

**Tim Huntingford**

Chief Executive

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Our Ref: TH/CM

Date: 31 May 2006

Peter Peacock MSP Minister for Children and Young People,  
Cathy Jamieson MSP, Minister for Justice,  
Andy Kerr MSP, Minister for Health and Community Care,  
Scottish Executive  
Victoria Quay  
EDINBURGH  
EH6 6QQ

Dear Mr Peacock/Ms. Jamieson/Mr. Kerr

### **Child Protection**

We write in response to your letter of 22<sup>nd</sup> March 2006 seeking an update on work undertaken in relation to child protection in our area since our previous reply to you in May 2004 and, further, seeking assurances about action being taken to protect children who are affected by drug abuse.

You may be assured that we take our responsibilities in relation to these issues, both individually and collectively, very seriously. West Dunbartonshire's Child Protection Committee has found the guidance which was issued on the role and functions of Child Protection Committees to be constructive and useful. We have been fortunate over a number of years in having a very active and well attended committee with consistent membership and a positive and collaborative ethos. The committee has been able to build on this through the use of the guidelines, establishing the Chief Officer's group; writing the annual report and business plan in line with the guidance; reviewing and evaluating the work of the committee; and producing an implementation plan which tracks progress towards addressing all of the elements of the guidance.

Representation on the committee is at a senior level from all agencies as well as maintaining representation from expert practitioners. We have found that the balance of knowledge and expertise created by this inclusive approach has been positive. All relevant agencies are active on the committee and the principal agencies, health, police, education and social work, have all invested within our individual structures in training and quality assurance as well as contributing to inter-agency work.

The Committee has produced an Annual Report and Business Plan.

The Lead Officer's post has been advertised recently and is a joint appointment between West Dunbartonshire and East Dunbartonshire. We already make considerable effort to share training and good practice with neighbouring authorities as we believe there is professional benefit for workers in sharing training with a wider

group of practitioners. We see this Lead Officer joint appointment as strengthening this and offering a wider view of child protection practice than would be possible within a single small authority. It will also contribute to cost sharing and efficient use of resources.

Attendance at the Child Protection Committee by a member of the Reform Team has been welcomed and has proved useful in ensuring a good flow of information.

West Dunbartonshire is scheduled to have an inspection by the Services for Children Unit starting in December. Work has already started to gather the information required for the self evaluation and this is proving to be a useful exercise in testing the quality assurance systems which have been put in place by each of the agencies. The quality indicators in "How Well Are Our Children and Young People Protected and Their Needs Met" are making a positive contribution to this work.

At the time of the previous letter of assurance there were significant difficulties with recruitment and retention for child care social workers. These difficulties have continued, but to a lesser extent recently, and actions put in place two years ago are now coming to fruition with the return to the authority within the next few months of workers supported through their training. Some of the funds which have been used to achieve this will now be diverted into post qualifying training and in particular specialist child protection training to up-skill the workforce.

The introduction of the Community Health Partnership and the dissolution of Argyll and Clyde Health Board offer the prospect of a less complicated relationship within West Dunbartonshire where previously there were two health boards. Throughout this period of change responsibility for representation at the Child Protection Committee has remained clear and good communication has been maintained by key people with child protection responsibilities. NHS Greater Glasgow and Clyde have set up a Child Protection forum to improve staff training, policy and procedure and to provide advice to staff on Child Protection issues.

At a local level we are confident that there is good co-operation and sharing of information between agencies. Practitioners have a good degree of trust in working with colleagues from other agencies and this is supported by a clear expectation that collaboration should take place and by training across agencies.

The Child Protection Committee was involved in the production of the Integrated Children's Services Plan and is now monitoring the implementation of those elements of the plan which fall within the area of child protection along with preparing for the review of the plan. Feedback from the Scottish Executive on the Integrated Children's Services Plan was positive.

The chair of the Child Protection Committee also chairs the High Risk Offenders Forum which ensures that issues of common interest to both committees are addressed. The chair also attends the Strategic Community Safety Partnership to place the wider responsibility to protect children and young people from harm in this context.

The second question in your letter of 22<sup>nd</sup> March concerns children affected by drug abuse. This is a particular area of work which has been a high priority for us and we have robust policies and procedures in place. We have undertaken considerable work to address the concerns raised by this issue. In this area we do not confine ourselves to “drug abuse” as the problems of alcohol misuse are of at least equal concern in their impact on the adequate care of children and young people. Our procedures relate to “substance misuse” and are reviewed by the Child Protection Committee and by the Alcohol and Drug Forum.

Colin McLean’s letter of 4<sup>th</sup> May acknowledged that agencies may not be aware of every instance where substance misuse is a problem in relation to adequate parenting. Strenuous efforts are made to be alert to the potential problem, to respond appropriately when such problems are identified and to put the best interests of children first. The potential scale of this problem will be well known to ministers and the resources involved in offering proper support to families, or alternative care for children, already have a marked impact on our current expenditure.

West Dunbartonshire’s Protocols and Operational Procedures for Inter-Agency Working with Children and Families Affected by Substance Misuse (Getting Our Priorities Right) are used by all relevant agencies within West Dunbartonshire. They are endorsed and reviewed by both the Child Protection Committee and the Alcohol and Drug Forum and were launched at the opening of a new office for Alternatives, one of the local drugs projects. We believe that this sent an important message about the commitment of the addiction agencies to “Getting Our Priorities Right”.

Within the protocol each agency has given a statement of commitment. Extensive training is still being undertaken with more demand for places than was originally expected. By the end of September over 400 staff from across all relevant disciplines will have been trained in the implementation of the guidelines. Specific training on Getting Our Priorities Right is matched with the multi-agency child protection awareness training and additional sessions have been arranged to accommodate demand for this also. The Child Protection Committee has an active training programme. Specifically in relation to substance misuse, this includes:

- Multi Agency Drug Awareness
- Basic Child Protection Awareness
- Getting Our Priorities Right Local Protocol
- STRADA Training

Police colleagues have clear and unequivocal policies and procedures in place should officers uncover instances of concern for children’s welfare as a result of substance misuse whereby appropriate action is taken and referrals made to partner agencies for intervention as appropriate.

Reporting mechanisms for the impact of the Protocol go to both the review of the Integrated Children’s Services Plan and to the Corporate Action Plan for Alcohol and Drugs which includes the production, implementation and review of the Getting Our Priorities Right Protocol and Procedures as an action point.

West Dunbartonshire has a Joint Community Addiction Service bringing together nurses and social work staff in single teams able to develop comprehensive care plans. All adults receiving a service through the Joint Community Addiction Service or from a partner agency have a Single Shared Assessment completed which specifically includes two pages which explore their parenting responsibilities. This identifies the potential risks for children and all agencies are aware of their responsibility to safeguard children's welfare.

The Child Protection Procedures and the Review System for Looked After and Accommodated Children monitor the plans for those identified as being at greatest risk. There is a local commitment to young people who have problems with substance misuse themselves. West Dunbartonshire, through a combination of statutory and other funds, has established services for young people (13 – 25) with drug or alcohol problems. Work is currently underway to review service needs and further develop services for this age group accordingly. West Dunbartonshire has invested heavily in its approach to substance misuse education. Over a period of years education provision has evolved, not only to meld with the core curriculum in schools, but also to extend from pre-school through to secondary school. Our education programme goes beyond the schools to a role in youth and community work which includes a programme for parents called "Drug Proof Your Kids".

Work has been done to develop and implement improved child protection practice in addiction services with comprehensive training within health; the implications of "Hidden Harm" have improved practice with better sharing of information.

Concern about the implications of substance misuse for the proper care of children led to the creation of a number of posts, through the Changing Children's Services Fund. There are two social worker posts for "Special Needs in Pregnancy" which link into the ante-natal clinics and take up referrals of women with problems of substance misuse or mental health.

There is a senior social worker post, two social workers and two homemaker posts to work specifically with families where parenting is adversely affected by substance misuse. There is also a specialist social worker for Looked After and Accommodated Young People whose focus is on early education and preventive work in relation to substance misuse. These elements of the Changing Children's Services Plan were recently reviewed through an evaluation of the Changing Children's Services Plan expenditure and funding for all these posts has been continued.

Local efforts have included practical support to parents through funding from the Strategic Community Safety Partnership to provide the free installation of cupboard locks for clients. Specialist groups for women and enhanced addiction outreach services are in place to draw more clients into treatment, particularly from groups likely to have parental responsibilities. West Dunbartonshire Young Families Support Service has recently appointed four outreach workers based in Early Years Units to improve engagement with hard to reach families, many of whom are substance misusers. This is a good example of pooled budgets and a partnership approach to support early identification and intervention.

Work to progress implementation of an Integrated Assessment Framework for children is welcomed. At a local level, practitioners do share information but as information sharing is increasingly dependant on shared technology, this requires more investment and practical solutions to overcome interface problems.

It is well known that there is not a national system that shares information from different hospitals so that children attending Accident and Emergency Departments in different places do not register as having a pattern of attendance. West Dunbartonshire Child Protection Committee also recently raised with the Child Protection Reform Team the fact that issues of major concern (in this instance the death of a child) are not recorded in the parent's health record which means that health staff dealing with a subsequent pregnancy would have no way of knowing about potential risk. The linking up of adult and children's records is often difficult. As part of the national solution for these difficult issues the Scottish Executive could develop its contribution by considering the following action.

In relation to information sharing, the Scottish Executive should ensure all legislative and regulatory barriers that inhibit proper access to relevant health information in children and adults are removed. Best practice to safeguard children in need as well as those at risk should not depend upon goodwill or positive relationships. Professional protectiveness cannot be allowed to restrict the exchange of essential information. We are endeavouring to address this issue through our joint training programmes but it may merit further scrutiny by the Scottish Executive.

The requirements of modernised public services deserve adequate investment in e-care solutions. National and local partnership solutions need further investment by the Scottish Executive.

The concern of Ministers to identify all children and families affected by substance misuse is very understandable. What is also clear is the scale and difficulty of the task. The work commissioned by the University of Glasgow (Hay, Gannon and McKeganey) June 2005 indicates the complexity. The Scottish Executive should fund similar work to cover all Child Protection Committee areas. This would allow better assessment and management of the gap between risk and protection.

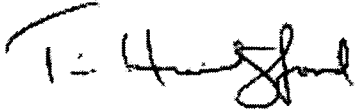
### Conclusion

All agencies across West Dunbartonshire are working together to implement Child Protection Committee guidance to safeguard all children, including those affected by substance misuse. The publication of "Hidden Harm – Next Steps" by the Scottish Executive 2006, has been welcome. We look forward to seeing the detailed plan for implementation.

It is difficult to give blanket assurances but we believe we have provided evidence of our commitment to protect children and that we are taking all reasonable action to safeguard the vulnerable children in our communities.

Please contact us if further information is required. Copies of reports and procedures mentioned can be sent if these are needed.

Yours sincerely

A handwritten signature in black ink, appearing to read 'T. Huntingford'.

Mr T. Huntingford  
**Chief Executive** - West Dunbartonshire Council

A handwritten signature in black ink, appearing to read 'Tom Divers'.

Mr Tom Divers,  
**Chief Executive** – NHS Greater Glasgow and Clyde

A handwritten signature in black ink, appearing to read 'William Rae'.

Sir William Rae QPM  
**Chief Constable** – Strathclyde Police