

*Dumfries
& Galloway*
COUNCIL

**Dumfries and Galloway
Constabulary**



Established 1948

31st May 2006

Cathy Jamieson MSP
Minister for Justice

Peter Peacock MSP
Minister for Children and Young People

Andy Kerr MSP
Minister for Health Community Care

Dear Ministers

CHILD PROTECTION

We write in response to your letters of 22 March 2006 and 4 May 2006 in which you request a joint statement of assurance from the Chief Executive of the local authority, the Chief Executive of the NHS Board and the Chief Constable for the Child Protection Committee area.

Child Protection Committee Guidance

Since our letter of assurance in 2004, Dumfries and Galloway Child Protection Committee (CPC) has made good progress towards fulfilling the requirements of the Scottish Executive's Guidance for Child Protection Committees.

The various structural and reporting mechanisms have been implemented and work continues to develop links across community planning mechanisms and voluntary and independent sectors.

The Lead Officer to the Child Protection Committee was appointed in September 2005.

In practical terms, the CPC has established robust Sub Committee systems which take forward policies and procedures, the training and communications agenda, performance and quality mechanisms including audit and significant reviews and planning and connections with the range of bodies within and beyond the Dumfries and Galloway area.

The challenge ahead for all authorities will be to properly evaluate the effectiveness of the various joint working mechanisms through performance improvement models and quality indicator frameworks.

The Annual Report and Business Plan have been completed and endorsed by the CPC, Dumfries and Galloway Health Board, and by elected members at the Children's Services Sub Committee. These documents will be published in June 2006.

The CPC has commissioned the development of a Training and Communications Strategy from an independent consultancy and this will be due for completion in May 2006. The CPC mini-web has been created and is due to go live in June 2006. Draft texts of new public information leaflets are now agreed and will be published in the near future.

The Policy and Procedures Sub Committee continues to progress work as commissioned by the CPC in the translation of best practice into procedural frameworks.

A range of child protection statistical information is presented quarterly to the CPC. The Performance and Quality Sub Committee is working on a process which develops the information currently gathered into Management Information with a view to linkage with the Performance Improvement Framework. The introduction of the Integrated Assessment Framework will enhance and develop multi-agency information systems.

The Performance and Quality Sub Committee has been working on three levels towards self evaluation: CPC, single agency and joint working. A pilot file audit framework was tested earlier in the year within Social Work and this will be developed into an interagency tool to examine effectiveness of multi-agency working. A further audit is anticipated before the end of 2006.

The CPC inter-agency training plan was reviewed in 2005. The CPC co-ordinates this activity through the trainers group, a multi-agency group of child protection trainers. This group is in the process of development and delivery of child protection training over a 3-tier model; basic awareness, inter-agency working and specialist intervention. As in 2005, this training will be evaluated.

The CPC has commissioned an independent consultant to develop policy, procedures and an assessment framework for children and young people with problem sexual behaviours. An inter-agency training programme has been developed again on a 3-tier basis.

We continue to collaborate with other CPCs both locally and nationally through the Child Protection Committee Chairs Consortium, the Co-ordinators Group, and the National Strategic Liaison Group.

Locally, we are strengthening links with the voluntary sector, community planning mechanisms, and bodies such as ADAT and the Domestic Abuse Strategy Group.

The inter-agency connections to the CPC have been strengthened through establishment of the following posts:

- Senior Child Protection Officer – based in Education and Community Services. This post is a key link between schools, community services and the CPC
- Nurse Consultant – Child Protection
- Two Nurse advisors – Child Protection
- Child Protection Officer
- Specialist Health Visitor – Substance Misuse
- Lead Officer – Substance Misuse
- Senior Clinical Governance Project Officer (NHS)

The Integrated Assessment Framework will be piloted in September 2006 and Dumfries and Galloway is one of four pathfinder projects in respect of promoting better outcomes for children affected by Domestic Abuse.

In terms of application to practice, the guidance has brought a consolidation to systematic inter-agency working. Outcomes from this will begin to be measured by the self-evaluative process

being undertaken by the Performance and Quality Sub Committee in advance of formal inspection.

Children Affected by Drug Abuse

The problems associated with substance misuse, in terms of both drugs and alcohol, are no less challenging for rural authorities such as Dumfries and Galloway as they are for larger centres of urban populations.

Research carried out in 2004 by the Centre for Drugs Misuse Research (CDMR) found that the prevalence of misuse in the area had risen significantly between 2000 and 2003.

We note the Executive's clarification that agencies cannot be aware of every case of drugs misuse in their area and cannot ever be confident they have identified all children who might be affected.

At the outset we would wish to give an assurance to Ministers around the interpretation of Section 22 Children Scotland Act 1995, where services are provided to children with or affected by substance misuse problems, and where decisions are made by assessment of the effectiveness of interventions. We are clear that the welfare of children is the paramount consideration within this.

We recognise the tension that can exist between the right to family life as laid out in Human Rights legislation, and the need to intervene in children's lives to protect them. We are clear that the prime consideration is the best interests of the child both in the short and long term.

We wish to make a number of points in respect of substance misuse in general:

- The Getting Our Priorities Right report of 2003 goes beyond the problems of drug use and deals with the wider problem of substance misuse. This is particularly relevant to the problems with alcohol use faced by areas particularly in the West of Scotland.
- We recognise the need for a better understanding and agreement about thresholds for intervention but are clear that the degree of impact on children should be individually assessed and action taken to meet that child's individual needs.
- The 'adverse effect' on children is a judgement which is based on assessments of the effects a variety of factors including type of drug use, chaotic use, co-occurrence of problems and intensity of use. It is also influenced by the abilities, co-operation and motivation of parents and carers. The term 'adversely affected' can include a range of children who are either generally in need, or more specifically in need of protection

Section 93(4) of the Children (Scotland) Act defines a child as being in need of care and attention where:

S/he is unlikely to achieve or maintain, or have the opportunity to achieve or maintain a reasonable standard of health and development unless they are provided with services by the local authority

His/her health or development is likely significantly to be impaired, or further impaired, unless such services are so provided

Dumfries and Galloway Child Protection procedures state:

Children may be in need of protection where their basic needs are not being met in a manner appropriate to their stage of development and they will be at risk from avoidable acts of commission or omission on the part of their parent(s), carer(s), sibling(s), from other relatives, or a carer (i.e. the person(s) while not a parent who has actual custody of a child.)

Therefore, an agency must act in accordance with its individual Child Protection protocol, where information or assessment suggests that substance misuse is impairing or likely to impair a child's health or development or the child is suffering or may suffer significant harm and may be in need of protection.

However, we recognise that there is a wider group of children who may be generally in need, rather than in need of protection, due to the adverse effects of substance misuse.

In Dumfries and Galloway, there are agencies who work on a single and multi-agency basis with adults and children who misuse drugs. In terms of strategic development, Dumfries and Galloway Alcohol and Drugs Action Team (ADAT) meets quarterly and has a variety of inter-agency sub-groups including a Children and Young People sub-group.

The Integrated Substance Service is a targeted service for children which works on an inter-agency basis to provide services directly to those children who either misuse drugs themselves or who are the children of drug misusing parents. It has brought together staff from agencies in Social Work, Health, Education and the independent sector.

There is a variety of services who work with adults with drug misuse problems or with mental health problems where addictions are present. These services come under the auspices of Social Work, Health and the voluntary sector. Children and Families Social Work are in contact with children who may be affected by drug misuse and work together with other agencies through packages of support.

There are multi-agency clinics where problem drug use can be addressed at an early stage of pregnancy, assessment carried out and appropriate risk management and support services provided through liaison with Social Work services.

The early identification of children who may be affected by drug misuse will often come through universal services such as Schools, Psychological Services, Community Services, Health and Police. These sectors have in place - or are in the process of developing and implementing - agency specific Child Protection Procedures. These enable staff to identify and pass on information about children who may be significantly affected by drug misuse.

Key people have been appointed to specialist posts within Education and Community Services and Health to provide advice and guidance to staff members and practitioners where they may have a concern about a child. The multi-agency clinic for Maternity Services will commission an assessment when it is identified that problem drug use is likely to have an impact on children at birth.

The Police Family Protection Unit has developed systems by which information is passed to them from officers who identify children potentially affected by drug misuse.

The Prison Service has a policy of referral to Social Work where prisoners have drug misuse problems.

Single and inter-agency child protection training has been widely delivered across the authority area and includes broad aspects of drug misuse. Specialist modules of Tier-3 child protection training are currently under development and will include substance misuse.

General practitioners will tend to make individual judgements around referral to specialist agencies.

Overall, and although systems are in place in respect of the identification of children significantly affected by drug misuse and who may be in need of protection, it is not clear that these systems are working effectively and consistently across universal services to identify and assess those children not necessarily at significant risk but who are children in need through the adverse effects of drug misuse.

Where processes are in place, we are asking that robust quality assurance systems are established, developed and implemented.

With regard to services specifically for adults, and in particular Adult Care Social Work, Criminal Justice Social Work, Community Mental Health Teams; systems exist through Child Protection Procedures to identify children who may be significantly affected by drug abuse and who may be in need of protection. Again however, it is not clear that those children who may be in need through the adverse effects of drug misuse are being identified and assessed. These systems need to be consolidated under an inter-agency assessment protocol and the area of quality assurance further explored and developed.

Services to adults with drug misuse problems have in place systems whereby the impact on children of drug using parents is monitored. Again, these systems need to be consolidated under an inter-agency protocol and the area of quality assurance further explored and developed.

Where children are referred to specific services for children and young people with substance misuse problems, there are clear processes of assessment, care planning, service delivery and review. Children who have been referred to such agencies are assessed and action plans produced.

Within Children and Families Social Work, children who are Looked After or placed on the Child Protection Register will have their needs assessed, care plans produced and progress reviewed. Again however, it is not clear that those children who may be in wider need through the adverse effects of drug misuse are being identified and assessed.

As previously, quality assurance mechanisms need to be reviewed and strengthened in line with the need to assess effectiveness for children.

One of the key barriers to working effectively with children affected by drug misuse is the resource implication of the increased identification, assessment and service delivery to those children.

In addition, resources are required in the development of information and quality assurance systems, and to implement training and awareness raising programmes.

It is also important that resources are allocated according to the needs of specific, for example rural, areas and that strategic funding streams are linked up by funding bodies.

Overall, therefore we are confident that the new guidance for Child Protection Committees has been implemented, or is in the process of implementation, and that the functions of the CPC can be effectively carried out.

We can therefore give an assurance that the mechanisms are in place, or are being developed and progressed, to ensure that the functions of the CPC can be adequately carried out.

Whilst systems exist across agencies in Dumfries and Galloway to identify, help and protect children who are significantly affected by drug misuse, and to assess and deliver services where it is required for those children, we are unable at present to assure ministers that they are working consistently and effectively with children in need.

Where children are receiving specific targeted services, systems are in place for the assessment of these children and for planning and implementation of services to meet children's needs. However, we are unable at present to give assurances to ministers that robust quality assurance mechanisms exist to ensure these systems are effective.

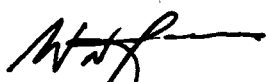
Overall, the systems, procedures and training across all agencies need to be underpinned by inter agency working protocols. In view of this, we intend to review current systems and to take all reasonable steps to progress full implementation of Getting Our Priorities Right, and take into account the recently published Hidden Harm – Next Steps. We therefore propose the following action:

A Child Protection Substance Misuse Steering Group has been established and will commission the services of a nationally accredited provider and in conjunction with the ADAT, will carry out the following:

- review existing systems of identification, planning and delivery of services
- review existing protocols
- review and, where necessary develop, quality assurance systems
- produce written protocols around Getting Our Priorities Right and Hidden Harm – Next Steps
- devise an implementation plan and local inter-agency training strategy
- strengthen links between CPC and the mechanisms of ADAT

It is the intention of the Dumfries and Galloway Child Protection Committee to take all reasonable steps towards fulfilling the implications of the three Ministers' requests for assurances and of a joined up response to the problem.

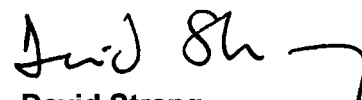
Yours sincerely



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