

JUNE 2006

JOINT STATEMENT OF ASSURANCE ON CHILD PROTECTION IN SHETLAND

This statement follows up the Joint Statement of Assurance delivered in 2004 and addresses the issues requested in the Ministers' letter of 22 March 2006 as clarified by Colin MacLean's letter of 4 May 2005.

Statement of Assurance follow-up

Following the previous Statement of Assurance, Chief Executives met with Ross Drummond, professional advisor and link member for Shetland of the Scottish Executive Child Protection Reform team.

At that meeting, Mr Drummond confirmed that the points that needed further explanation and clarification as set out in his letter of 27th January 2005 were covered in the briefing provided to him, and the Chief Executives were satisfied that progress of Shetland's Child Protection Committee is satisfactory in the light of Mr Drummond's response.

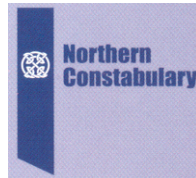
We would like to take this opportunity to comment on progress on the specific areas we identified as requiring development in our earlier statement.

- We have secured the services of an experienced Director of Social Work to oversee the integrated children's services agenda. Recruitment to Children and Families social work posts continues to be a challenge, as elsewhere in Scotland.
- The redesign of medical input to children's services has been completed and we now have in post a GP with Special Interest in Child Health who works closely with the visiting paediatric service and links into the Regional Network.

Shetland is also participating in the response to the consultation on 'Delivering a Healthy Future: An Action Framework for Children and Young People's Health in Scotland', specifically regarding the models for services in remote rural areas.

We confirm that we have implemented the new guidance for Child Protection Committees and agreed a new constitution for Shetland Child Protection Committee (CPC) to reflect this.

We enclose CPC's Annual Report for 2005-6 and Business Plan for 2006-7 (at Appendix 12 to that Report). You will see that CPC's work programme is now structured around the functions required of CPC's. CPC monitors its work programme at its quarterly meetings and this process has been strengthened through the creation of a standing Subcommittee on Quality Assurance, which also meets regularly. Progress on CPC's work programme is reported to us through the Community Planning Board, and its Annual Report reflects the recent guidance and is structured around the required functions.



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Links between CPC and other structures have been formalised within the Constitution (Appendix 2 to the Annual Report). For example, there is cross-membership with a number of other groups and planning structures. These include Shetland's Integrated Children and Young People's Services Planning Group (ICYPSPG) and the Community Safety Partnership, with the Chair of CPC sitting on both in that capacity, and Shetland Alcohol and Drugs Action Team (SADAT). Links are maintained in practice by including reports from those with cross-membership of other groups on CPC agendas.

These factors enable us to report that as Chief Officers we have confidence that the appropriate mechanisms are in place to enable the functions now required of CPCs to be carried out, and the means of ensuring that they are.

The above information provides some examples of the way the guidance is applied in practice. With regard to Quality Assurance work in particular, we undertook a local inter-agency child protection audit, which was carried out by independent auditors and included access to health records, by local agreement. The findings were widely disseminated, were presented to the appropriate committees of NHS Shetland and Shetland Islands Council, and inform CPC's Business Plan for 2006-7.

As a response to the audit we are appointing a Children's Services Improvement Officer to ensure consistency and independence in developing our work around child protection.

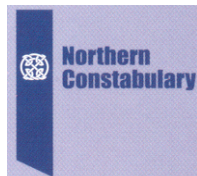
We are also continuing to build on other strengths identified last time. For example:

- Our local inter-agency training strategy continues and has been further developed, linking it with work on the national training framework.
- We are developing further work on standardised management information, reported regularly to CPC.
- The fact that teams working with adults often also deliver services to children and young people helps promote awareness of children's needs, and training on child protection issues is extended to those working with adults.

We look forward to more effective sharing of information through electronic data-sharing, which will be taken forward through our local Data Sharing Partnership.

Children and Young People affected by Substance Misuse

We welcome the raising of the issue of drug misuse in families but feel it would be best taken forward in the wider context of community safety. We feel the issue is broader than may be understood in terms of the Ministers' letter. We assure Ministers that we are mindful of these issues and are addressing them in joint working through SADAT. We have agreed to the



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relevant Children and Families Social Work Manager becoming a member of SADAT and this will further strengthen the links between SADAT, CPC and the ICYPSPG.

With regard to the specific points raised:

1. Systems

Work to develop an effective inter-agency protocol with the multi-disciplinary Community Drugs team is under way and will be completed in the immediate future. In the meantime there is a robust drugs service in Shetland, and both drug and alcohol services in Shetland have in place policies and practices that enable child protection referrals to be made where necessary, and thus link with the Shetland inter-agency Child Protection Procedures.

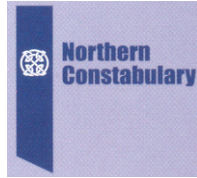
Staff at drug and alcohol services have participated in the multi-agency training delivered by the CPC, and in practice there is joint working with particular families between the Community Drugs Team and the Social Work service. Family Support Workers had previously been funded through the Changing Children's Service Fund, but these posts have now been mainstreamed.

The local Drugs Action team was involved with the inter-disciplinary child protection audit referred to above, and the subsequent dissemination of its findings, and substance misuse service staff are regularly included in multi-agency events that promote good inter-agency working, for example the work done locally to disseminate the Charter and Framework for Standards.

Risks associated with drug use are closely monitored eg the local shared-care service does include a methadone prescribing service that is based on fully monitored administration.

The development of the protocol referred to above will help give us further assurance that all children known to agencies are appropriately referred. All the work done as part of the quality assurance strand of CPC's work will help us monitor the effectiveness of the structures we have in place.

We are also mindful that not all cases where children are affected by substance misuse will be known to services. Work continues to be undertaken to promote community awareness of child welfare issues, and source of referral statistics are monitored to assess effectiveness. CPC's current work programme includes engagement with children and young people to develop new ways of promoting awareness of their rights under the Charter, and how to access help, among children and young people themselves.



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2. Assessments and individual Plans

For those children who are identified as being potentially in need as a result of parental substance misuse assessments are carried out and services provided.

Cases are reviewed on a regular basis and plans updated as necessary. Annual reports from the Looked After review Chair are submitted to ICYPSPG to advise on future service development. The creation of the new post of Children’s Services Improvement Officer will enhance the scrutiny of the planning process.

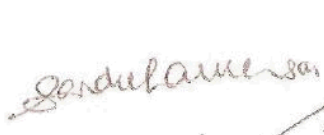
The ICYPSPG is developing the Integrated Assessment Framework, which will be rolled out with an extensive training programme and this will take account of substance misuse issues.

Working with other areas, and potential barriers


You invite us to consider what benefits might accrue from working with other local authorities. The practicalities of geography make this unlikely to be practicable for Shetland. However, we do cooperate closely with neighbouring areas, for example with regard to training events. There is also close liaison with neighbouring police areas through the Northern Constabulary, and the health system is part of the wider Regional Network.

We are also invited to consider potential barriers to effective working. We welcome the policies being developed as part of Hidden Harm, but feel we have been able to overcome many of the perceived difficulties through multi-agency training. From a Shetland point of view we know that more children will be affected by alcohol misuse than by drug misuse and it would be helpful for national policy to address this.

We did find it helpful to have a professional advisory team within the Scottish Executive bringing their experience of operational services. It is most helpful when national policy initiatives are coordinated.


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