

West Lothian Child Protection Committee

Annual Report

2014

Improvement Plan 2015



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Preface

The Chief Officers' Group (COG) endorses this annual report which reflects the work of the Child Protection Committee during the period 1st January 2014 to the 31st December 2014 and the improvement plan for 2015.

In this report the CPC has taken the opportunity to reflect on individual agency and joint Child Protection work, all of which is aimed at providing better outcomes for vulnerable children and families in the area. It has identified what it considers to be West Lothian's strengths and areas for development. The CPC has also considered the impact and outcomes of its work; examined service delivery; management; leadership; and has identified capacity for improvement. This report presents the findings from the CPC's self evaluation activity and evidences ongoing commitment to continuous improvement in Child Protection Services.

West Lothian CPC is a well established partnership which continues to oversee the development, implementation and evaluation of Child Protection Policy and practice.

West Lothian continues to embed the GIRFEC principles into all areas of work with children and families to enable early identification of concerns and proportionate interventions to ensure that children get the help they need when it is needed.

The Chief Officers' Group extends thanks to Anne Neilson, Chair of the CPC from 2011 – 2014 and to all those working to protect vulnerable children. The Chief Officers will continue to support the Child Protection Committee to provide strategic direction to those working in the arena of child protection.

Grahame Hope
Vice Chair Chief Officers' Group

John Peaston
Interim Chair West Lothian CPC

1. Context

West Lothian has an estimated total population of 172,080 (General Register Office statistics 2010); an increase of 0.6 per cent from 171,040 in 2009. The population of West Lothian accounts for 3.3 per cent of the total population of Scotland. 20.3% (34,896) of the population is aged 0-15 compared to the Scottish average of 17.5%. 17.5 per cent of the population is aged 16 to 29 years compared to the Scottish average of 18.7%. Persons aged 60 and over make up 19.5 per cent of West Lothian's population; lower than the Scottish average of 23.1%. The population lives in towns and rural villages.

2. Self-Evaluation

The CPC conducted one Initial Case Review in 2014 and considered feedback from the Care Inspectorate regarding an ICR undertaken in 2013. Whilst the case did not meet the criteria for a Significant Case Review, lessons were learned and action taken. The progress of this action plan was considered at the CPC and Chief Officers' Group and all actions were completed in 2014.

A number of audits (detailed below) were carried out by the Quality Assurance and Self-Evaluation Subcommittee during 2013. This activity, along with feedback from frontline practitioners, families involved in case conferences and training events has formed the basis of the action plans for the Quality Assurance & Self Evaluation (QASE) and Practice and Training Subcommittees for 2015.

3.

Progress of 2014 CPC Improvement Plan

Outcome	What are we going to do?	How will we do it?	When will we do it by? Date	Responsibility/Lead Officer	Progress Update	How will we know when we have done it?
Key Performance Outcomes						
Quality Indicator 1.1 Improving the well-being of children and young people We can demonstrate the improvement we have made to the lives of children and young people	Implement the programme for continuous improvement, performance monitoring and audit.	Use the performance framework to provide the CPC with quantitative data on CP activity. Further work is required to develop outcome measures for children and young people	Quarterly reporting Dec 2014	Chair QASE Subcommittee	Qualitative and quantitative data supplied to CPC on a quarterly basis	CPC can clearly demonstrate that children and young people receive appropriate support when they need it and children's lives are improved as a result of agencies' interventions. Information will feed into the wider GIRFEC agenda via the GIRFEC Implementation Group.
Impact on children, young people and families						
Quality Indicator 2.1 Ensure that children affected by domestic abuse receive the support they need when they need it	Reduce the number of children being re-referred to the Domestic Abuse Screening Group	Multi-agency work to support children and young people affected by domestic abuse	Dec 2014	Group Manager	Quantitative information supplied to CPC on a quarterly basis	Children and young people affected by domestic abuse receive appropriate help and support
Delivery of Key Processes						
Quality Indicator 5.1 Assessing and responding to risks and needs: We have a	Explore the use of multi-agency chronologies in other areas for children on the Child Protection Register.	Consult with other CPCs & make recommendations to CPC	Sept 2014	Lead Officer CP	Report submitted to Dec CPC. Agencies to consider.	Agencies and services associated with WLCPC are able to demonstrate that there is high quality, consistent practice in

consistent approach to assessing risk and need of children and young people	Consider arrangements for reviewing IRDs	Consult with IRD business group and make recommendations to CPC	Sept 2014	Group Manager	Meeting on 22.8.14. Follow up meeting arranged for Feb 2015	risk assessment and child protection planning.
	Evaluate impact of implementation of recommendations from audit of CPCC functioning.	Undertake re-audit of functioning of CPCCs	Sept 2014	Chair of QASE Subcommittee	Completed. Report submitted to CPC. Improvement noted in functioning of CPCCs & quality of planning	Practice is seen to be improving and demonstrates positive outcomes for children.
	Implement Child Sexual Exploitation Procedure	Via Practice and Training Programme for 2014 training plan which focuses on sexual abuse (including internet offending and sexual exploitation)	Dec 2014	Chair of CPC	Awareness raising sessions delivered with more planned for 2015. Procedure published on CPC's website & circulated to agencies for dissemination.	Staff are confident in their role and receive training appropriate for that role.
Quality Indicator 5.2 Planning to meet children's needs	Ensure our child protection plans are of consistently high quality and link to our assessment of risk and needs. Child Protection Plans are clear and set out what difference our actions are expected to make to the child or young person's wellbeing	Audit of CP Plans	June 2014	Chair of QASE Subcommittee	Completed. Report submitted to CPC. Issues identified and raised with relevant agencies	Plans address risks and needs and lead to improved outcomes for children
Quality Indicator 5.3 Involving children and families in key processes Children and	Children, Young People and their families are informed, included and enabled to participate meaningfully	Involve families in the re-audit of CP Case Conferences	September 2014	Chair QASE subcommittee	Completed	
		Analyse information from survey of young people and make recommendations to CPC	Oct 2014	Chair QASE Subcommittee	Graduate on work experience presented findings to CPC	

young people are listened to and we understand their views, wishes and expectations		Explore different ways of communicating with young people using new technology & make recommendations to CPC	Sept 2014	Head of Social Policy	Viewpoint Online Consultancy system purchased for West Lothian September 2014; implementation in progress as of November 2014, phase 1: system to be tested with Child Disability Service and children Looked After away from home January 2015; future phases: scale up to all Looked After Children and children on CP register.	We can demonstrate children and young people's views are taken into account when planning future work
		Gather the views of young people affected by domestic abuse via the Cedar Project or DASAT children's worker	Dec 2014	Team Manager	Report to be presented to CPC in 2015	
Leadership						
Quality Indicator 9.1 Vision, values, aims	Have a clear strategy to share across our agencies	Contribute to Single Outcome Agreement and review of ICSP	Dec 2014	Head of Social Policy	Child Protection is well integrated with SOA. ICSP review completed Dec 2014.	We can demonstrate improved outcomes for children in West Lothian
All children in West Lothian achieve their potential	All CPC members promote our vision values and aims within their agencies.	Scrutinise performance indicators and audit results	Quarterly reports to CPC		Performance reporting in place with CPC and COG	CPC members evidence collaborative working and participation to ensure action plans progress
We have a joint vision with the Community Planning Partnership to improve the		Provide quarterly reports to the CPC and Chief Officers Group which demonstrate outcomes, issues, findings and recommendations from				Staff receive information and

outcomes for Children in need of protection		the CPC Subcommittees Strengthen links with CPP/CFMG and other strategic plans, focusing in particular on the implementation of GIRFEC			Child Protection is well established within the CPP and reflected in the establishment of GIRFEC principles. This is evidenced by the Edinburgh & Lothian Information Sharing Guidance document.	guidance via CPC members. Principles of GIRFEC are embedded in practice
Quality Indicator 9.2 Leadership of improvement and change Improvement through self-evaluation We have identified our strengths and are addressing our areas for improvement	Ensure future activity is based on robust management information (focused on outcomes for children) and is driven by both single and multiagency self-evaluation and findings from SCRs both internal and external.	Continue programme of multi-agency audit and practice evaluation to include practitioners in the process	Dec 2014	Chair of CPC	Improvement plans influenced by multiagency audit activity and ICR/SCRs. Action Plans from ICRs/SCRs developed and actions monitored by CPC, Reported to Chief Officers Group.	The CPC can demonstrate our improvements in services. Children and young people receive appropriate support when they need it and their lives are improved as a result of agencies' interventions. We are aware of how well services are performing and act together to address any difficulties.

4. CPC Activity in 2014

Over the last 12 months the CPC's priorities have been self evaluation, promotion of good practice, training and staff development to improve outcomes for children involved in the child protection system.

- West Lothian CPC believes that quality planning for children depends on quality assessment. Multi-agency risk assessment training focuses on staff being equipped to make robust assessments and therefore robust plans to tackle identified risk. During 2013 the Quality Assurance & Self Evaluation (QASE) sub-committee was tasked with auditing the effectiveness of child protection case conferences (CPCC). During other case audits the QASE Subcommittee had identified child protection planning as an area for improvement. The

QASE subcommittee hypothesised that there appeared to be too much time spent at CPCCs relating information already contained in professionals' reports, circulated prior to the CPCC, and not enough time on the analysis of risk and planning to reduce the risks. The CPCC audit involved observation of the meetings and seeking the views of the parents and professionals who attended the meetings and those responsible for chairing them. The audit found that in many CPCCs there was too much time spent relating information already circulated and that although staff were very good at identifying risk factors, the impact on the child was not as well evidenced. Therefore a number of CP plans were not specific enough in terms of how the work with families would improve outcomes for the child. Recommendations from this audit were approved by the CPC. As a result the format of the CPCCs changed in February 2014 to ensure a greater emphasis on the analysis of risk, the impact of risk factors on the child and more focused planning to reduce the risk and achieve positive outcomes for the child. Chairs were provided with a script to ensure consistency of approach. Members of the QASE subcommittee re-audited the functioning of CPCCs to ensure that changes in the way meetings are conducted had resulted in a more focused meeting. An audit of the quality of CP plans was carried out in June, focusing on outcomes for children.

Findings of CPCC re-audit

Pre-Birth/Initial CPCCs	2013	2014
Risk factors were clearly identified by professionals	83%	100%
The impact on the child of the risk factors was identified and informed by evidence/theory	50%	100%
Risks to the child were clearly identified and balanced against any protective factors	67%	100%
Risks and the actions required to lessen the risk were clearly identified	50%	83%
Review CPCCs	2013	2014
The impact of the CP plan on the child was identified & evidenced by professionals	100%	100%
The impact of the plan on the parent's behaviour was identified and evidenced by professionals	100%	100%
Professionals were clear about how risks to the child had reduced, increased or stayed the same	50%	100%
Risks and the actions required to lessen the risk (or meet need) were clearly identified	50%	100%

There appears to have been an improvement in focusing CPCCs on the impact of risk factors on the child and planning to reduce the impact on the child. However, auditors noted some professionals still struggle to identify risk and protective factors and the impact on the child and are more comfortable providing a narrative rather than an analysis.

In some CPCCs there was still a focus on the social work view even when there were professionals present who had had a lot more involvement with the child and family. The planning process at some CPCCs was noted as still being poor. These issues will continue to be addressed in 2015.

- In a separate exercise the quality of initial CP plans was considered. It was found that:
 - ~ The risks/needs were fully addressed in 77% of the plans
 - ~ It was clear how risk/need would be reduced in 81% of the plans
 - ~ The discussion at the CPCC was fully reflected in 81% of the plans
 - ~ Outcomes for the child were clearly outlined in 81% of the plans
 - ~ Timescales were realistic in 67% of the plans
 - ~ Professional responsibility for tasks was clear in 95% of plans
 - ~ It was explicit in 76% of plans which professional would see/speak to the child (in other plans it was implicit)
 - ~ There was a contingency plan in 90% of cases; it was clear in 81% and adequate in 76%
 - ~ The right people were in the core group in 86% of cases.

Plans submitted to review CPCCs were also audited. It was found that:

- ~ Progress of plans was clear in 100% of cases
- ~ Professionals' evidence re progress was clear in 100% of cases
- ~ The plan changed appropriately in 86% of cases
- ~ In one case where the contingency plan was not invoked, auditors felt that this was appropriate.

The findings of the audits are reported to the CPC with an expectation that members will raise and address issues within their own organisations.

- The Graded Care Profile was previously introduced and a number of staff trained in its use, giving practitioners another assessment tool for use in cases of neglect. Unfortunately use of the tool had not been as widespread as hoped for. The CPC regards the GCP as a useful

tool for professionals and in 2014 Children & Families Social Workers and Health Visitors were advised of the expectation that the GCP would be used in all cases where neglect was suspected or confirmed. Refresher training sessions were provided and the impact of its use will be considered by the QASE subcommittee in 2015.

- The CPC is committed to promoting multi-agency training and events in order for practitioners to develop an understanding of each other's roles, develop trust, share a common approach to child protection work, accept responsibility and share good practice. Basic child protection training and risk assessment training courses have been provided on a regular basis. The Lead Officer provides regular training for new prison officers at HMP Addiewell and for staff at a number of private nurseries in the area. Child and adult protection awareness raising sessions were provided to all firefighters working in West Lothian and a child protection awareness raising session to teaching staff at Donaldson's School. Specific training was provided on protecting children with a disability and working with non-engaging families, which will be repeated in 2015.
- The Child Protection Practitioners' Group meets every 3 months and discusses child protection practice issues raised by frontline practitioners. Issues from this group are fed into the Practice and Training and QASE subcommittees in order that procedures/processes or training can be refined or provided to ensure that staff feel confident in their roles and outcomes for children are improved. Staff highlighted sexual abuse as a topic where more training was required and this was incorporated into the Practice and Training Subcommittee's Action Plan 2014. Training was provided on 'Child Protection & the internet' and an event covering - the impact of child sexual abuse; childhood sexual behaviour; responding to sexually abused children and working with non-abusing parents was well attended.
- West Lothian CPC produced Child Sexual Exploitation procedures. The procedures were published on the CPC's website and a number of awareness raising sessions have taken place with more planned in 2015. A local action plan will be developed in 2015.
- The CPC considers information on the number of CP referrals, joint investigations resulting in CPCCs and registration, case conferences held within the 21-day time period and agency compliance with the procedures. Further scrutiny of management information is provided by the QASE subcommittee.
- The QASE subcommittee regularly reviews cases where children's names have been placed on the CPR pre-birth and their names remain on the CPR after 12 months. In 2014 the subcommittee decided to review the cases with the core groups as auditors had felt that

reviewing reports and minutes was not always satisfactory in getting a complete overview of a case. A template was devised and auditors met with members of the core group. The QASE subcommittee felt that involving practitioners in discussion was a productive way of considering these cases and felt that involving core groups in reflecting on their own practice is more useful than members of the QASE subcommittee reviewing cases in isolation. This approach will be utilised in other self evaluation/audit activity in 2015.

- In 2013 the Child Protection Committee took advantage of West Lothian Council's Graduate Employment Scheme to conduct an analysis of the impact of basic child protection and risk assessment training on practice. Feedback was collected in three stages.
 1. Participants were asked to evaluate their understanding and knowledge of the elements of the course prior to attending the course and immediately after the training.
 2. Four months later (February 2014) the course participants were asked to rate whether and how the training had affected their practice.
 3. Simultaneously, their line manager was asked to rate how the training had impacted on the employee's practice.

Feedback from staff immediately after the training events was positive with 100% of staff reporting that their knowledge and understanding increased as a result of the training. However, the process for collecting information after a number of months proved problematic. Following up participants and gaining their manager's view after a number of months is highlighted as best practice in the Scottish Government's 'National Framework for Child Protection Learning and Development in Scotland 2012'. However, the return, particularly from managers was low and the responses from managers did not necessarily relate to the staff responses, i.e. some staff responded but their managers didn't and some managers responded but their staff didn't. This meant that there could be no analysis of how staff viewed the impact of the training compared with how their managers viewed any improvement or not in performance. In addition a number of the participants, particularly on the basic child protection training course, had not been involved in a child protection case or attended a CPCC since the training.

- A sample of VRIs was reviewed on a monthly basis and feedback given to the staff involved. Issues of concern have been minor and addressed with the relevant staff. Following feedback from staff who undertake joint investigative interview an input on interview planning was provided. Meetings are arranged twice a year with staff who undertake JIs to discuss issues.

5.

West Lothian CPC Improvement Plan 2015

The Improvement Plan should be read in conjunction with the Action Plans for the Quality Assurance - Self-Evaluation and Practice and Training Subcommittees (Appendices 1 & 2)

Outcome	What are we going to do?	How will we do it?	When will we do it by? Date	Responsibility/Lead Officer	Progress Update	How will we know when we have done it?
Key Performance Outcomes						
Quality Indicator 1.1 Improving the well-being of children and young people We can demonstrate the improvement we have made to the lives of children and young people	Implement the programme for continuous improvement, performance monitoring and audit.	Use the performance framework to provide the CPC with quantitative data on CP activity.	Quarterly reporting	Chair QASE Subcommittee		CPC can clearly demonstrate that children and young people receive appropriate support when they need it and children's lives are improved as a result of agencies' interventions.
Impact on children, young people and families						
Quality Indicator 2.1 Ensure that children affected by domestic abuse receive the support they need when they need it	Rethink management information supplied to CPC which better reflects outcomes for children as a result of multi-agency intervention		March 2015	Group Manager		Children and young people affected by domestic abuse receive appropriate help and support
	Ensure quality of assessment and planning in CP cases where violence against women is an issue	Audit risk assessments in cases where domestic abuse is an issue. Meet with core groups.	June 2015	Chair QASE Subcommittee		Assessments clearly identify responsibility for the abuse and plans reflect this.

		Gather the views of young people affected by domestic abuse via the Cedar Project or DASAT children's worker	March 2015	Early Intervention Programme Manager		
Delivery of Key Processes						
Quality Indicator 5.1 Assessing and responding to risks and needs: We have a consistent approach to assessing risk and need of children and young people affected by CSE	Monitor use of Child Sexual Exploitation Procedure. Understand the nature and extent of the issue in West Lothian Raise awareness of CSE with young people, staff and public.	Receive regular reports & progress updates from strategy meetings as per the CSE procedures. Implement any data collection tool recommended by the Scottish Government (when available). In the meantime consider data from VPD forms submitted by Police Scotland. Develop an action plan focused on prevention, recognition, disruption & recovery	Dec 2015	Chair of CPC		The CPC has an understanding of those at risk of, and those experiencing CSE and is reassured that agencies respond appropriately
	We have a robust system in place for assessing risk and planning interventions for unborn babies Ensure that there is no delay in assessing the risks to unborn babies, assessing parents' capacity to change and planning interventions.	Establish short life working group to consider framework for assessment and appropriate interventions	August 2015	Vice Chair of CPC (SW)		Assessments of risk & plans for unborn babies are robust. Interventions begin at an early stage
Quality Indicator 5.2 Planning to meet children's	Ensure our child protection plans are of consistently high quality	Audit of CP Plans where domestic abuse is a concern.	June 2015	Chair of QASE Subcommittee		Plans address risks and needs and lead to improved

<p>needs</p> <p>Children experiencing domestic abuse and neglect have their needs met.</p>	<p>and link to our assessment of risk and needs.</p> <p>Child Protection Plans are clear and identify what difference our actions are expected to make to the child or young person's wellbeing</p>	<p>Audit cases of neglect where the Graded Care Profile has been used</p>				<p>outcomes for children.</p> <p>The CPC is satisfied that use of the Graded Care Profile improves assessment and planning leading to better outcomes.</p>
<p>Quality Indicator 5.3 Involving children and families in key processes</p> <p>Children and young people are listened to and we understand their views, wishes and expectations</p>	<p>Children, Young People and their families are informed, included and enabled to participate meaningfully</p>	<p>Consider reports from Viewpoint</p>	<p>Dec 2015</p>	<p>Chair of CPC</p>		<p>We can demonstrate children and young people's views are taken into account when planning future work</p>
Leadership						
<p>Quality Indicator 9.1 Vision, values, aims</p> <p>All children in West Lothian achieve their potential</p> <p>We have a joint vision with the Community Planning Partnership to improve the outcomes for</p>	<p>Have a clear strategy to share across our agencies</p> <p>All CPC members promote our vision values and aims within their agencies.</p>	<p>Provide quarterly reports to the CPC and Chief Officers Group which demonstrate outcomes, issues, findings and recommendations from the CPC Subcommittees</p>	<p>Dec 2015</p>	<p>Chair of CPC</p>		<p>We can demonstrate improved outcomes for children in West Lothian</p> <p>CPC members evidence collaborative working and participation to ensure action plans progress</p>

Children in need of protection						Staff receive information and guidance via CPC members.
Quality Indicator 9.2 Leadership of improvement and change Improvement through self-evaluation We have identified our strengths and are addressing our areas for improvement	Ensure future activity is based on robust management information (focused on outcomes for children) and is driven by both single and multiagency self-evaluation and findings from ICRs/SCRs both internal and external.	Continue programme of multi-agency audit and practice evaluation , including practitioners , and where appropriate, families in the process	Dec 2015	Chair of CPC		<p>The CPC can demonstrate our improvements in services. Children and young people receive appropriate support when they need it and their lives are improved as a result of agencies' interventions.</p> <p>We are aware of how services are performing and act together to address any difficulties.</p>

In 2015 the Child Protection Committee will focus scrutiny on ensuring that staff are improving the outcomes for children affected by domestic abuse and neglect with a combination of self evaluation and audit activity and training for staff. As a result of learning from an ICR the CPC is keen to ensure that assessing and planning for unborn babies is robust and begins at the earliest opportunity to ensure that children get the best possible start in life.

QUALITY ASSURANCE & SELF EVALUATION ACTION PLAN 2015

Vision

NATIONAL OUTCOME - We have improved the life chances for people at risk

- **SINGLE OUTCOME AGREEMENT** – People most at risk are protected and supported to achieve improved life chances
- **INTEGRATED CHILDREN'S SERVICES PLAN** – Improving outcomes for the individual child and their family
- **CPC VISION** – The involvement of agencies reduces risk and improves outcomes for children
- **QUALITY INDICATOR – 5.4:** Effectiveness of planning to meet needs

Objective	What are we going to do?	How will we do it?	When will we do it by?	How will we know when we have done it?
<ul style="list-style-type: none"> • Children get the help they need when they need it. • There is effective decision making, identifying responsibilities and meeting needs • CP plans take account of changing circumstances • Risk is reduced and there are positive outcomes for children 	<ul style="list-style-type: none"> • Assess whether use of the GCP results in better outcomes for children in cases where neglect is an issue. 	<ul style="list-style-type: none"> • Audit CP plans for children where neglect has been identified as an issue. Meet with core groups 	Dec 2015	Use of the GCP promotes a shared understanding of neglect between agencies. CP plans are focused and progress; contingency plans are implemented timeously. Intervention is proportionate and children are not left at unacceptable risk for lengthy periods.
	<ul style="list-style-type: none"> • Ensure quality of assessment and planning in CP cases where violence against women is an issue 	<ul style="list-style-type: none"> • Audit assessments & plans in cases where domestic abuse is an issue. Meet with core groups 	Sept 2015	Professionals have a clear understanding of domestic abuse; victims are supported not blamed; assessments clearly identify responsibility for the abuse and plans reflect this.
	<ul style="list-style-type: none"> • Reflect on practice & review progress where children's names have been on the CPR for over 2 years 	Meet with core group	As necessary	Professionals are given the opportunity to reflect on their practice and amend plans or implement contingency plans to achieve positive outcomes for children
	<ul style="list-style-type: none"> • Ensure that visually recorded interviews (VRI) are of a high & consistent standard 	<ul style="list-style-type: none"> • Review quality of VRIs. Feedback to staff. Twice yearly meetings with those conducting JIs 	2 - Monthly	Professionals are confident and competent. No concerns are raised by Reporters or PF. Interviews are of a consistently high standard and conform with the practice model.
	<ul style="list-style-type: none"> • Consider practice in the light of lessons learned from 	<ul style="list-style-type: none"> • Seminars/briefings 	As required	Lessons learned from ICRs/SCRs are considered and changes made to practice

	<p>ICRs/SCRs</p> <ul style="list-style-type: none"> • Ensure that children with a disability are protected from harm • Reflect on practice & review progress where children's names have been on the CPR pre-birth & remain there after 1 year 	<ul style="list-style-type: none"> • Focus group of staff and managers who work with children with a disability • Meet with core group 	<p>Dec 2015</p> <p>As required</p>	<p>where appropriate</p> <p>Professionals are given the opportunity to reflect on their practice and the CPC is satisfied that staff are able to identify and address CP issues where the child has a disability</p> <p>Professionals are given the opportunity to reflect on their practice and amend plans or implement contingency plans to achieve positive outcomes for children</p>
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PRACTICE & TRAINING ACTION PLAN 2015

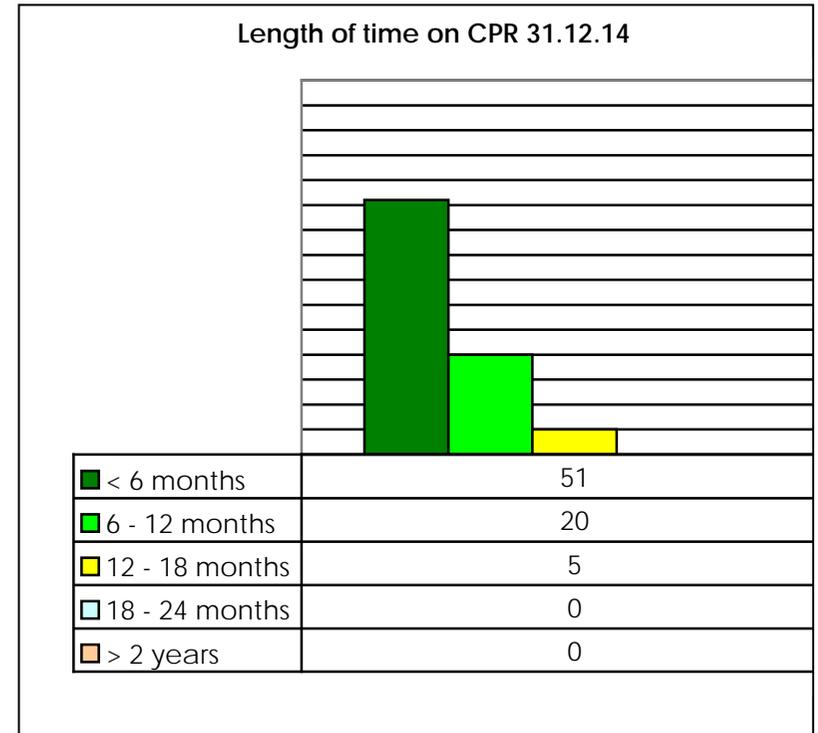
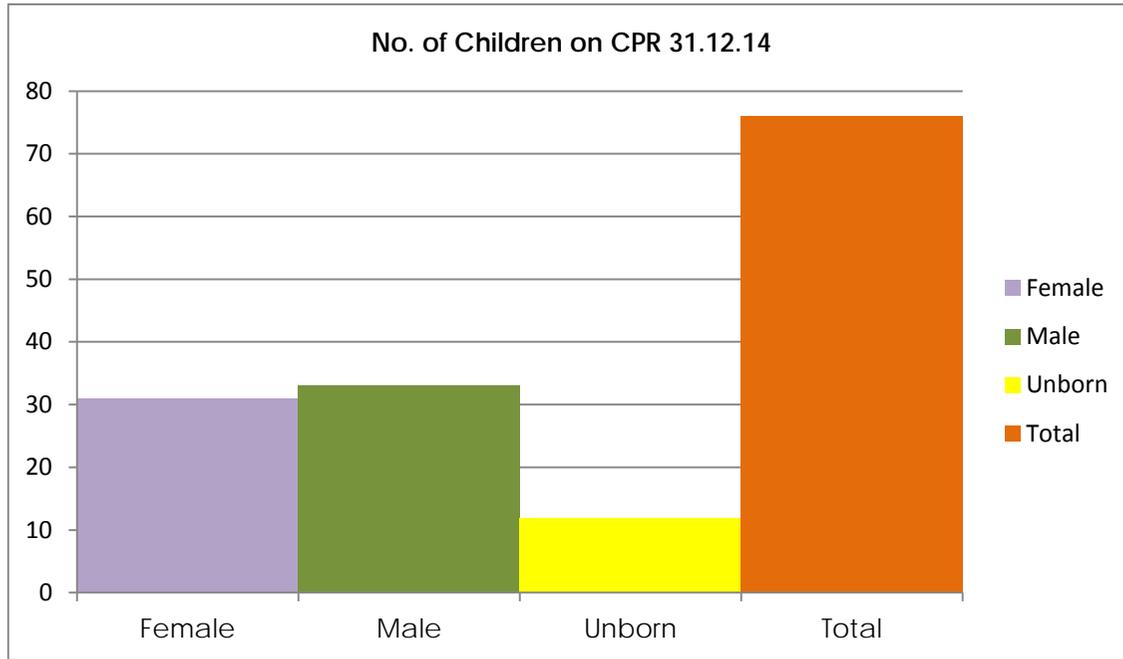
Vision

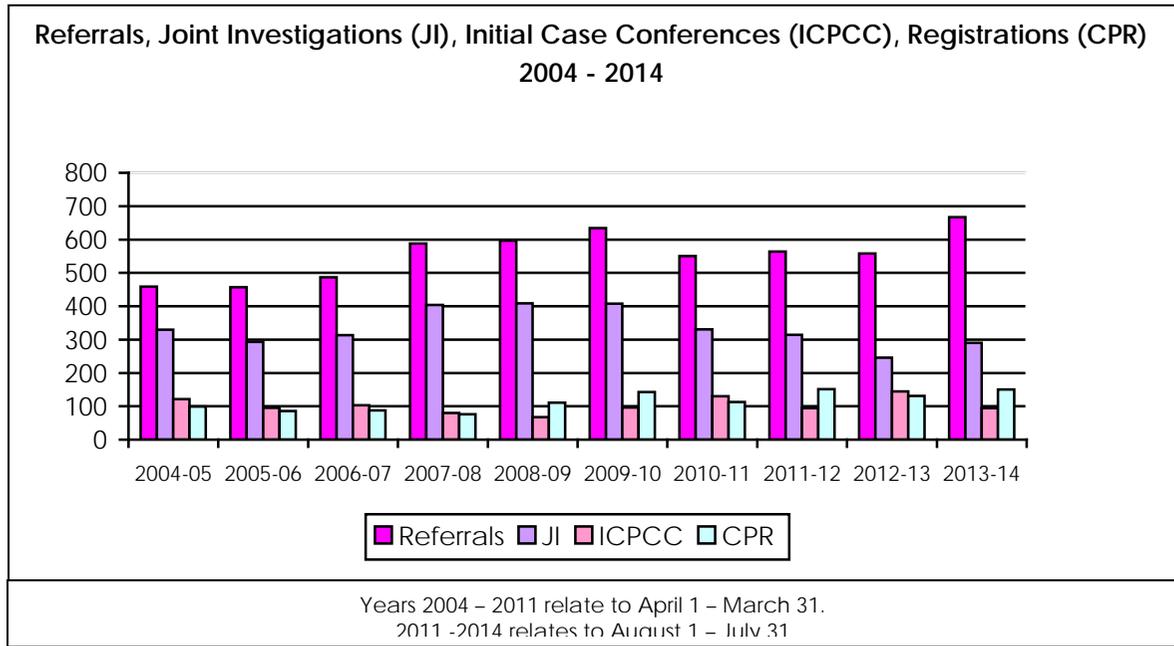
- **NATIONAL OUTCOME** – We have improved the life chances for people at risk
- **SINGLE OUTCOME AGREEMENT** – People most at risk are protected and supported to achieve improved life chances.
- **INTEGRATED CHILDREN'S SERVICES PLAN** – Improving outcomes for the individual child and their family/Reduce inequalities by targeting services at those most at risk/Reinforce a prevention approach
- **CPC VISION** – Staff are confident and have the necessary skills and competence (relevant to their job) to protect children.
- **QUALITY INDICATOR 7.3** – Staff training, development and support: Staff are supported, supervised and accountable in their work to support children in need of protection.

Objective	What are we going to do?	How will we do it?	When will we do it by?	How will we know when we have done it?
<ul style="list-style-type: none"> • Children get the help they need when they need it. • There is effective decision making, identifying responsibilities and meeting needs • Professionals are aware of the latest research, practice developments or lessons learned from SCRS • Risk is reduced and there are positive outcomes for children 	<ul style="list-style-type: none"> • Ensure staff are trained to the level their role requires. • Build on the work already done to further improve the assessment of risk and needs. • Identify training & practice issues • Ensure staff are aware of the needs of children with a disability • Ensure staff can identify non-engaging families & strategies for engagement 	<ul style="list-style-type: none"> • Provide basic child protection training every 2 months. • Provide training, seminars, briefings on specialist topics/SCRs • Provide risk assessment training 3x yearly • Meet with staff involved in CP work. • Provide annual CP training focused on children with a disability. • Deliver training re working with non-engaging families 	<ul style="list-style-type: none"> Bimonthly As required Feb, June & Oct 2015 Quarterly Annually 2 X per year 	<ul style="list-style-type: none"> • Professionals understand their roles and responsibilities, feel confident and competent. • Professionals recognise unmet need and risks, analyse information and provide services which improve the outcomes for children. • Children are getting the help they need when they need it. CP plans progress, contingency plans are implemented timeously. Intervention is proportionate and children are not left at unacceptable risk for lengthy periods. • QASE subcommittee reports improvement in assessment and planning through audit activity. • There is significant uptake of training opportunities from staff and training is well evaluated.

	<ul style="list-style-type: none"> • Ensure professionals understand their role & responsibilities at CPCCs • Ensure professionals can identify CSE and are aware of local procedures • Ensure professionals understand the impact of neglect on children and YP • Ensure professionals understand the impact of domestic abuse on children and YP 	<ul style="list-style-type: none"> • Develop and deliver training re attending CPCCs • Deliver CSE awareness raising sessions • Arrange event involving multi-agency input • Arrange event involving multi-agency input 	<p>Develop by Aug 2015</p> <p>4 X in 2015</p> <p>Dec 2015</p> <p>Dec 2015</p>	<ul style="list-style-type: none"> • Professionals are aware of and respond to the needs of children with a disability. CPC & Chief Officers are reassured that children with a disability are protected • Professionals are aware of the warning signs of CSE and respond appropriately using the CSE procedures • Professionals are confident presenting their analysis of risk at CPCCs and developing plans to reduce risk • Professionals have a clear understanding of domestic abuse & the impact on children; victims are supported not blamed; assessments clearly identify responsibility for the abuse and plans reflect this.
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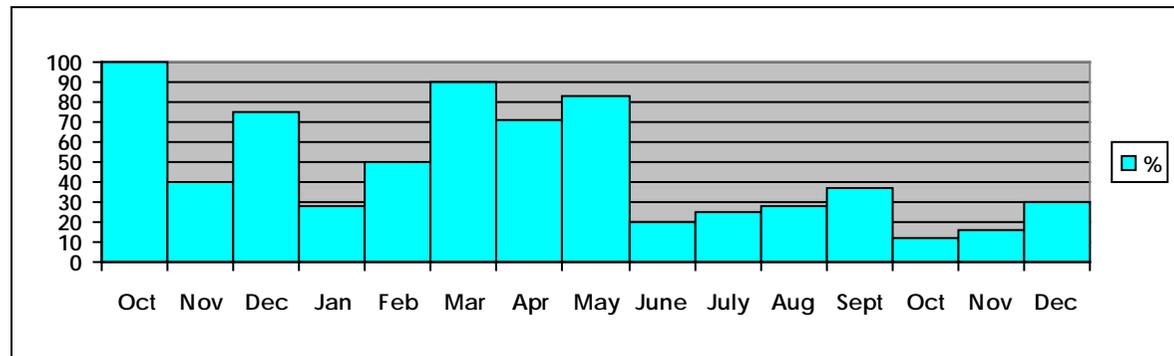
Child Protection Information





The number of child protection referrals has increased by 109 from 2012-13 but the number of initial CPCCs has decreased from 145 to 94, possibly reflecting a number of large families as the number of children being registered as at risk of significant harm increased to 150 from 131, or a larger number of CPCCs in 2012 - 13 did not result in registration.

Percentage of initial case conferences held within the 21 day timescale Oct 13 - Dec 14



In October 2013 West Lothian adopted the National guidance timescales for holding initial case conferences. Performance has been affected by a number of factors, most noticeably the Reviewing Officer Team operating at less than full capacity.