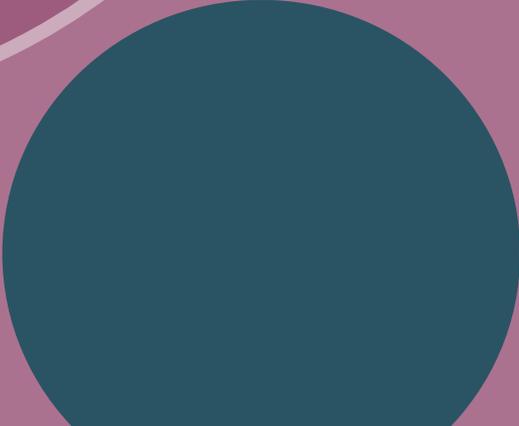
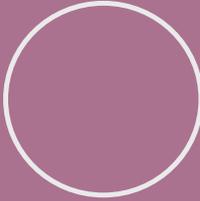
The number of children experiencing care at home or away from home has reduced from around 480 in 2020 and 2021 to 435 in 2022. This corresponds with the development of wider preventative support developed in partnership with other services, including the Third Sector. However, it is also subject to several nuances within this cohort of care experienced children and young people, such as the number at home with parents reducing; the numbers in kinship care increasing; and limited changes to the numbers in internal and external foster care.

School Attendance for care experienced pupils has also returned to pre-pandemic levels with 87.7% attendance in 2021-22 and 87.6% in 2018-19 (academic years). Compared to the average of all pupils (88.8%) the gap has narrowed. For children and young people in foster care attendance is on average better than for their peers. Going forwards, the service is focused on further improvements as a key priority, with a recent Zero-based Design project leading to the implementation of 10 further improvement actions.

There are currently 144 young people receiving aftercare support from the Throughcare and Aftercare Team (very close to last year's 148), including 28 in Continuing Care. This equates to 79% of all young people eligible (young people are under no obligation to continue receiving support from the team) and compares well to the national rate of 67%.



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...who!



5. Outcomes, Achievements and Service Improvements



Joint inspection of services for children and young people at risk of harm

The Council's Children and Families Social Work service was one of the core agencies praised by Inspectors in their recent "Joint Inspection of Services for Children at Risk of Harm", which was published in January 2022. The Inspectors reviewed 60 files relating to vulnerable children, all of whom had been supported by Children's Social Work teams. In addition, they also undertook various scrutiny activities, including staff focus groups, staff surveys, consideration of our supporting quality assurance evidence and interviews with Chief Officers. Much of the supporting evidence was provided by Social Work and other Council staff.

The overall finding of the Joint Inspection related to the impact of support and concluded that services were "Good", meaning that strengths clearly outweigh areas for improvement. In their conclusions they noted the strong culture of collaborative working throughout Dundee, with partners demonstrating that they can work together to make improvements to services. They also noted the commitment of staff and senior leaders to improve supports for children, young people and their families. Levels of support were seen to be consistent before and during the pandemic and relationships between families and staff were seen as overwhelmingly positive.

The inspection team also commented on significant investment in Children’s Social Work improvement activity and concluded that capacity for further improvement was good. They identified four areas for improvement in support for older young people at risk of harm; accessibility of supports for children and young people with mental and emotional wellbeing needs; participation of children, young people, parents and carers in child protection processes and service planning; and measurement of outcomes and impacts. As a key member of the CPC, the service is progressing these in partnership with others.

Quality assurance – Transforming Public Protection Audits (TPP)

The TPP audits, which focus on the quality of chronologies, assessments, plans and support, have now been completed over several cycles and are fully embedded as normal practice. The audits are undertaken by pairs of managers in the service focussing on key areas of practice and development to ensure appropriate service provision. Reports are completed on a quarterly basis highlighting themes and trends across these key areas.

It was reassuring to note that the strengths and areas for improvement identified in these internal audits were consistent with those of the Joint Inspection team. Considerable progress has been made in the quality of assessments and the workforce reported that they felt confident in this area. Whilst chronologies and plans were also improving, there was a shared recognition that they could improve further alongside an acknowledgement that systems are now in place to make progress here as well.

Review of adolescent service

The Joint Inspection similarly reinforced concerns identified through internal self-evaluation and the findings of Initial and Significant Case Reviews in relation to older young people aged 13-17 years. Whilst a number of improvement actions were already being progressed, it cemented a partnership commitment to review multi-agency support. The Children’s Social Work service has therefore since coordinated a collaborative review of approaches, which has highlighted a requirement to:

- reduce the number of case handover points
- maximise available resources within and between services
- target services to a high priority group of vulnerable young people
- develop consistent multi-agency approaches towards thresholds and proportionate support
- continue to develop highly skilled workforce, using a co-located/integrated model as far as possible
- promote improved outcomes for young people and young adults including employability

Proposals to deliver adolescent services within the context of an “integrated young people’s service”, with a core remit of “Young People at Risk of Harm” aged 14-21 years are being progressed through relevant channels with oversight from both the Children and Young People Executive Board and the CPC.

Adolescent multi-agency senior manager oversight meeting

As a more immediate measure in response to ICR/SCR findings and the areas for improvement confirmed in the Joint Inspection, Children’s Social Work has coordinated high-level meetings on

the 'critical few' young people considered by partners to present high risks of significant harm to themselves and/or others. This work has been particularly important in the post-pandemic period and includes a focus on young people in or at risk of entering secure care. It has proved to be extremely effective in the risk assessment and care planning of some of our most vulnerable young people.

Domestic abuse test of change

As over 50% of children on the Child Protection Register have experienced domestic abuse, the service is piloting a domestic abuse test of change. This involves a dedicated Team Manager appointed to lead on workforce capacity building in the field of Domestic Abuse, in order to enhance the service's ability to respond effectively to both perpetrators and victims. The post has initially focused on consistent cascading of the Safe and Together model, specialist risk assessment training, improvement to multi-agency risk management processes and full alignment with wider perpetrator programmes and victim support initiatives being progressed across the city.

Prevent multi-agency panel (PMAP)

PMAP is underpinned by UK legislation, the Counter Terrorism and Security Act 2015, in particular and other elements of legislation have a significant impact on PMAP delivery. The first Scottish PMAP duty guidance was published in February 2021 and sets out a comprehensive framework for PMAP delivery. In Dundee we have developed systems and processes to ensure we are well positioned to respond as and when required.

Development of a kinship care team

A dedicated team has been established to provide targeted support to kinship carers. These include not only carers for the 105 children looked after but also those carers with whom an additional 300 children are living with but are no longer on statutory orders or require direct social work support. Research shows that children who are unable to remain with their birth parents, benefit greatly when cared for by a family member or a close family friend.

This team therefore has a clear focus on all aspects of care-planning related to carers and children's journeys, including assessment; preparation; training; and ongoing support. This team are working in partnership with TCA Kith n Kin Kinship family service through a co-location model and with a focus on enhancing and developing the role of a Kinship Hub. There is a particular focus on separation, loss and other forms of trauma across the extended family, including the impact of substance use.

Children with disabilities

The conversion of Gillburn House from a short-break facility accessed by around 17 families progressed well, with the house presently caring for four young people who were at risk of or returned from external residential care. Whilst alternative short-breaks were disrupted during the pandemic, which had a particular impact of children with disabilities due to their increased vulnerability, home based support was provided and community-based support for around 140 families has now also resumed. For children with a disability at risk of harm, a dedicated team coordinates support.

⁷ Safe and Together is a model approach to domestic abuse and child welfare/protection. The key principles include keeping the child safe and together with the non-abusing parent, partnering with the non-abusing parent and holding perpetrators to account.

Secure care

Six young people required support in secure care during the reporting period which is the same as 2020/21. We have undertaken an internal audit of all secure care cases in order to apply best practice and Tayside Regional Improvement Collaborative (TRIC) partners are presently finalising a self-evaluation against the new national Secure Care Standards. These have been developed with the close involvement of young people with experience of secure care and place emphasis on the importance of pro-active engagement with at risk young people, including proper notification and explanation of these highly intrusive decisions.

Going forwards, other activity in relation to secure care involves participation in a national Care Inspectorate Thematic Review of the secure care pathway. We have submitted details of seven young people for possible deeper dive by inspectors, with five of these having been in secure care at some point between March and July 2022 and two where secure care had been considered. The inspection will last for a year into summer 2023 and the findings will inform further developments both nationally and locally.

Permanent alternative care and adoption

In respect of care experienced children and young people who cannot return to their birth parents/carers and require permanent alternative care or adoption, there was an increase from 14 to 22 new Permanence Orders in 2021-22, 10 of which included authority to adopt. This is again a return to pre-pandemic levels and is associated with the Children's Hearings returning to normal business and able to make decisions on more cases. In total, 110 children and young people were on Permanence Orders on 31st March 2021. It represents 27% of all care experienced children and young people.

Permanence and care excellence (PACE)

To promote appropriate and timely decision making in relation to care experienced children and young people, the PACE project continues into the fourth year with the focus of 2022-23 being the improvement of timescales for obtaining Court Orders to secure children in their permanent homes. The timescales for undertaking rehabilitation assessments has been maintained at over 80% meeting timescales despite the pandemic. The project has now been extended to children who are placed in kinship care with improvement work being undertaken alongside the development of the new Kinship Care Team

Unaccompanied Asylum Seeking Children/Ukraine response

In response to the National Transfer Scheme (NTS), a working group involving key partners from the Council, NHS Tayside, Further and Higher Education and the Third Sector was established to plan and coordinate a local approach. Building on the experience gained through the resettlement and integration of foreign nationals arriving in the city through different processes, the group is now well established and has extended its remit to include oversight of the response to the conflict in Ukraine.

In this context, Dundee was well positioned to take the first slot on the new NTS rota in October 2021. Since then, we have welcomed six young people through the scheme and accommodated another two young people over and above our requirement in order to assist other local authorities. We have also supported another young person who arrived through the spontaneous arrival route.

As all the young people are classed as looked after, they are allocated a case responsible Social Worker to coordinate their assessment and support. As this represents a significant additional requirement, a dedicated Social Worker and Support Worker model is currently being progressed to support individual young people and continue to strengthen the Council response to UASC overall.

Regarding our wider humanitarian support activities based around our temporary hotel accommodation for families, we are cognisant of the need to support and protect all children and young people, including those who are accompanied. If additional need is identified, staff will follow established processes. We are also developing opportunities for these children and young people, with a member of staff dedicating time to developing a programme of activities which reflect their needs.

The service has also worked in partnership with colleagues from the HSCP to develop a protocol which outlines arrangements for host families receiving Ukrainian children, young people and parents/carers into their homes. There is also a requirement for a home visit to any prospective host family to ensure the accommodation is suitable and an Enhanced Disclosure screening process for host families. A protocol has been put in place to follow up any concerns or issues arising out of this assessment process.

Following their arrival, to ensure that prospective host families can provide a safe and supportive home for refugees, the service is providing further assistance, including access to appropriate services. Equally, support is available to intervene in the event of any concerns which arise once the refugee has been placed with the host family.

Case review developments

Over the time period covered by this report Dundee CPC published a Significant Case Review relating to the death of Young Person K. The executive summary of this can be found [here](#). The learning from this review has informed single and multiagency improvement activity summarised in the report. Monitoring of this activity has continued to be provided to the CPC by way of the Case Review Oversight Group.

In addition, during the period covered by this report a further two cases were considered for review. Although these did not progress to a Learning Review a number of recommendations were made.

During 2021/22 the CPC's Case Review Oversight Group has continued to collectively manage the development of findings and recommendations from learning reviews to agree improvement actions and oversees implementation and evidence of impact. This includes matters relating to the distribution of learning to the workforce and other stakeholders. An integrated learning tracker format has been finalised and has been implemented from 1 April 2022 onwards. The Sub-group has also completed work to identify key themes from historic reviews (those undertaken from 2019/20 through to the end of 2021/22): quality of assessment and planning (12 findings), information sharing (9 findings), adverse experiences and trauma-informed responses (previously hostile and non-engaging families) (7 findings), Responses to young people (16+) (6 findings), lack of professional curiosity (5 findings). The next steps are to support partners to evidence improvement activity undertaken and the impact this has had.

We have also continued joint work with partners across Tayside throughout 2021/22 to review our approach to case reviews (including single and multi-agency approaches); this has focused on local processes as well as opportunities for joint working. In response to the publication of revised national guidance for child protection learning reviews Angus and Dundee partnered to procure additional resource to revise local protocols, procedures and supporting documentation and to develop a business case in relation to potential future areas of collaboration in the implementation of reviews. The revised local documents are now being shared with local stakeholders for further refinement before being ratified through local Chief Officer Groups.

NHS Tayside Child Protection Team

Over the past year, NHS Tayside's Child Protection (CP) Service continued to build on new ways of working and adapting service delivery to support the CP work of NHS staff and multi-agency partners. While as a service we remained vigilant in response to the COVID-19 pandemic and recovery phases, we also focused on improving CP practice through a culture of learning and self-evaluation. Core CP activities over the past year included: CP training and supervision; manning the CP Advice Line; supporting the Dundee Multi-Agency

Screening Hub (MASH) and coordinating and supporting the health contribution to multi-agency Inter-Agency Referral Discussions (IRDs).

Child Protection Learning and Development

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

Face to face training from March 2020 onwards was suspended due to the COVID-19 situation. Level 1 training remained available to staff via an online module, while Levels 2 and 3 training continued to be delivered via Microsoft Teams in line with COVID-19 restrictions.

Over the past year, the following training was developed:

- A refreshed online module for mandatory Level 1 CP training was launched.
- In response to the COVID-19 situation, a Level 3 CP training resource was developed for staff to undertake training during 2020/21.
- In response to ICR/SCR findings, a new Level 3 module was developed on Chronologies: Supporting Assessment, Decision Making and Planning in Child Protection, which commenced in November 2020.

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

Child Protection Supervision

CP case supervision remained a priority for NHS Tayside over the past year; all eligible Health Visitors and Family Nurses were offered a minimum of four CP supervision sessions per annum. In response to COVID-19, 1:1 supervision was delivered via telephone rather than face to face. Services in receipt of group supervision were advised to contact the CP Advice Line for support.

Child Protection Advice Line

NHS Tayside's CP Advice Line is available to all NHS Tayside staff and was manned by Nurse Advisors/Advisors Child Protection (NACP/ACPs), Monday to Friday from 09:00 to 16:30 hours (except public holidays) over the past year. A wide range of services contacted the Advice Line for CP advice and support; the most frequent contacts were with Health Visiting, Mental Health Services, Child and Adolescent Mental Health Services (CAMHS) and Maternity Services. Key themes of calls during 2020/21 related to mental health, domestic abuse, information sharing, substance use, neglect and physical abuse.

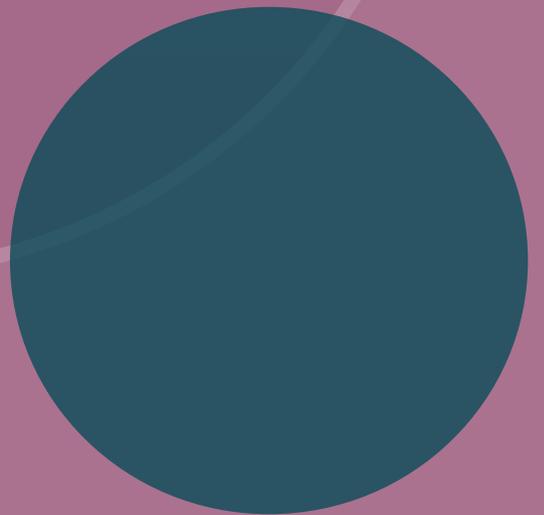
Dundee Multi-Agency Screening Hub (MASH)

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

Inter-Agency Referral Discussions (IRDs)

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

If not
you?
...who!



7. The Way Forward

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

Inputs

- Activity of partners within:
 - Dundee Child Protection Committee; and associated sub groups
 - Transforming Public Protection Programme
 - Tayside Regional Improvement Collaborative
 - GIRFEC delivery group;
 - Chief Officers Group (Care and Protection)
 - Dundee ADP, VAWP and ASPC
 - Our Promise Partnership
 - The Alliance
- Multi-agency funding
- Staff (Lead Officers and wider Protecting People Team)
- Intelligence/research base
- Legal / policy context

Sub groups

- Trauma Steering Group
- CPC Case Review Group
- CPC Quality Assurance Group
- CPC CYP Involvement Group
- CPC Data/Scrutiny Group
- CPC/VAWP CYPEDA working group
- ADP CYP working group

Outputs

- Strategic Leadership
- Strategic Planning and Improvement
- Delivery of Key Processes

A clear vision, commitment and direction provided by leaders is communicated regularly and effectively to a range of stakeholders

Increased Public Awareness of child protection and Community

Robust business processes in place to support the committee in scrutiny of key processes including QA, self evaluation, learning reviews and audits on both a single and multi-agency basis

A consistent understanding and approach to the use of improvement methodology is established for the committee

Local implementation of national CP guidance

Development of guidance, policies, tools, resources and learning and development opportunities

Meaningful involvement of young people in operational services, strategic planning and quality assurance is in place

Delivery and improvement of **key processes**

Year 1 Actions

Induction resource developed for CPC members

Develop workforce communication strategy

Development session/Input to committee on use of improvement methodology

Public communication strategy developed

Develop reporting schedule for CPC sub groups including Q&A, learning reviews and identified risks

Refined and develop dataset indicators including contribution from all partner agencies and with a focus on outcomes for young people

Update existing Protecting People Q&A Framework

Agree and implement revised local procedures for conducting learning reviews and implement learning review tracker

Complete retrospective review of findings and improvement actions / impact from learning reviews held since 2020/21

Review of partnership services for young people and Multi-agency senior operational management oversight group for high-risk, complex cases in place

Joint infrastructure and working groups under the CPC, ADP and VAWP developed to improve responses to CYP affected by parental substance use and domestic abuse

Tayside

- Tayside Regional Improvement Collaborative
- Tayside Plan for Children, Young People and Families
- Living Life Well
- CAMHS Continuous Improvement Plan
- Parenting Strategy
- Child Healthy Weight Strategy

Year 2/3 Actions

New indicators are developed that focus on interventions and impacts

Full implementation of national CP guidance

Approaches to workforce engagement that support dissemination of findings and identification of improvement actions are in place

Meaningful involvement of young people in operational services, strategic planning and improvement activities and quality assurance processes

Further enhanced use of follow-up in-depth data analysis to explore in greater detail exceptions / risks highlighted through the core dataset.

Transforming Public Protection Programme

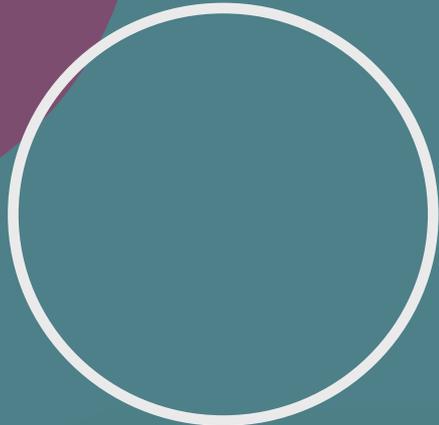
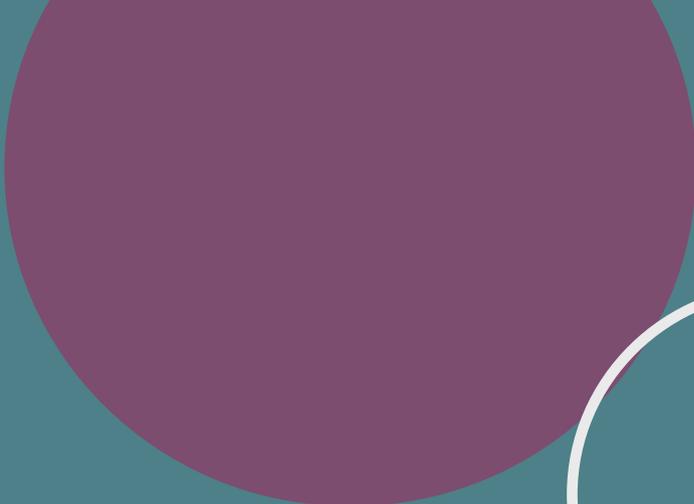
- Specific focus on needs of young people in ongoing review of multi-agency screening processes across protecting people functions.
- Develop a partnership wide approach to the lead professional model for young people and adults.
- Develop a strategic framework and supporting resources /infrastructure to support the involvement of people with lived experience across the protecting people strategic and governance structure.
- Develop a strategic framework for the commissioning and provision of advocacy services to people at risk of harm (all ages), including planned work by Children and Families Service within Dundee City Council to review core, commissioned and non-commissioned advocacy provision.
- Enhance workforce understanding of independent advocacy provision through learning and development activities.
- Strengthening of quality assurance and improvement functions through revised Protecting People Strategic and Governance structure, including enhanced capacity within structures for triangulation of themes from data and quality assurance.
- Review of governance arrangements for Public Protection

Inspection Improvement Areas

- Inspection Improvement Areas
- Approaches to recognising and responding to concerns about risk of harm and providing support to young people were not as effective as those for younger children.
- Resources to support children and young people with mental health or emotional wellbeing issues were limited and staff were not confident that children's mental health needs were being fully met
- Children and young people at risk of harm and their parents or carers were not consistently being supported to participate in protective processes. Opportunities for children and young people at risk of harm to share their views and influence policy, planning and service deliver were limited.
- The partnership did not yet have in place arrangements for the joint and systematic review of outcomes data in order to evidence the difference it was making to the lives of children at risk of harm and their families.

Risk Register

- Operational business continuity is impacted (Covid and non-Covid related impacts)
- Adequate training and development opportunities/policies and procedures relating to CP are impacted
- CPC facing challenges in effectively planning and responding to CYP and parent's needs due to the unknown long term impact (trauma) of Covid-19 lockdown on CYP and parents/carers Impact of Poverty (actual and digital) on children and vulnerable families



If not
you?
...who!



What I
need!
from you!

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