



Community Services
Director: Douglas Hendry

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25th May 2006

Dear Mr Peacock, Ms Jamieson, Mr Kerr

Child Protection

We are writing in response to your letter of 22/03/06, and subsequent letter of 4/5/06 from Colin McLean within which you asked us to consider two main areas of activity in relation to child protection. The first concerns implementation of the guidance in relation to child protection committees. The second relates to issues concerning substance misuse.

In relation to the first area we are able to confirm that the guidance relating to Child Protection Committees in 2005 has been implemented within Argyll and Bute. We have established the Chief Officer Group and revised the constitution of the Child Protection Committee to reflect the key changes. We have drawn up a business plan, which will oversee key areas of child protection activity, and staff in all our agencies have been working hard to ensure its implementation.

We have enclosed a copy of the Annual Report and Business Plan, and the interim review of this. Also enclosed are our inter-agency training strategy, our vision statement and our information sharing statement. Work to complete the targets within the business plan is continuing and a full year review is planned for late October this year.

In terms of the impact of these changes feedback from both our training programme and local area fora indicate that the implementation of the guidance has been very helpful in both raising the profile of child protection and a range of issues for us to address in taking this area of practice forward, as well as supporting joint working.

We turn now to the second area addressed within your letter requesting assurance regarding substance misuse and child protection. As noted within 'Getting Our Priorities Right' (GOPR) there are between 40,000 and 60,000 children across Scotland affected by substance misuse and 80,000 to 100,000 children affected by alcohol misuse. This is reflected in activity with Argyll and Bute where of the 68 children on the Child Protection Register 27 are affected by parental drug and/or alcohol misuse.

There have been a number of initiatives undertaken by agencies within Argyll and Bute to address this issue including a full day training event held on 9/3/05 which considered the implications of GOPR and draft protocols in response to this. As a result we have introduced a single shared assessment for use by all statutory and non-statutory specialist substance misuse agencies. This document reflects the assessment process outlined in GOPR in

a single shared assessment for use by all statutory and non-statutory specialist substance misuse agencies. This document reflects the assessment process outlined in GOPR in respect of assisting workers identifying children who may be adversely affected by parental substance misuse. Training has been given to all substance misuse agencies on utilising this document and this has emphasised the principles contained within GOPR. A quality assurance auditing process has been built into the use of this form involving health and social work staff.

Early identification of problems is critical and we are developing the Special Needs in Pregnancy Service (SNIPs) with all midwives in Argyll and Bute being trained and linked into the specialist network of SNIPs providers. Where potential problems are identified during pregnancy interagency liaison will take place to ensure that appropriate plans for the baby are developed.

Implementation of Hall 4 guidance within Argyll and Bute has led to the establishment of three programmes of Health Visitor input to families – i.e. core, additional and intensive. In families where children may be affected by drug misuse the family will receive either additional or intensive support, and will have a health plan derived accordingly. Through regular casework supervision health visitors are taught to identify the appropriateness and effectiveness of their work with such vulnerable families.

These services are supported by addiction nurses operating across Argyll and Bute who are trained in child protection and who work closely with colleagues in the statutory and voluntary sector. There is also close working between primary care and hospital services and nurses working in A&E / Casualty Departments receive regular training and supervision in child protection.

In addition there is a strong emphasis on substance misuse issues within our interagency child protection training programme, which considers in particular the role and remit of professionals involved in this area of practice.

A practitioners guide has been developed which builds on these processes and this has recently been endorsed by the Argyll and Bute Child Protection Committee and will be distributed to all staff working in this area. A copy of this is attached.

These systems are designed to be complementary to generic child protection procedures to allow those children where the risk of serious impact is high to have their needs addressed from this perspective.

Issues in respect of information sharing and confidentiality were highlighted within GOPR and to assist all those working in this area we have published a clear statement with regard to this (copy attached). This is designed to provide easily accessible information to staff who may be looking for guidance in this area.

GOPR also identified the importance of good joint working and integrated children's service planning if the needs of families are to be met. Within Argyll and Bute we have a well established integrated planning process for children's services both at a locality and authority wide level and through our FUSIONS (Fuller Services in our Neighbourhoods and Schools) initiative we are enhancing our early intervention and family support services to complement specialist targeted intervention. Partnership with the voluntary sector is a key feature within Argyll and Bute and our voluntary sector partners play a central role in drug and alcohol services working at a local level alongside staff from the statutory sector.

A self evaluation/quality assurance protocol for child protection services has been developed by the Argyll and Bute Child protection Committee and this was endorsed at a committee

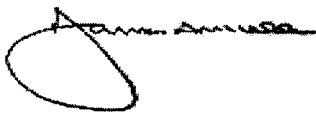
meeting in February this year. A copy of this is attached. As we are sure you appreciate, quality assurance is not simply an auditing process and to be successful a multi-faceted approach such as that laid out within the protocol is required. The progress of this protocol will be subject to regular review as part of the Child Protection Committee annual report and planning process.

The last point for consideration within your letter relates to opportunities for joint working with neighbouring authorities. Partnership working remains a key element of child protection activity within Argyll and Bute and between Argyll and Bute and its neighbours. Recent examples of this are the joint commissioning of training events in relation to internet offending and effective record keeping. In addition we have organised 'Children at the Centre' training for staff from Argyll and Bute and neighbouring authorities earlier this year which specifically addressed issues highlighted in the O'Brien report. The issue of joint working is one which we would be happy to explore further particularly in light of the new arrangement with NHS Highland.

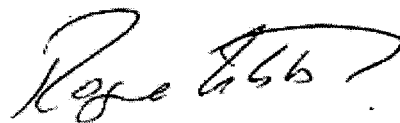
As we noted in our previous response to you in 2004 child protection is a very complex area of work which requires robust and sensitive management. It has been the subject of considerable service development over the past three years. Notwithstanding these developments however it is not possible for any agency to guarantee that children will not come to harm from parents or carers who do not fulfil their responsibilities for a child in their care.

This response has been the focus of considerable discussion at local level and we would welcome an early indication from the Executive that the information contained within the material is satisfactory.

Yours sincerely



James McLellan
Chief Executive
Argyll and Bute Council



Roger Gibbins
Chief Executive
NHS Highland



Sir William Rae QPM
Chief Constable
Strathclyde Police



Allan Macaskill
Leader of The Council
Argyll and Bute Council