

ITEM No ...2.....

REPORT TO: CHILDREN AND FAMILIES SERVICES COMMITTEE – 21 FEBRUARY 2022

REPORT ON: DUNDEE CHILD PROTECTION COMMITTEE ANNUAL REPORT 2021

REPORT BY: INDEPENDENT CHAIR, DUNDEE CHILD PROTECTION COMMITTEE

REPORT NO: 51-2022

1.0 PURPOSE OF REPORT

1.1 The purpose of this report is to present to the Children and Families Services Committee the Dundee Child Protection Committee Annual Report 2021.

2.0 RECOMMENDATIONS

It is recommended that members:

2.1 Note the content of the annual report, including key achievements and challenges over the period August 2020 to July 2021 (attached as Appendix 1).

2.2 Note the progress that has been made in developing an effective partnership response to Child Protection issues in the city (section 4.5).

2.3 Note the areas for improvement identified within the annual report which will be incorporated into the Child Protection Committee's delivery plan (section 4.6).

3.0 FINANCIAL IMPLICATIONS

3.1 None.

4.0 MAIN TEXT

4.1 All agencies, professional bodies and services that deliver child and/or adult services and work with children and their families have a responsibility to recognise and actively consider potential risk of harm to a child, irrespective of whether the child is the focus of their involvement.

4.2 Child Protection Committees have overall strategic responsibility for the continuous improvement of child protection policy and practice in their local areas. There are 31 Child Protection Committees across Scotland and they consist of representatives from a range of organisations including the police, health services, local authorities, health and social care partnerships, community planning structures and relevant voluntary sector fora.

4.3 Although not a statutory requirement, most Child Protection Committees publish some form of annual report. A copy of the report for 2021 is attached as Appendix 1, covering the period from August 2020 to July 2021, when partners were supporting vulnerable children, young people and families in the very challenging context of the COVID-19 pandemic.

4.4 The annual report outlines child protection in the wider protecting people context before examining the role and membership of the Child Protection Committee. It details the key achievements over the year, as well as challenges associated with delivering improvements. The report also identified priorities for future improvement activity that will be incorporated into the Child Protection Committee's delivery plan.

4.5 Key Achievements and Progress with Recommendations from the 2020 Annual Report

4.5.1 In 2020, the Dundee Child Protection Committee published its delivery plan for the next two years. Over the last twelve months considerable progress has been made in relation to the actions identified within the delivery plan. Examples of progress include:

- ***How good is Dundee Child Protection Committee's leadership and how is Dundee Child Protection Committee assured of the quality of operational management?***
 - Child Protection Committee now has a clear focus on managing strategic risks through a focused risk register, scrutinising a data set and considering improvement activities arising from this , along with consideration of updates from national and regional forums to support learning from best practice and collaborative working.
 - A robust approach has been developed for reporting progress and escalating risks from workstreams progressing improvement actions that form part of the delivery plan. This is influencing both the content of the strategic risk register and adaptations to the delivery plan.
 - During the year the Child Protection Committee has led partners through the Joint Inspection of Services for Children at Risk of Harm (a detailed report has been submitted to the Policy and Resources Committee Report 53-2022).

- ***What key outcomes has Dundee Child Protection Committee met and how well does Dundee Child Protection Committee meet the needs of stakeholders?***
 - Child Protection Committee receives detailed analysis from a Data Scrutiny Group as part of quarterly performance reporting. This is directly informed by the expertise and experience of operational staff and is helping to inform the identification of relevant improvement actions and the content of the strategic risk register and delivery plan.
 - Reporting arrangements have been agreed for single agency assurance reports on key aspects of child protection process and improvement activity, for example over the last twelve months the committee has received several detailed update reports on the Multi-agency Screening Hub (MASH). The Committee has also agreed and implemented a multi-agency reporting cycle aligned with scrutiny group/dataset to ensure consistent reporting.
 - Representative focus groups have been established to carry out in depth, self-assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes. For example, the Children and Families Service has utilised this approach to inform their work to improve the quality of assessments and chronologies. These sessions have directly influenced improvements in the multi-agency assessment and planning pathway.
 - A Case Review Sub-Group has been established to oversee learning review activity (formerly known as initial case reviews and significant case reviews), including agreeing improvement actions and tracking the progress and impact of implementation.
 - The Child Protection Committee has established an engagement sub-group to plan and take forward improvements in the way that children and young people inform the work of the committee; this includes working directly with some young people to agree the groups action plan.

○ ***How good is Dundee's delivery of services for children, young people and families and how is the CPC assured of this?***

- Child Protection Committee has developed a process for gathering workforce views about child protection matters including consultations, stakeholder surveys, third sector feedback and independent sector feedback. For example, a workforce survey regarding the leadership of the Child Protection Committee was completed in July 2021 and found that 67% of respondents felt the Child Protection Committee promotes collaborative leadership and partnership working. The survey also identified the need for enhanced workforce communications, with a range of approaches being suggested including a generic e-mail contact, further enhancements to the Committee's website and use of workforce briefings. Subsequent to this during the inspection process fortnightly workforce briefings were distributed.
- Continued oversight and support to the workforce and services to maintain effective child protection responses throughout the pandemic period. This has included a continued focus on identifying and mitigating risks of hidden harm and use of developments such as the cross-sector family support Alliance to implement the Fast Online Referral Tracking (FORT) system and support the distribution of over £550k of welfare funds to vulnerable and at-risk families.
- Focused improvement and service development activity has taken place in priority areas including contributions to the regional development of a Community Mental Health and Wellbeing Framework, a local task sharing model with CAMHS, a test of change to develop trauma-informed responses to domestic abuse within the Children and Families Social Work Service, and mapping of training needs across the children's services workforce against the national trauma training framework.

4.5.2 The Annual Report also provides detailed performance information regarding child protection processes, including trend over time where this is available. Data for the reporting period evidences that early identification and initial response to concerns work in a timely and effective manner, are accessible to all services and support a focus on protecting unborn babies. Throughout the pandemic services in Dundee have maintained very high-levels of contact, including face-to-face contact with at risk children and families which resulted in positive relationships and immediate provision of appropriate supports. Data evidences that core child protection processes operate in a timely and effective manner with good engagement from all partner agencies. SCRA have also improved decision making timescales over the reporting period. Quality assurance activity with the Children and Families Social Work Service evidences improving practice in relation to information sharing, assessment, chronologies and plans.

4.5.3 During the reporting year the joint inspection of services for children at risk of harm in Dundee City commenced. Although the inspection did not report findings until January 2022 the process scrutinised child protection services that were provided by the Dundee Partnership between July 2019 and June 2021. The inspection team identified strengths in relation to: recognition and response to harm, including during the pandemic period; relationships between staff and children, young people and families; collaborative working between partners; and, effective leadership and inclusive governance. In addition, approaches to protecting young people, including the provision of mental health and emotional wellbeing supports, measurement of outcomes and consistent involvement of children, young people and families in protection processes and in policy and planning were identified as areas for improvement. These strengths and areas for improvement aligned very closely to the Child Protection Committee's own self-assessment and ongoing improvement activity. A full report on the inspection process, findings and improvement plans has been submitted to the Policy and Resources Committee (Report 53-2022).

4.6 Areas for Further Improvement and Recommendations

4.6.1 Dundee Child Protection Committee is committed to effective multi-agency working and continues to review and improve its activity in relation to keeping children and young people safe. To this end, a delivery plan is being developed by the Child Protection Committee, including arrangements to manage the ongoing challenges of COVID-19. An analysis has been undertaken identifying key issues, strengths and areas for improvement from the following sources:

- Strategic risk register for the Child Protection Committee;
- National minimum dataset for Child Protection and supplementary performance information;
- The Alcohol and Drugs Partnership self-assessment of progress against recommendations made by the Dundee Drugs Commission;
- Submissions made to and findings of the joint inspection of services for children at risk of harm in Dundee City;
- Preventative work within the GIRFEC Delivery Group action plan;
- Case file audit outcomes and action plans;
- Learning and workforce development activity;
- Actions being progressed by Priority Group 5 of the Tayside Regional Improvement Collaborative; and,
- The findings of Significant Case Reviews and Initial Case Reviews.

The plan is also being informed by the Independent Care Review "The Promise" and Care Inspectorate quality framework. The plan will complement improvement work being undertaken elsewhere across the partnership, including within the Transforming Public Protection Programme and within the delivery plans of other public protection committees. It will also align with Our Promise to Care Experienced Children, Young People and Care Leavers 2021-23.

4.6.2 Priority areas that have already been identified for inclusion in the committee's delivery plan include:

- Improving responses to older young people at risk of harm, including from risks arising in their wider community;
- Enhancing multi-agency quality assurance activities, including collation and reporting of outcomes and developing approaches to support the recording and reporting of outcomes information;
- Progressing plans to improve the involvement of children, young people, parents and carers in child protection processes and on the planning and improvement of services;
- Focus on the continued improvement of the quality of chronologies, assessments and plans, building on progress made over the last two-years;
- Reviewing our approach to undertaking learning reviews, communicating findings and evidencing the impact of improvement activities, including joint work with protecting people partners in Angus; and,

- Joint work across the protecting people committees to continue to address the impact of parental drug and alcohol use, domestic abuse, poor parental mental health and trauma on children and young people.

5.0 POLICY IMPLICATIONS

5.1 This report has been subject to an assessment of any impacts on equality and diversity, fairness and poverty, environment and corporate risk. A copy of the Integrated Impact Assessment is available on the Council's website at www.dundee.gov.uk/ija.

6.0 CONSULTATIONS

6.1 The Council Management Team, Chief Officers Group (Protecting People), the Children and Families Executive Board and members of the Dundee Child Protection Committee have contributed to the production of this report.

7.0 BACKGROUND PAPERS

7.1 None.

ELAINE TORRANCE
INDEPENDENT CHAIR, DUNDEE CHILD PROTECTION COMMITTEE

25 JANUARY 2022

If not
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Dundee Child Protection Committee

APPENDIX ...1...



Annual Report

2021

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Dundee
Child Protection
Committee

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Introduction

Welcome to our Dundee Child Protection Committee Annual Report for 2021.

As can be seen within this annual report it has been a busy, challenging and productive period for the Child Protection Committee. The period covered in this document was made more challenging by the impact of the COVID-19 pandemic. Whilst all agencies individually responded with their own operational plans the Child Protection Committee met more regularly to ensure there was an effective multi-agency response to identified strategic risks. This is detailed in section 3 of this report. In my role as Independent Chair I was really impressed by the way all key partners responded quickly and flexibly, shared information effectively and kept an ongoing focus on identifying any hidden harm that may be occurring, especially during the period when the schools were closed. This close partnership working is helping us to respond to the ongoing challenges of the pandemic which continue to impact on staff, families and children and young people themselves.

The report recognises the progress made in respect of providing the right support at the right time, developing relationships and engagement with children, young people and families, shifting culture in relation to quality assurance and the development and delivery of collaborative leadership.

It also clearly sets out the work for the next year and there continues to be much to do. There will continue to be a focus on enhancing the voice of children and young people in strategic developments, improved workforce engagement, supports to young people, including transitions and greater co-ordination of quality assurance activities.

Most recently, the Dundee partnership underwent an inspection of services for Children at Risk of Harm. The recommendations arising from this will inform the further development of our Child Protection Delivery Plan and priorities for the coming year.

I would like to thank all the members of the Committee for their ongoing support and dedication but also a big thanks to all staff across the agencies and everyone in Dundee including local communities who play a key role in child protection in Dundee.

Elaine Torrance
Independent Chair
Dundee Child Protection Committee





“ 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. ”

The protection of people in Dundee is part of the overall provision of services that deliver positive outcomes for our communities. We are committed to ensuring the people delivering those services have the knowledge, skills and experience to provide effective support.

Governance Arrangements

The Dundee City Plan identifies community safety and the protection of vulnerable people as a top priority. It recognises the importance of excellent partnership working between all community planning partners, which is crucial if services for people at risk of harm are to be effective.

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Dundee Chief Officers Group

Public protection is led by the Chief Officers Group (COG), supported by the multi-agency committees which correspond to each of the different at-risk groups, including Dundee Child Protection Committee. Our shared protecting people priorities reflect the lived experience of children, young people and families in Dundee and the need for partnership working to effectively and consistently address inter-related risks.

The Dundee COG has a broad membership extending beyond the public sector to include representation from the third sector. The appointment of Independent Chairs for each of the public protection Committees provides strong strategic leadership in delivering our planned activities and improvement.

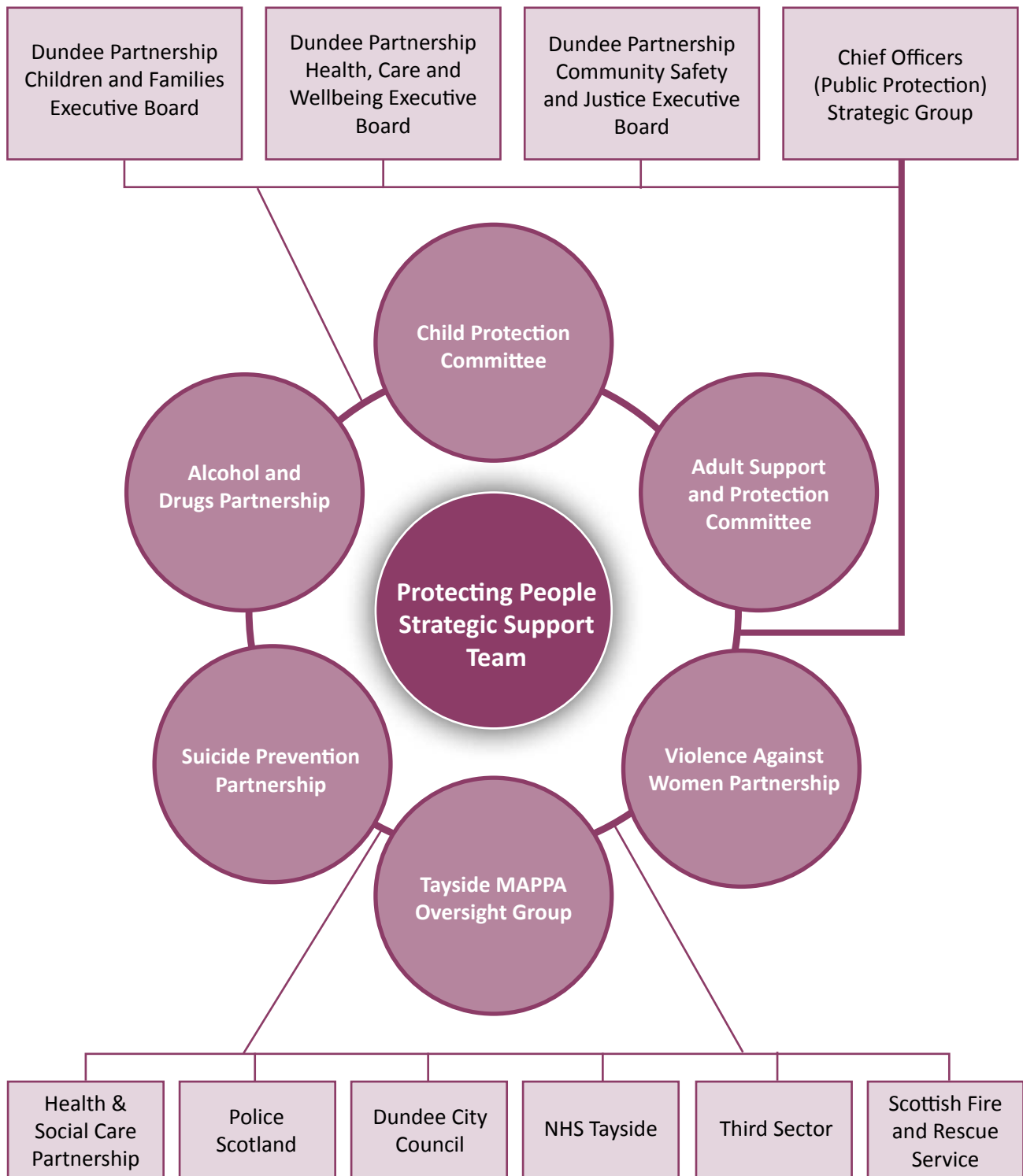
Dundee Child Protection Committee

The Child Protection Committee (CPC) is the lead multi-agency body responsible for delivering

- core functions of continuous improvement
- public engagement and communication
- strategic planning assurance
- oversight of strategic risk
- 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.



Child Protection in Dundee 2



Snapshot of Dundee

23,958 children and young people aged 0-15 years living in Dundee City (and a further 20,568 aged 16-24 years)¹.

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.

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.

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

36.6% 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.

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

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. Some of the issues faced are parental drug and alcohol use, parental mental health, domestic abuse and neglect at the earliest possible stage.

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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.

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Response to COVID-19 Pandemic

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- Our partnership had already embarked upon an ambitious programme of improvement activity across the 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 Child Protection Committee 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.
- The initial phase of the pandemic (March and July 2020) involved building on strong relationships between partners to make sure the most vulnerable and at risk children, young people and families continued to receive the support they needed. Partners worked together to safeguard 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, MARAC and 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, extensive use of social media, video and radio campaigns and with physical bag drops at community support centres.
- 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 Chief Officer Group 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 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 funds⁵. 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.

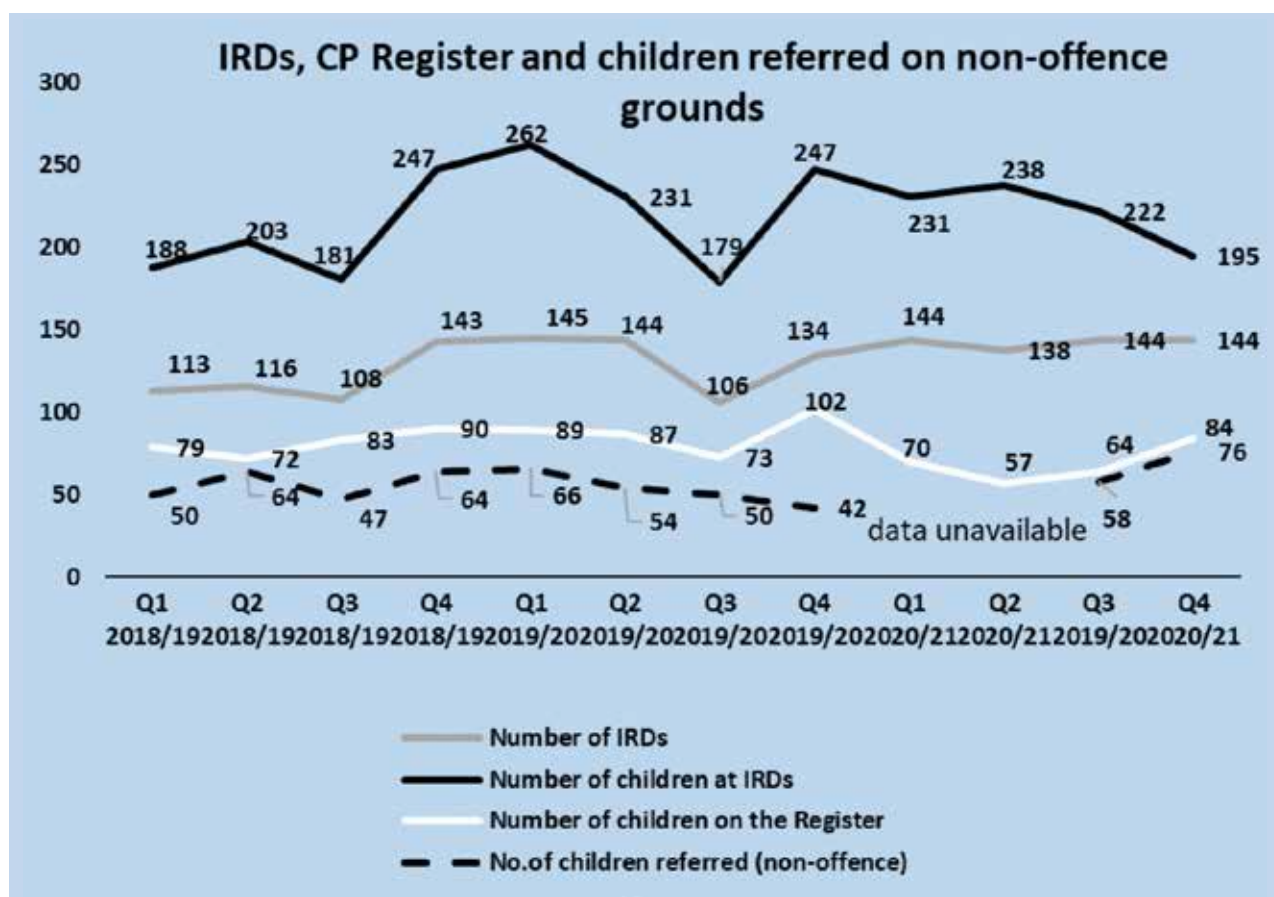
We believe that our responses to COVID-19 significantly increased the speed and impact of responses across the partnership to vulnerable groups.

⁵ FORT went live March 2020 allowing staff who had identified needs to help families access support. Since March 2020, 110 agencies have made 1485 referrals; 912 of these through a triage system often allowing access to multiple supports. £570,00 was given out in grants directly to families, plus 101 families receiving food parcels and 172 activities packs.

What our Data is Telling Us



Improving the use of multi-agency data to inform the development and delivery of family centred approaches to improving safety and well-being was identified as a priority for the CPC in 2018. Dundee has adopted and expanded the National Minimum Dataset for child protection and has built on this to proactively analyse data, change practice and inform decision making by the Child Protection Committee (CPC).



The range of measures in the CPC dataset goes beyond the national minimum requirement, by adding in data regarding early stages of identification of concerns, MASH (Multi-agency Screening Hub), initial referral discussion (IRD) and investigation.

We have consistently contributed to the SOLACE⁶ national dataset throughout the pandemic and discussed data trends at the Hidden Harm Group. Through these mechanisms and other quality assurance and self-evaluation activities (reported in section 6) we have established more meaningful use of data across the CPC, wider protecting people partnership and Tayside wide.

Our data tell us that we have robust processes for addressing acute risk quickly and effectively:

- Initial concern processes work very well. All agencies contact MASH, ranging from police concern reports to early worries by school staff and health visitors seeking advice and guidance. On average MASH receives 1597 contacts every three months.

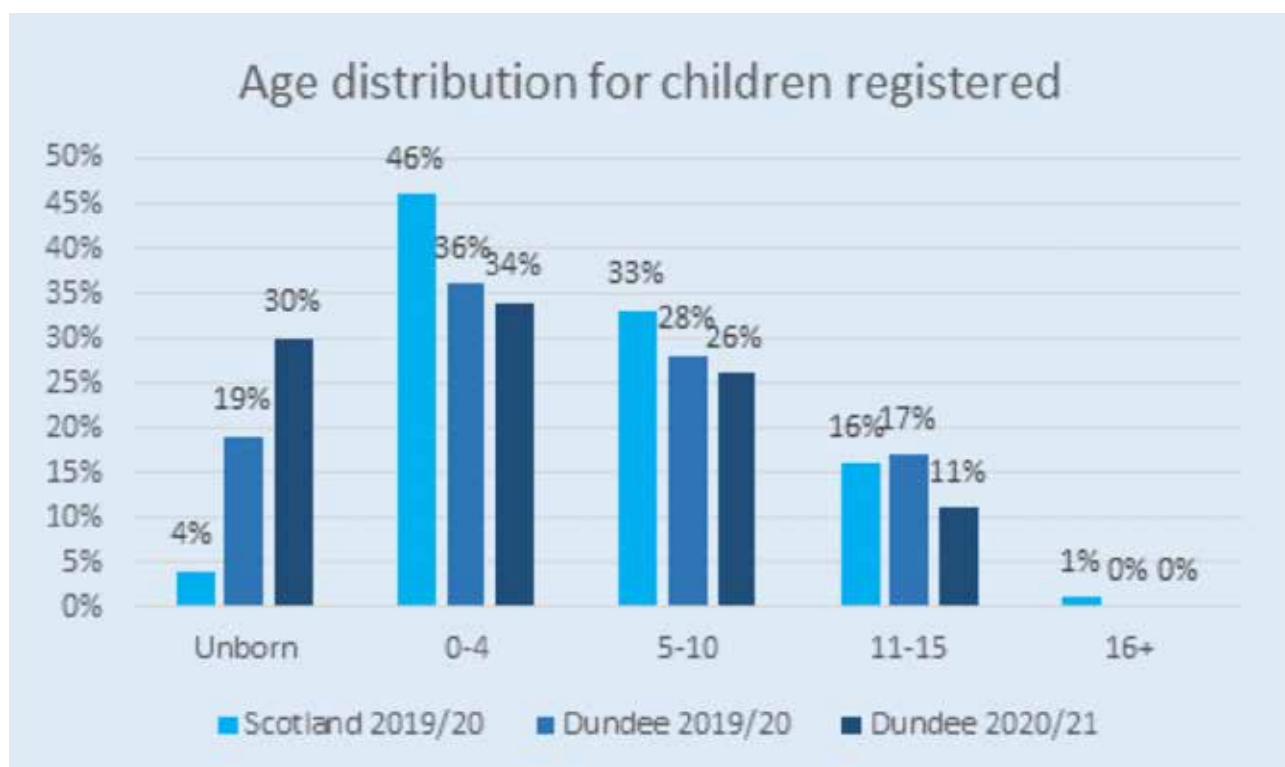
Agency contacting MASH	May-Jul	Aug-Oct	Nov-Jan	Feb-Apr	May-Jul	Average previous 4 quarters
	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	
3rd sector	84	73	53	48	44	65
Education	108	326	288	307	258	257
Health	167	206	183	179	204	184
Local Authority	307	293	258	319	283	294
Police	676	560	527	535	564	5775
Public	226	273	175	215	249	222
Total	1568	1731	1484	1603	1602	1597

- A MASH survey completed by 185 multi-agency staff in May 2021 found that 90% felt that their concerns were responded to quickly and 85% felt that they received clear or very clear advice and guidance.

“Helped support school’s role and decision making...information shared between professionals and talked about the child’s lived experience from a health and SW perspective. Positive discussions about how best to support child and parents.”

- Dundee has a focus on protecting unborn babies and has robust processes in place. On 31st July 2020, 19% of children on the CP Register in Dundee were unborn babies, compared to 4% Scottish average. In Dundee this rose to 30% in the following 12 months. 100% of unborn babies at investigation progress to child protection registration across Dundee.

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

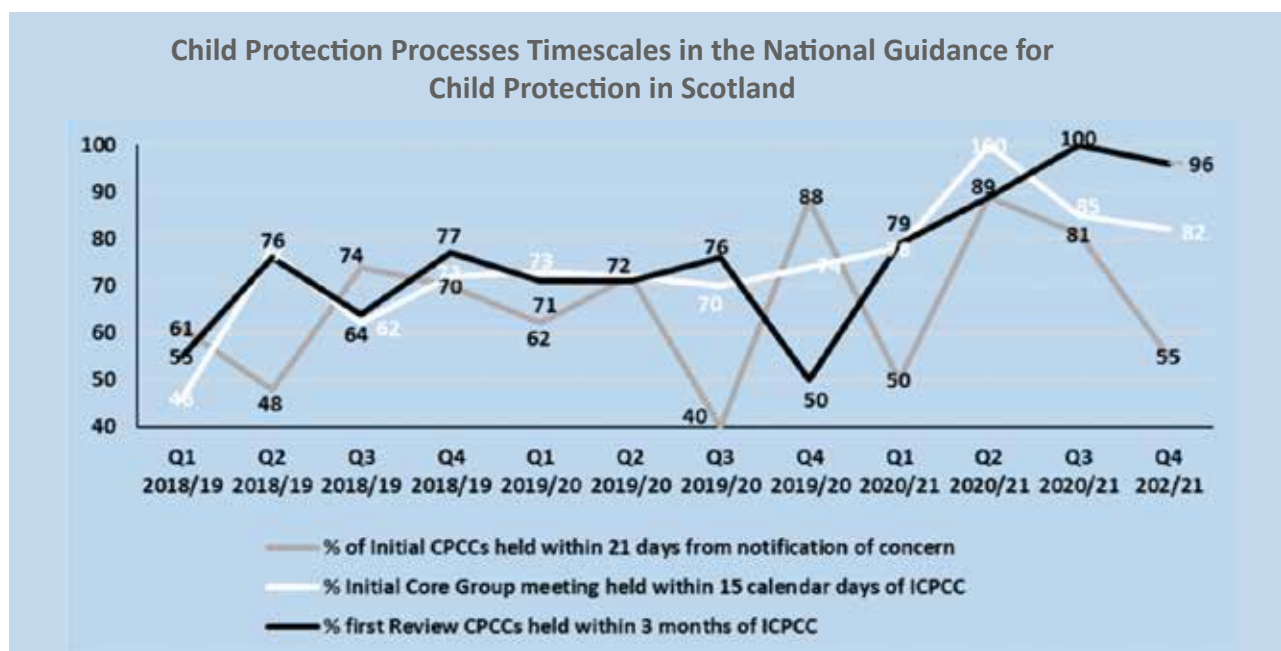


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Our data tells us that we make every effort to contact families, listen to their needs and put supports in place:

- During the first lockdown, Dundee contacted more families face-to-face than most other council areas: 99% of children on the child protection register seen (nationally 95%); 94% of young people in aftercare contacted (nationally 64%); and, 85% of children with multi-agency plans contacted (nationally 71%). This resulted in better relationships, issues identified early and immediate provision of further support.
 - Social work introduced a RAG (Red, Amber, Green) approach in April 2020 to prioritise the provision of services and this approach was subject to weekly audit; between May and August 2020, 823 cases were audited and for 97% RAG assessments were found to be appropriate; 94% were found to have the right level of service according to risk.
 - Staff from all agencies reported positive responses from families, especially single parents struggling with social isolation.
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Our data tells us that we have good child protection processes:



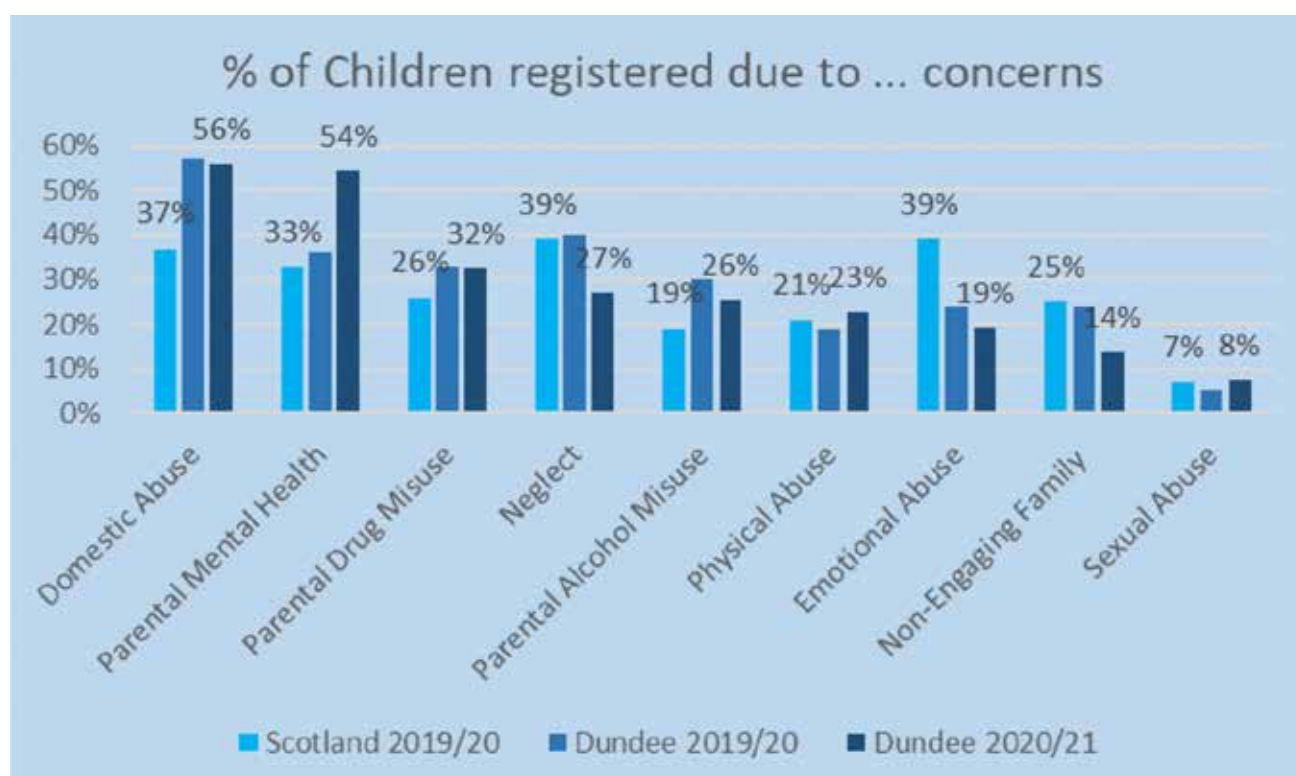
- Processes work well with clear routes from universal services to MASH and then social work; where child protection processes are required these run smoothly with prompt responses (IRDs and investigations); review case conferences and core groups are well attended and meet timescales; timescales for initial case conferences can be more challenging in times of staff shortages.
- A recent audit of MASH actions and decisions where referrals did not require an immediate child protection response found that 100% of the original MASH response to a concern was assessed as being timely and in 67% of cases there was evidence of multi-agency information gathering. In the remaining cases, 7 did not require further information and the response was proportionate.
- Scottish Children’s Reporters Administration (SCRA) processes have improved with over 60% of decisions now made within 50 days.
- Dundee has not experienced the trend of increased IRD activity over the last 18-months that a number of other partnerships across Scotland have; the average number of children at IRD was slightly higher pre-COVID (19 per week 2019-20) and is continuing to reduce from 17 per week in 2020-21 to 15 in the period since March 2021. We believe this reflects the effectiveness of our MASH, focus on hidden harm throughout the pandemic and public awareness raising activities that have all supported early intervention and reduced the need for escalation into child protection processes.

Our data tell us that **key elements of child protection practice are improving:**

- Audits undertaken by the Children and Families Service in May and September 2021 have found the quality of key processes is beginning to improve following focused improvement activity over the previous 18 months. Files were rated as good or better as follows and targeted support continues to be provided to teams and individual workers based on audit findings:
 - Accuracy of information improved from 78% to 88%;
 - Quality of assessment improved from 68% to 82%;
 - Quality of chronologies improved from 50% to 58%;
 - Quality of plans improved from 43% to 55%; and,
 - Overall quality of support improved from 61% to 67%.

Our data also allows us to **identify areas for improvement, for example:**

- Dundee continues to apply for a higher number of child protection orders (CPOs) than other authority areas. All CPOs undergo rigorous scrutiny in partnership with the SCRA; although considered appropriate at the time, further work is being undertaken to see if earlier intervention would have been possible.
- An identified rise in non-accidental injuries led to further scrutiny and analysis on a Tayside basis, identifying multi-agency improvement actions.



- The mental health of parents and young people is a growing concern. Over 50% of children on the child protection register are affected by parental mental health (nationally 33%). This has informed the prioritisation of additional support for particular groups within our Community Mental Health and Wellbeing Framework, including a new task-sharing model with CAMHS being progressed by the Alliance Group.
 - Domestic abuse is a frequent factor in child protection concerns in the city. In recognition of this a domestic abuse test of change involving multi-agency partners has been developed alongside the use of short-term funds for capacity building post.
 - A range of data relating to child protection and the wider health and social care needs of the population has led to a focus on embedding trauma informed leadership and practice across the workforce; with the aim of understanding barriers and engaging better with children and families. Mapping of workforce training needs and a recent workforce survey has identified a high level of knowledge and skill already present in several sectors, for example, almost all staff in nurseries and schools have participated in the national Nurture programme. Children and Families have also carried out tests of change to embed trauma informed practice within their residential children's houses and community justice services.
 - Learning reviews and audits pertaining to young people, including those in transition from children's to adult services, have highlighted the need to develop different approaches to collectively recognising and responding to risk. This includes a broadening of the use of CARM, exploration of the contextual safeguarding model and supports relating to the exploitation of young people, as well as improved screening activity.
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Areas for Development

Our next priority areas for development are:

- better collation and joint analysis of data from single agency audits and quality assurance activity.
- developing better communication of key messages from data to the public and the workforce.
- improving how we record and report outcome data.

Children & Young People's 5 Involvement and Feedback



Improving the involvement of children and young people is a key priority. The current picture of how children and young people are involved, how children's rights have been implemented and the impact this has had is illustrated by the examples of activities given below.

Addressing Neglect and Enhancing Wellbeing (CELCIS Partnership)

We have focused on strengthening GIRFEC practice in an effort to ensure the needs of children and families are identified and responded to at the earliest opportunity. Children and families were engaged in the process of exploring the various elements of the multi-agency Team around the Child (TATC) process and the practice that underpins a successful meeting, including meaningful engagement with families. Some of the changes that were made as a result of engagement with children and families were:

- Ensuring that children's perspectives are presented first in the TATC meeting, followed by those of parents/carers.
- Writing the Child's Plans in a participatory and transparent way during the meeting. By using the SMART board or flipchart, all participants can see, discuss and agree on the actions.
- Providing a copy of the agreed, 'plain English' one-page action plan for participants to take away on the day.

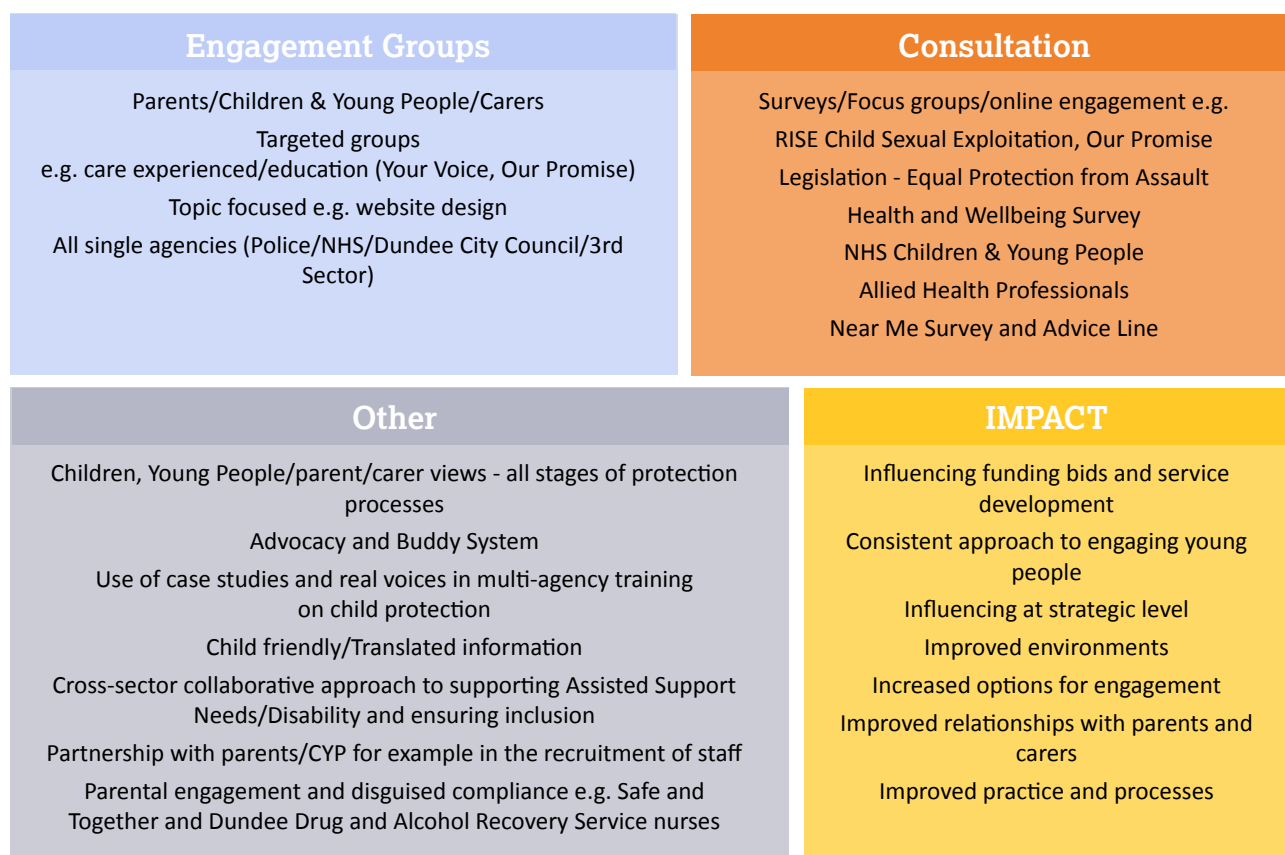
The impact of these changes has resulted in greater focus on the child's needs, with the child being kept at the centre. Participants have also commented on calmer meetings, less focused on discussing negative issues. There is increased participation in TATC meetings, with creative ways for children and parents/carers to have their voice heard.

Focus on Children's Rights

Following the first Dundee Fairness Commission in 2016, Dundee made a number of commitments in relation to child poverty including the development of What Matters to You (WMTY). This is a community-based systems change initiative using a participative approach to working alongside families in Dundee. Alongside this, facilitation from Columba 1400 supports leaders and professionals to listen, reflect and learn together, creating a culture of trust and collaboration with the aim of bringing the voices of the parents together with the leaders to co-design future service delivery and supports.

NHS Tayside CAMHS has, for the past 18 months been actively engaged in a whole service improvement programme, which embeds children's rights throughout the assessment and treatment process. The Journey of the Child is at the centre of the service improvement, from first point of contact through assessment, treatment and onward journey following discharge. Children and their families have been actively consulted on a number of change ideas throughout this 18-month period, from physical layout of the building to website redesign.

The following diagram summarises the range of activity relating to involvement and children's rights:



Parental Participation

Parental participation is hugely important given the context of Dundee and types of risk impacting on children.

A strong example of work with vulnerable mothers which demonstrates the impact of a collaborative, trauma-informed approach is Pause. The most recent Pause update report shows evaluative evidence from 22 women who have worked through the programme and demonstrates improvements in many areas including improving relationships with their children. 80% reported a positive improvement by the end of the programme. Our work to address domestic abuse has included the implementation of the Safe and Together⁷ approach; we have been upskilling staff to be able to sensitively and safely assess risk, to build trusting relationships with the non-abusing parent and to maintain focus on the perpetrator as the source of the risk.

In addition to these targeted approaches, parental attendance at case conferences is high. The priorities for practice that have been identified by the Tayside Regional Improvement Collaborative (TRIC) child safeguarding group, working collaboratively with the workforce, include 'enhancing engagement and relationship building' with planned actions reflected in the recently revised Tayside Plan for Children and Young People.

Participation in Strategic Planning

Whilst there are wide ranging examples of how children, young people and their families are involved in all stages of early intervention and protection processes and the services surrounding these, the CPC knows that improvement is needed in including the voices of children and young people in our strategic planning and decision making. A short-life working group of the Child Protection Committee (CPC) has begun this work and an action plan has been developed. A small group of young people who have been through protection processes has already been identified and our first step is to begin working with them to design a Children and Young Person's Charter for the CPC which also aligns with the 5 key principles of trauma informed organisations.

The working group is linking closely to activities flowing from Our Promise for Care Experienced Children, Young People and Care Leavers and with the Your Voice Our Promise team. The group is also linking to the advocacy strategy currently being developed by the Alliance.

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.

Collaborative Strategic and Operational Leadership 6



Vision, strategic priorities and outcomes for children at risk of harm are set out within a range of community planning, children's services, child protection and public protection planning documents:

Community Planning	Children's Services	Child Protection and Public Protection
Dundee City Plan	Tayside Plan for Children, Young People and Families	CPD Delivery Plan
Living Life Well	Our Promise	Alcohol and Drug Partnership Action Plan for Change
Health and Social Care Strategic and Commissioning Plan	Child Poverty Action Plan	Violence Against Women Strategic Plan
	GIRFEC Implementation Plan	Community Justice Outcome Improvement Plan
	Single agency operational plans	Adult Support and Protection Business Plan
	COVID-19 remobilisation plans	

The commitments made within these plans demonstrate a sustained focus on the key child protection priorities of:

- addressing the impact of parental drug and alcohol use, parental mental health and domestic abuse on children and young people
- working with families to address neglect
- full GIRFEC implementation to ensure children and families receive the right help at the right time and do not escalate into child protection processes
- strengthening strategic arrangements for continuous improvement, children and young people's participation and workforce engagement.

Community planning partners commitment to implementation of the UNCRC is set out within the Tayside Plan for Children and Young People and reflected in the CPC Delivery Plan.

A consistent focus on child protection priorities has resulted in a shift in investment towards services that directly impact on children and young people at risk of harm; for example, through the Action Plan for Change⁸, Violence Against Women strategic plan⁹ and COVID re-mobilisation plans¹⁰ there has been significant increases in frontline service capacity and in resources available to support tests of change. Section 2 sets out how a consistent focus on key priorities is directing and supporting improved outcomes for children and families. We are applying a targeted approach towards key risks, whilst retaining flexible family support.

Collaborative Strategic Leadership

As part of our Transforming Public Protection Programme we have had a clear focus on enhancing leadership support and scrutiny for public protection issues. This programme of activity has led to improved engagement of COG members, greater collective and individual responsibility for leading key programmes of work, clearer arrangements for assurance reporting and subsequent support between the Child Protection Committee (CPC) and the Chief Officers Group (COG). We have also strengthened reporting to Council committee and to the Integration Joint Board through regular

⁸ £90k per annum to support Dundee Drug and Alcohol Recovery Service (DDARS) Locality Nurse partnership with Children and Families Service; £40k per annum to Tayside Council on Alcohol to support whole family approaches; £78k over 2 years for Children and Families to engage in whole system of care redesign; and, £101k to develop and improve support to kinship carers. Further investments / applications in the pipeline include third sector bids to enhance the whole family approach at community hubs and to enhance transitions work with vulnerable young people.

⁹ £467k for 12 month test of change to expand independent advocacy services to cover court processes and a further £40k to sustain core services in advance of the test of change; £55k for a Specialist Clinical Psychologist plus additional funds for 0.4 FTE Educational Psychologist to respond to complex developmental trauma as a result of exposure to domestic abuse; permanent funding to sustain ASPEN Consultant Clinical Psychology service for women experiencing gender-based violence previously funded via Tampon Tax; £228k to support the development of CEDAR in Dundee (groupwork recovery programme for women, children and young people experiencing domestic abuse); and, £103k to support a gender-based violence learning advisor to build knowledge and capacity to respond to gender-based violence, including the needs of children and young people.

¹⁰ £290k to support enhanced capacity in frontline domestic abuse and sexual violence services, to meet crisis support needs for individuals and families with no recourse to public funds and to enhance capacity within Children and Families Services to respond to domestic abuse.

formal reports and member briefings.

As part of the TPP Programme the COG and CPC committed to adopting the Plan-Do-Study-Act improvement methodology; moving away from a historic focus on top-down improvement plans to engage the workforce in developing, testing and leading improvements. This change in approach has secured positive progress in key improvement areas, including in relation to the completion and quality of chronologies within children’s services and embedding of proportionate and sustainability approaches to ongoing case file auditing within operational services (further detail in section 6). It has also helped us to start to close the gap between strategic planning and operational implementation; in a recent workforce survey 2/3 of respondents were aware of the CPC and agreed that the CPC supports collaborative leadership and partnership working in the delivery of high-quality child protection services.

Collaborative Operational Leadership

The strength of Dundee’s collaborative operational leadership underpins all aspects of our service delivery model, with particularly strong relationships having been developed between the statutory and third sector over a number of years across the care pathway. Some examples include:

Core Service Delivery

Seymour House Barnhaus Approach

Barnhaus (which literally means Children’s House) is a child-friendly, interdisciplinary and multi-agency centre for child victims and witnesses where children could be interviewed and medically examined for forensic purposes, comprehensively assessed and receive all relevant therapeutic services from appropriate professionals. Seymour House in Dundee operates as a Barnhaus Centre.

Pause Service

Pause Dundee places a strong emphasis on informed voluntary engagement in the programme in which women are supported to take a “pause” from pregnancy to help bring greater stability to their lives. The programme is part of a range of support for women who have faced challenges with a focus on those who have so far been unable to engage, or had limited engagement, with other services and are at risk of the further removal of children from their care.

Improvement Activity

Hidden Harm Group

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.

Domestic Abuse

Domestic abuse test of change involving multi-agency partners has been developed alongside the use of short-term funds for a capacity building post.

Management and Mitigation of Risk

The primary mechanism through which the COG and CPC collectively identify, manage and mitigate risk is the Protecting People Strategic Risk Register. Developed in the early stage of the pandemic the strategic risk register is becoming increasingly embedded; informing agenda setting and providing the basis for assurance reports to the CPC and onwards to the COG. Feedback from CPC and COG members indicates that the strategic risk register has been key to supporting better prioritisation of resource and improvement capacity as well as an enhanced pace of change through the 18-month pandemic response period. Moving forward our priority is to continue to embed and evolve the risk register to reflect business as usual risks alongside pandemic risks and to develop a strengthened interface between the strategic risk register and operational risk registers within single agencies.

Quality Assurance and Evaluative Activity

7



As a partnership we have made significant progress in strengthening and embedding our approach to performance management, quality assurance and self-evaluation.

At a single agency level, the breadth, depth and frequency of activity has increased significantly over the last 2 years. We have also begun to strengthen out multi-agency activities and reporting but recognise that there is more work to be done.

Continuous Improvement

We are becoming increasingly skilled at identifying strengths and areas for improvement, undertaking more detailed follow-up analysis and using this to inform service improvements. For example:

- The How Good is Our Child Protection in Schools/Nurseries self-evaluation identified a need to triangulate attendance data with other hidden harm risk factors to better identify and respond to vulnerable children.
- The Family Nurse Partnership Child Protection Improvement Plan was directly informed by the Tayside Regional Improvement Collaborative (TRIC) analysis if ICRs and SCRs and findings from single agency local adverse learning events.

- The trends identified within the CPC minimum dataset have directly informed focused improvement work such as the domestic abuse test of change between the Children and Families Service and third sector and the ongoing arrangements for scrutiny of child protection orders between the Children and Families Service and SCRA.
 - The more frequent and focused case file audit activity within Children’s Social Work Services is supporting significant improvements across all categories of practice
-

Cultural Change

We have also had a focus on strengthening our continuous improvement culture:

- Increasing use of improvement methodologies that focus on workforce led change and improvement rather than top-down improvement plans. Members of the workforce who have been involved in tests of change have reported greater confidence and satisfaction with improvement process. Through this approach we are becoming increasingly confident in testing and scaling up change more quickly.
- Significant changes in the way in which case file auditing is conducted at a single agency level. Through the PDSA approach the workforce, supported by the Care Inspectorate and Healthcare Improvement Scotland, developed a tested a proportionate and sustainable audit tool. This has now been embedded as routine practice across the Children and Families Service with peer evaluation and feedback to practitioners being central to the approach being used.

“Within my own team I have asked staff to audit their own and each other’s cases and to see the audit tool as a tool for improvement and not of criticism. This has resulted in staff being more open to feedback and less anxious about audits.”

“Performing regular peer-led case file audits has enabled me and my staff to establish a consistent case file quality across the service. Being involved in this activity has provided me with a focus to encourage reflective conversation and support a strong culture of learning together to sustain change, improvement and progress.”

- The establishment of the CPC Dataset Scrutiny Group has directly involved frontline practitioners in the analysis and scrutiny of key child protection data, forming the basis of assurance reports to the CPC and pro-actively identifying areas for further analytical deep-dives or targeted improvement activity.

Overall, staff at all levels within the partnership have become more involved with quality assurance activities: an important shift has been made from instructing change and improvement to supporting learning and improvement.

This change in culture has been supported by significant investment in additional improvement support capacity. The Children and Families Service has recently restructured and developed a specific team focused on supporting quality assurance and practice improvement. Through their recently established Public Protection Executive Group NHS Tayside has increased capacity to track improvement activity and has also enhanced staffing within their strategic support team for public protection.

Case Review

During the period covered by this report one Significant Case Review (SCR) and four Initial Case Reviews (ICR's) were undertaken on behalf of the Child Protection Committee.

Each of these reviews has prompted the committee and COG to reflect on what might be learned and how that learning can be disseminated to the multi-agency workforce.

Much of the learning identified is now embedded in single and multi-agency improvement plans and has informed the further development of the Child Protection Delivery Plan.

Progress with Delivery Plan and Future Priorities

8



Progress with delivery plan

In 2020 Dundee CPC published its delivery plan for the next two years. Over the last 12 months considerable progress has been made in relation to the actions identified.

Examples of these include;

How good is Dundee CPC's leadership and how is Dundee CPC assured of the quality of operational management?

- CPC agenda now includes set items – Risk Register, Data and Improvement Activity and National/Regional Updates and clear direction provided on actions agreed in response.
- CPC has developed and communicated a clear process for reporting recommendations and learning from workstreams listed in actions.

What key outcomes has Dundee CPC met and how well does Dundee CPC meet the needs of stakeholders?

- CPC now discusses findings /recommendations from scrutiny group within the quarterly reports and identifies actions required e.g training, policy review.
- CPC has agreed and implemented a multi agency reporting cycle aligned with scrutiny group/ dataset to ensure consistent reporting.
- CPC has established representative focus groups to carry out in depth, self- assessments against different areas of the quality improvement framework including organisation of development sessions across the committee to gather evidence against the outcomes.
- CPC has developed a learning review sub-group to provide regular reports and recommendations to the CPC including recommendations from the Priorities for Practice research.

How good is Dundee’s delivery of services for CYP and families and how is the CPC assured of this?

- CPC has developed a processes for gathering workforce views including consultations, stakeholder surveys, third sector feedback and independent sector feedback.
 - Steering group established to support the development of trauma informed workforce development
-

Future Priorities

Our future plans

Our future plans will be informed by the outcome of the recent inspection of Children at Risk of Harm, as well the new national Child Protection Guidance.

Some examples of next steps include:

- Improving responses to young people at risk of harm, including from risks arising in their wider community;
- Enhancing multi-agency quality assurance activities, including collation and reporting of outcomes and developing approaches to support the recording and reporting of outcomes information;

- Progressing plans to improve the involvement of children, young people, parents and carers in child protection processes and on the planning and improvement of services;
- Continued focus on improving the quality of chronologies, assessments and plans, building on progress made over the last two-years;
- Reviewing our approach to undertaking learning reviews, communicating findings and evidencing the impact of improvement activities, including joint work with protecting people partners in Angus; and,
- Joint work across the protecting people committees to continue to address the impact of parental drug and alcohol use, domestic abuse, poor parental mental health and trauma on children and young people.

Appendix 1

Appendix 1: Dundee Child protection Committee Membership as of August 2021

Position	Organisation
The following are core members. Dundee CPC also has a number of minuted members who are not required to attend every meeting. In addition, the Lead officer is neither a core nor minuted member but provides the necessary support for the committee.	
Independent Chairperson	Dundee Child Protection Committee
Panel member(s)	Dundee Children's Panel
Lead Officer (Alcohol and Drug Partnership Representative)	Alcohol and Drug Partnership
Chair of the Vulnerable Adolescent Partnership	Dundee City Council
Chief Social Work Officer	Dundee City Council
Learning and Organisational Adviser	Dundee City Council, Learning and Organisational Development Service
Strategy and Performance Manager (IJB)	Dundee Health and Social Care Partnership
Principal Officer	Dundee City Council, Children and Families Service, Strategy and Performance
Head of Service	Children's Service and Community Justice
Locality Manager	Scottish Children's Reporters Administration
Assistant Director (Third Sector Rep)	Barnardo's Scotland
Independent Chair	Violence Against Women Partnership
Protecting People Team Leader	Dundee City Council, Neighbourhood Services
Lead Paediatrician Child Protection	NHS Tayside
Lead Nurse Child Protection	NHS Tayside
Lead Nurse Children and Young People	NHS Tayside
Link Inspector	Care Inspectorate
Detective Chief Inspector PPU & CID Partnerships and Support	Police Scotland

Appendix 2 Glossary

This is an explanation of some Child Protection terms.

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

Assessment of need - Evaluation of the child and family identifying areas of need, which may require additional support.

Assessment of Risk - Evaluation of possibility of child abuse has taken place or that it is likely to occur in the future.

B

Buddy Scheme - is aimed at supporting children to express their views in any child protection meeting. Each child will be asked to choose someone they trust who can act as their Buddy, their voice in meetings. The scheme is supported by Children 1st.

C

Child - For the purpose of child protection instructions a child is defined as a young person under the age of 16 years or between 16-18 if he/she is the subject of a supervision requirement imposed by a Children's Panel or who is believed to be at risk of significant harm and there is no adult protection plan in place.

Child Abuse - Abuse and neglect are forms of maltreatment of a child. Somebody may abuse or neglect a child by inflicting harm, or by failing to act to prevent, significant harm to the child. Children may be abused in a family or in an institutional setting, by those known to them or, more rarely, by a stranger. Assessments will need to consider whether abuse has occurred or is likely to occur. To define an act of omission as abusive and/or presenting future risk a number of elements can be taken into account. These include demonstrable or predictable harm to the child that would have been avoidable except for the action or inaction by the parent(s) or other carers.

Chief Officers Group – the COG comprises of the chief officers for each of the key partner agencies in Child Protection and Protecting People. This includes members from Health and Social Care, Children and Families, Health, Neighbourhood Services Police and Third (voluntary) Sector.

Child Assessment Order - A Child Assessment Order allows for a child to undergo a medical examination or assessment where this has been deemed necessary. This does not supersede the child's rights under the Age of Legal Capacity (Scotland) Act 1991. At all times the child's welfare is paramount.

Child Protection Committee – Every Local Authority must have a Child Protection Committee. Child Protection Committees are locally based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality.

Child Protection Order - A Child Protection Order may be granted on application to a Sheriff if conditions for making such an order exist. A Child Protection Order can allow for the removal of a child to a place of safety or prevent removal of a child from their home or any other safe place. A Child Protection Order can last up to six days and is granted to secure the safety and wellbeing of a child.

Child Protection Plan - Agreed inter-agency plan outlining in detail the arrangements to ensure the protection of the child and supports to the family.

Child Protection Register - A formal list of named children where there are concerns about the possibility of future abuse and where a child protection plan has been agreed.

Child Trafficking - This is the term given to the movement of children into and within the country with the intent to exploit them.

Core Group Meeting - Meeting of small group of inter-agency staff with key involvement with the child and family who meet (with child and family) to review progress and make arrangements for implementing the child protection plan.

E

Emergency Police Powers - The Police have the power to remove a child to a place of safety for up to 24 hours where the conditions for making an application for a Child Protection Order exist.

Emotional Abuse - Emotional abuse is persistent emotional neglect or ill treatment that has severe and persistent adverse effects on a child's emotional development. It may involve conveying to a child that they are worthless or unloved, inadequate or valued only in so far as they meet the needs of another person. It may involve the imposition of age or developmentally inappropriate expectations on a child. It may involve causing children to feel frightened or in danger, or exploiting or corrupting children. Some level of emotional abuse is present in all types of ill treatment of a child; it can also occur independently of other forms of abuse.

Exclusion Order - An Exclusion Order allows for a named person to be ejected or prevented from entering the child's home. Conditions can also be attached to secure the child's safety and wellbeing.

G

GIRFEC - Getting it right for every child (GIRFEC) supports families by making sure children and young people can receive the right help, at the right time, from the right people. The aim is to help them to grow up feeling loved, safe and respected so that they can realise their full potential.

Most children and young people get all the help and support they need from their parent(s), wider family and community but sometimes, perhaps unexpectedly, they may need a bit of extra help.

GIRFEC is a way for families to work in partnership with people who can support them, such as teachers, doctors and nurses.

I

Initial Child Protection Conference - An inter-agency meeting to consider the safety and welfare of children who have been the subject of a child protection investigation. The meeting will consider whether the child is a risk of significant harm, and place their name on the child protection register. It will also create a child's protection plan. The parents and sometimes the child will also attend this meeting.

Inter-Agency Child Protection Discussion - An IRD is an inter-agency meeting to share information where there are child protection concerns which need further clarification. Strengths within the family and the family's capacity to co-operate with agencies should be discussed. Any support required should also be identified and a plan of intervention should be agreed which could include organising a Initial Child Protection Conference.

J

Joint Investigative Interview - A Joint Investigative Interview is a formal planned interview with a child. It is carried out by staff, usually a social worker and a police officer trained specifically to conduct this type of interview. The purpose is to obtain the child's account of any events, which require investigation.

N

Non-organic Failure to Thrive - Children who significantly fail to reach normal growth and development milestones (i.e. physical growth, weight, motor, social and intellectual development) where physical and genetic reasons have been medically eliminated and a diagnosis of non-organic failure to thrive has been established.

P

Physical Abuse - Physical abuse is causing physical harm to a child or a young person. Physical abuse may involve hitting, shaking, throwing, poisoning, burning or scalding, drowning or suffocating. Physical harm may also be caused when a parent or carer feigns the symptoms of, or deliberately causes, ill health to a child they are looking after.

Physical Neglect - Neglect is the persistent failure to meet a child's basic physical and/or psychological needs, likely to result in the serious impairment of the child's health or development. It may involve a parent or carer failing to provide adequate food, shelter and clothing, to protect a child from physical harm or danger, or to ensure access to appropriate medical care or treatment. It may also include neglect of, or failure to respond to, a child's basic emotional needs. Neglect may also result in the child being diagnosed as suffering from 'no organic failure to thrive', where they have significantly failed to reach normal weight and growth or development milestones and where physical and genetic reasons have been medically eliminated. In its extreme form children can be at risk from the effects of malnutrition, lack of nurturing and stimulation. This can lead to serious long-term effects such as greater susceptibility to serious childhood illnesses and reduction in potential stature. With young people in particular, the consequences may be life-threatening within a relatively short period of time.

Planning Meeting - A Planning meeting (usually between social work and police) is usually held to plan a joint investigation - who does what and when is agreed.

Pre-Birth Child Protection Conference - An inter-agency meeting which considers the risk of harm to an unborn child and future risk upon the child's birth.

R

Review Child Protection Conference - An inter-agency meeting which reviews the circumstances of a child whose name is on the Child Protection Register.

S

Safe and Together - Is a programme for working with families where there are concerns about domestic abuse. It is a strengths based approach working in partnership with the victim of abuse to reduce risk to themselves and any children. It is an approach that strives to help the perpetrator of the violence responsible for their behaviour.

Sexual Abuse - is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in a sexually inappropriate way.

Significant Harm - Physical or mental injury or neglect, which seriously affects the welfare or development of the child.

T

Team Around the Child - Is a meeting involving parents and children with key professionals where some concerns or the need for additional supports are identified. There are usually three levels meeting. A level one meeting will be a meeting between the names person and the parent, level 2 will involve other professionals - sometimes a specialist such as speech and language, a specialist nurse or similar. If there are increased concerns a level 3 team around the child will involve a social worker. A TATC meeting at levels 2 and 3 will agree a Childs Plan to support the child and their family to ensure needs are met and risks reduced.

Transfer Child Protection Conference - An inter-agency meeting which considers arrangements to transfer cases of a child whose name is on the Child Protection Register where the family moves to another area.

What I
need!
from you!

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