National Guidance for Child Protection in Scotland 2021: Analysis of Local Implementation

Final Report

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Glossary

Bairns' Hoose: Scotland's approach to the Icelandic barnahus model. Bairns' Hoose offers holistic, child-centred support to those who have been victims or witnesses of abuse and to children under the age of criminal responsibility whose behaviour has caused harm. Six pathfinder areas are currently progressing this approach across the country. https://www.bairnshoosescotland.com/

Contextual Safeguarding: an approach to understanding, and responding to, young people's experiences of significant harm beyond their families. It recognises that the different relationships that young people form in their neighbourhoods, schools and online can feature violence and abuse. Parents and carers have little influence over these contexts and young people's experiences of extra-familial abuse can undermine parent-child relationships. https://www.cycj.org.uk/wp-content/uploads/2021/01/Info-Sheet-93.pdf

Family Group Decision Making (FGDM): an approach to planning for a child based around the input of their family network. FGDM can help a child's wider family to come together to agree a family plan to support their child, before a life-changing decision is made about their future.

Graded Care Profile: an assessment tool that helps practitioners take a strengths-based approach to measuring the quality of care a child is receiving and supports them to identify neglect. https://learning.nspcc.org.uk/research-resources/2022/graded-care-profile-2-case-study-evaluation/

Safe and Together: a model of assessment and intervention to address domestic abuse in a child protection context. The model is based on three principles: i) keeping the child safe and together with the non-offending parent, ii) partnering with the non-offending parent, and iii) intervening with the perpetrator to reduce risk of harm to the child.   https://safeandtogetherinstitute.com/

Scottish Child Interview Model (SCIM): the model for carrying out Joint Investigative Interviews (JII) of children in Scotland and being implemented across the country following a period of development and testing. https://www.cosla.gov.uk/about-cosla/our-teams/children-and-young-people/joint-investigative-interviews-of-child-victims-and-witnesses

Signs of Safety: the Signs of Safety® approach is a relationship-grounded, safety-organised approach to child protection practice, created by researching what works for professionals and families in building meaningful safety for vulnerable and at-risk children. https://www.signsofsafety.net/

Whole Family Wellbeing Fund: the funding is a £500 million Scottish Government investment to support the whole system transformational change required to reduce the need for crisis intervention and to shift investment towards prevention and early intervention. https://www.gov.scot/policies/girfec/whole-family-wellbeing-funding/

Introduction

This report presents the findings from the self-evaluation exercise completed by all 31 of Scotland's Child Protection Committees (CPCs) in relation to their local implementation of the National Guidance for Child Protection in Scotland 2021. The self-evaluation was conducted in autumn 2023, two years after the September 2021 publication of the National Guidance. The results of the self-evaluation provide a two-year position statement on the extent to which implementation of the 2021 Guidance has been achieved and/or is being progressed, and can inform future activity and resource decisions at the national and local level.

The self-evaluation tool

The self-evaluation tool was produced by the Monitoring and Evaluation subgroup of the National Child Protection Guidance Implementation Group. Members of the subgroup included CPC chairs and lead officers, the Care Inspectorate, CELCIS, NHS, Police Scotland, the Scottish Government, and Social Work Scotland.

The tool was developed based on a close reading of the 2021 Guidance and, in particular, the main process and practice changes contained within it. This led to the tool focusing on eight Key Areas: alignment with Getting It Right For Every Child (GIRFEC) and The Promise; child protection processes; engagement and involvement of children, young people and families; workforce skills and wellbeing; learning culture; multi-agency working; leadership; and outcomes.

Two types of questions were asked within the tool:

- Closed questions where CPCs were asked to assess whether implementation of eight different key areas of the 2021 Guidance had been achieved 'in full', 'in part' or 'yet to start'. The self-assessed ratings from the closed questions are presented in the report using a 'red-amber-green' assessment whereby:
    o Green = at least 66% of CPCs rated aspect 'in full',
    o Amber = 33%-65% of CPCs rated aspect 'in full', and
    o Red = less than 33% of CPCs rated aspect 'in full'.
- Open questions where CPCs were asked to provide an assessment of the progress, achievements and/or challenges in implementing different aspects of the 2021 Guidance.

CPCs were also asked to document the supporting evidence they had used to assess the progress they had made. A wide range of evidence was cited, including recent inspection reports; staff surveys; quality assurance and reporting activity; and the analysis of local statistics. Reference was also made to the development or updating of local structures, documentation, processes and training as ways through which the 2021 Guidance is being implemented.

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Report structure

The findings from the self-evaluation are organised in this report using the eight Key Areas asked about in the tool. Preceding these sections is a reflective section that discusses the high-level implementation findings from the self-evaluation. The report concludes by providing a summary statement of the self-evaluation findings and outlines the implications for national and local stakeholders.

Summary Reflections

This section presents the high-level implementation findings that can be drawn from the analysis of the local responses. These provide valuable context to the findings contained in the Key Area sections.

There has been a lot of activity

The main finding from the analysis of the local self-evaluation responses is that all CPCs have been involved in and progressed a lot of child protection improvement activity. As well as working to implement the 2021 Guidance and the changes to practice, processes, timescales and language associated with that, all CPCs have considered and/or progressed implementation of one or more of the following policy or practice developments:

- Bairns' Hoose – with many CPCs having applied to become Bairns' Hoose pathfinders.
- Family Group Decision Making (FGDM).
- Safe & Together training.
- Scottish Child Interview Model (SCIM) – with all CPCs involved in the national implementation of the model.
- Signs of Safety.
- Trauma-informed practice.

The level of activity reported within the self-evaluation responses is impressive, particularly given that planning and implementation of these different developments has been done concurrently, and at a time of acute workforce, service and funding pressures across Scotland's children's services.

Regional collaborations have supported implementation of the 2021 Guidance

In their self-evaluation responses, some CPCs stated that they had established 'implementation sub-groups' to lead, coordinate and monitor the implementation of the 2021 Guidance within their local authority area. However, what shone through more strongly was the amount of work undertaken at a regional level, with CPCs working together in collaboration. Examples of such regional collaborations included:

- Working together to update local child protection guidance and procedures: Ayrshire (East, North and South Ayrshire), Edinburgh and Lothians (Edinburgh and East, Mid-, and West Lothian), Forth Valley (Clackmannanshire, Falkirk and Stirling), and Strathclyde/West of Scotland (seven CPCs of East Dunbartonshire, East Renfrewshire, Inverclyde, North Lanarkshire, Renfrewshire, South Lanarkshire and West Dunbartonshire).
- Working together to produce shared Inter-agency Referral Discussion (IRD) processes and resources: Lanarkshire (North and South Lanarkshire), North East Scotland (Aberdeen City, Aberdeenshire and Moray), and Tayside (Angus, Dundee City and Perth & Kinross).

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- Working together to develop child-friendly child protection materials: Inverclyde, North Lanarkshire and Renfrewshire CPCs.

The drivers behind the regional collaborations were not explained but likely include: pre-existing collaborations between individual CPCs; the desire to have shared approaches across CPCs that have the same Health Board or Police Division boundaries; and the experience of working with other CPCs in the implementation of SCIM.

Limited discussion of barriers and challenges to implementation

In completing the self-evaluation, CPCs were asked to consider and set out the barriers or challenges they had encountered in implementing the 2021 Guidance.

However, CPCs tended to provide limited information on this, and a small number of CPCs did not report any barriers or challenges.

The limited discussion of barriers and challenges is felt by the report's author to be more a reflection of the methodological approach taken to the self-evaluation, with CPCs perhaps cautious about sharing concerns in writing for fear of potential scrutiny, rather than there being an absence of barriers and challenges. For future exercises, a follow up call or meeting with the chair and/or lead officer of each CPC could be considered to more openly discuss barriers and challenges, as well as strengths and achievements, in implementation.

Notwithstanding this degree of caution among CPCs, some barriers or challenges were shared. Many related to specific aspects within the 2021 Guidance and are discussed in later sections of this report. However, some of the barriers and challenges shared were cross-cutting and are presented here as contextual factors impacting on implementation. These were:

- The number of new legislative, policy and practice developments that CPCs had to respond to during the implementation period of the 2021 Guidance.
- The difficulties recruiting and retaining staff, which has impacted on the capacity of the children's services workforce to progress improvement and implementation work.
- A number of more experienced members of the workforce leaving the sector, meaning a higher workforce complement of newly qualified, less experienced staff. This again impacts on workforce capacity levels to progress improvement and implementation work.
- High and more complex levels of need among children and families, leading to increased demand for support and services, and less capacity to progress improvement and implementation work.

Key Area 1: Alignment with GIRFEC and The Promise

The self-evaluation began by asking CPCs about the extent to which key national policy ambitions – such as implementing the United Nations Convention on the Rights of the Child (UNCRC), Getting It Right For Every Child (GIRFEC), and The Promise – were embedded within local child protection processes and/or guidance. A specific question about The Promise was not asked as other local partnership structures and roles hold lead responsibility for its local implementation. However, many of the tool's questions are aligned to The Promise, including those related to children's participation, intensive family support, and trauma-informed practice. This recognises the centrality of keeping The Promise across children's services partnerships, and the key role of CPCs.

Seven policy ambitions were asked about within Key Area 1 and Table 1 shows:

- Implementation was reported to be highest in relation to GIRFEC in terms of highlighting the need for holistic assessment using the National Risk Framework to Support the Assessment of Children and Young People, and child protection to be viewed as part of a continuum of inter-agency services informed by the GIRFEC policy and practice model.
- Implementation was reported to be lowest in relation to the connection with adult services. Young people's transitions to adult life and services was one of the lowest assessed aspects across the whole self-evaluation. Children's and adult services working together to provide intensive family support also received a low rating.

Table 1: Self-assessed ratings of local alignment with GIRFEC and The Promise

We have reviewed and updated (as necessary) our local child protection processes / guidance to ensure that they:	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
Are **rights based** and support the implementation of the UN Convention of the Rights of the Child	17	14	0	55%
Are **strengths-based** (i.e. recognise and support the strengths, relationships and skills within the child and their world)	15	16	0	48%
Are **trauma informed**	13	18	0	42%
Highlight the need for **holistic assessment** of the risk, strength and resilience in the child's world using the National Risk Framework to Support the Assessment of Children and Young People	19	12	0	61%
View child protection as part of a continuum of inter-agency services for children and families informed by the **GIRFEC policy and practice model**, beginning with early intervention and prevention	17	14	0	55%
Ensure sufficient continuity and co-ordination of planning and support for each vulnerable young person at risk of harm as they make their individual **transitions to adult life and services**	3	27	1	10%

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Recognise the importance of **intensive family support** and effective partnership working between children's and adult services	9	22	0	29%

n = 31 responses

Activity, progress and achievements

A wide range of activity was reported by CPCs under this Key Area. The developments and areas of progress have been discussed in relation to each of the policy ambitions asked about in Table 1.

In relation to the UNCRC, a number of CPCs reported having a UNCRC or children's rights multi-agency group in place to help drive and coordinate activity, while some had multi-agency training on the UNCRC available. Most CPCs also referred to local primary and secondary schools working towards achieving the Rights Respecting School Award, while Eilean Siar reported that Child Impact Assessments were to be added to Council Committee Reports to make elected members and leaders more aware of how decisions impact on children and the fulfilment of their rights.

Strengths-based practice was not widely discussed but Moray referred to the introduction of solution-oriented child protection planning meetings. These aim to reduce stigma, enhance family participation, use non-blaming language, avoid revisiting traumatic incidents, and emphasise family strengths. Reviewing officers therefore address concerns first, before using the meeting to focus on family strengths and developing a family support plan.

There was clear evidence of CPCs being committed to embedding trauma-informed practice, with some reporting high level commitments to becoming a trauma-informed organisation (Highland Council and Inverclyde Council), trauma-informed partnership (Renfrewshire) or a trauma-informed city (Edinburgh). Most CPCs reported that they had invested in roles and structures to embed trauma-informed practice, such as trauma steering groups; trauma learning & development, coordinator, lead and/or champion posts; and the delivery of trauma-informed training to multi-agency workforces. However, one challenge reported was that NHS Education for Scotland (NES) 'train the trainer' funding ended sooner than expected.

Approaches to implementing Getting It Right For Every Child can be found across other aspects of the self-evaluation (for example, in relation to intensive family support, children and families' participation, and transitions) but one related development reported by some CPCs was establishing a 'single point of access', a 'no wrong door' approach, or a 'request for assistance' team and/or process, with these seen to better support children and families' access to services. In terms of other developments, Fife reported that Fife HSCP had become a Getting It Right For Everyone (GIRFE) pathfinder with a particular focus on people with complex needs and young people's transitions, while at least two CPCs noted the need to, or were planning to, revisit the National Risk Framework to ensure that it remains meaningful for current practice given it was published in 2012.

The self-assessed ratings in Table 1 showed that CPCs recognise that young people's transitions to adult life and services is a key area for further work and improvement, and was an area identified in recent Learning Reviews. From the open text responses, activity is already underway in many CPCs, including:

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- Guidance and structures in place to enhance transitions, for example Glasgow has Young Person Support and Protection procedures for young people aged 12-21; while the Scottish Borders have a multi-agency working group for 14-30 year olds involving social work (children's, throughcare and aftercare, youth justice, and adults), health, and police.
- Reviews of local transitions policies and support being undertaken.
- Funding of transitions teams or posts within social work, or funding of third sector support for transitions. Some of these teams, posts and services were, however, reported to focus on supporting disabled children/young people or children/young people with additional support needs rather than all young people needing support.
- In North and South Lanarkshire, NHS Lanarkshire is recruiting two Through Care Nurses to support young people's transitions from school nursing.
- Greater joint work between child and adult protection committees.

Enhancing intensive family support is another area of development for CPCs. Progress is, however, being made and can be seen in two main ways. First, and with the Whole Family Wellbeing Fund reported as a key enabler, there has been investment in 'whole family supports' – either through:

- Co-located family wellbeing hubs or clusters being established or already operating in local communities, such as Aberdeen City's Fit Like? Family Wellbeing Hubs, Midlothian's Family Wellbeing Hub, North Lanarkshire's Empowering Clusters, and the Shetland Family Centre.
- Family support teams or services being set up or expanded, either as council teams or delivered by third sector providers. In some CPCs, there were teams dedicated to specific groups of families, such as Perth & Kinross having a First Steps Team providing whole family intensive support to vulnerable pregnant women.

The Whole Family Wellbeing Funding (WFWF) - Year 1 Process Evaluation: Final Report provides further information about the programme, while monitoring and further evaluations of the programme are planned over the course of the programme.

Second, there was evidence of CPCs building stronger connections with other public protection groupings, such as their local Violence Against Women and Girls (VAWG) group, Alcohol and Drugs Partnership (ADP), and Multi-Agency Public Protection Arrangements (MAPPA). Aberdeenshire referred to using National Drugs Mission funding to help implement the National Framework for Improving Family Support: Towards a Whole Family Approach and Family Inclusive Practice in Drug and Alcohol Services.

Areas for improvement, barriers and challenges

CPCs recognised the need to continue working to enhance young people's transitions into adult services (particularly for disabled children and young people) and intensive family support services, both of which involve closer working with adult services. Very few other barriers or challenges specifically tied to this Key Area were raised, with the ending of NES 'train the trainer' funding already referred to, two CPCs highlighting the potential need to revisit the National Risk Framework, and one CPC highlighting the need to refresh the workforce's understanding of GIRFEC due to the turnover of staff and leaders.

Key Area 2: Child Protection Processes

Key Area 2 asked about the extent to which key changes or developments contained in the 2021 Guidance have been incorporated within local child protection processes and/or guidance. Table 2 shows that 10 changes or developments were asked about.

- Implementation was reported to be highest in relation to more procedural aspects, such as updating or developing guidance in relation to: Inter-agency Referral Discussions (IRDs), Joint Investigative Interviews (JIIs), medical examinations, timescales for child protection processes, and updated definitions of child abuse and neglect.
- Implementation was reported to be lowest in relation to contextual safeguarding, and guidance and/or processes that respond to the needs of 16-17 year olds, pre-birth children, disabled children, migrant families, and unaccompanied asylum seeking and trafficked children. The consideration or inclusion of structural factors (such as poverty and housing) is also an area for continued work.

Table 2: Self-assessed ratings of updates to local child protection processes and guidance

We have reviewed and updated (as necessary) our local child protection processes / guidance to ensure inclusion of:	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
The revised **definition of child abuse and neglect**	24	7	0	77%
Structural factors (e.g. poverty and housing) that may contribute to risk of harm	12	19	0	39%
Children aged **16 and 17 years olds**	11	19	1	35%
The needs, rights and mutual significance of a child's **siblings**	18	13	0	58%
The following specific groups: • **pre-birth children** • **disabled children** • **migrant families** • **unaccompanied asylum seeking and trafficked children**	9	22	0	29%
Contextual safeguarding and extra familial harm	8	19	4	26%
Guidance provided on the decision to hold an **Inter-agency Referral Discussion** (IRD), and on the purposes, components and process of IRDs	25	6	0	81%
Guidance provided on **Joint Investigative Interview** (JII) purposes, components and processes	24	7	0	77%
Guidance provided on **health assessment and medical examination** purposes, components and processes	23	8	0	74%
Updated **timescales** for stages in child protection processes	24	6	1	77%

n = 31 responses

Activity, progress and achievements

A wide range of activity was reported by CPCs and these developments and areas of progress have been discussed in relation to the different aspects asked about in Table 2.

Almost all CPCs reported that they had revised their definition of child abuse and neglect but wider, related developments reported by some CPCs were the use of toolkits (such as the Graded Care Profile) to support assessment and understanding of neglect and Dundee's implementation of the Addressing Neglect and Enhancing Wellbeing programme. Of potential interest was that most of the specific examples shared came from Scotland's largest cities: Aberdeen, Dundee, Edinburgh and Glasgow.

CPCs set out a range of local developments to respond to structural factors affecting children and families, although Table 2 indicates that this remains an area for further work and attention. Most of the examples given related to understanding and responding to increasing levels of poverty, with many CPCs pointing to Child Poverty Action Groups and/or Plans in their local authority area. More direct examples of supports included:

- 'Money and welfare rights' teams established and, in Midlothian, a financial adviser being embedded in the social work duty team, as well as access to an income maximisation worker for all children and families referred to Child Protection Planning Meetings.
- In Dundee, links between children & families social work and neighbourhood services had been strengthened to raise awareness of food banks and other sources of support.
- NHS Lanarkshire had added a financial inclusion routine enquiry to the Universal Health Visiting pathway.

In terms of responding to children and families' housing difficulties, CPCs gave examples of housing colleagues as members of the CPC and being invited to child protection multi-agency training. However, Argyll & Bute reported its declaration of a local housing emergency, something that Edinburgh and Glasgow have also declared.

 The inclusion of 16-17 year olds within child protection processes is another area for further work and attention. Indeed, CPCs' uncertainty on how best to support 16-17 year olds was clearly evident in their open text responses, with CPCs pointing to some contradictions in how children are defined in different legislation and services. Notwithstanding these issues, many CPCs reported that 16-17 year olds are fully included in child protection, and care and risk management (CARM), processes. Other CPCs referred to more specific examples, such as:

- In East Renfrewshire, a Young Persons Protocol has been developed and the use of Compulsory Supervision Orders (CSOs) promoted for vulnerable 16-17 year olds.
- In Highland, a Young Adults at Risk of Harm Sub-Group has been established to consider the needs of 16-26 year olds who may be vulnerable and/or care experienced.
- In Moray, a Young People's Support and Protection Procedure is being developed to support 16-18 year olds (and 16-26 year olds for care experienced young people).

- In Renfrewshire, a specific guidance note has been developed on 16-17 year olds in relation to child protection and IRDs.

Most CPCs reported that they are considering the needs, rights and mutual significance of a child's brothers and sisters in child protection processes. A number of CPCs specifically referred to how they are considering brothers and sisters in IRDs, while other examples shared were Together and Apart Assessments being used to consider family groups in two CPCs, and Renfrewshire has a Keeping Brothers and Sisters Together policy.

In the self-evaluation form, the review and updating of local child protection processes and guidance to include pre-birth children, disabled children, migrant families, and unaccompanied asylum seeking and trafficked children were grouped into one question. Some CPCs did provide separate self-assessed ratings for each group but, for the purposes of consistency, we converted these into a single response per CPC in Table 2. If the self-evaluation is repeated in the future, separating these different groups into different questions is advised. However, based on the responses provided, Table 2 shows that CPCs recognised the need for further work in including these different groups in child protection processes and guidance.

While the different groups were combined in the self-assessed ratings, CPCs did consider them separately in the open text responses. Beginning with support for pre-birth children and their parents, developments reported by CPCs included:

- Multi-agency pre-birth pathways or policies being developed or in place.
- Pre-birth working groups being established to review current support and develop local pathways and/or guidance.
- Targeted services being established, for example, the New Beginnings service in Dundee provides a multi-agency response to unborn babies and the First Steps Team in Perth & Kinross provides whole family intensive support to vulnerable pregnant women.

In relation to disabled children, some CPCs referred to the specialist support provided by their 'children with disability' social work teams, while other examples of support included Argyll & Bute having a dedicated reviewing officer for disabled children and Dumfries & Galloway having staff training on injuries to non-mobile children. However, support for disabled children was reported to be an area for further work and development, with some CPCs stating that their local services and guidance for disabled children were being reviewed.

Support for migrant families was reported but to a lesser extent than work in relation to unaccompanied asylum seeking children. Examples given included Dumfries & Galloway's Ukrainian Support Team, Glasgow's Roma Team, and Inverclyde's New Scot programme. However, CPCs' main response in relation to migrant families was the challenge of accessing translation services and interpreters.

In meeting the needs of unaccompanied asylum seeking children and trafficked children, there were examples of unaccompanied asylum seeking children teams or groups, and of guidance for unaccompanied asylum seeking children and/or on child trafficking and child criminal exploitation. In Glasgow, two specific developments were the Devolved Decision

Making pilot run by the Home Office for young people being or at risk of being exploited and trafficked, and their update of their No Recourse to Public Funds guidance.

CPCs reported being in different stages in relation to contextual safeguarding and extra familial harm. Some CPCs reported that contextual safeguarding was embedded locally, Edinburgh referred to an evaluation being undertaken of a contextual safeguarding pilot between City of Edinburgh Council and Action for Children, while others reported that they were actively considering and planning for contextual safeguarding but were yet to start implementation of it. It should be noted that there are forums in place to support the development of contextual safeguarding. The National Contextual Safeguarding Core group and the Local Area Interest Network (LAIN) have developed over recent years to promote the use of a contextual safeguarding approach in Scotland.

Other related developments reported by CPCs were Dundee having a Barnardo's RISE child sexual exploitation worker linked to the Police Concern Hub and having a Young Person's Intelligence Group; Highland working with Police Scotland, Barnardo's and Action for Children to increase capacity for working with young people at risk of sexual and/or criminal exploitation; and East Dunbartonshire having a Missing Persons Steering Group which has developed a process for exploring cases of harm outside the home.

The last four aspects presented in Table 2 relate to changes and/or updates to child protection processes and timescales, and the self-assessed ratings show that most CPCs are confident that these have been implemented.

- In relation to Inter-agency Referral Discussions (IRDs), local guidance has been updated and, in some CPCs, education's attendance in IRDs has been a focus. Many CPCs have established IRD oversight or review groups to audit/quality assure IRDs and consider further improvements needed; while some CPCs have IRD forums as a space to review practice and share learning on a multi-agency basis.
- In relation to Joint Investigative Interviews (JIIs), all CPCs referred to their implementation or planned implementation of the Scottish Child Interview Model (SCIM).
- Medical examinations were discussed in terms of guidance for conducting health assessments and examinations being in place and, in NHS Grampian, a review of medicals including neglect being undertaken.
- Timescales were discussed with reference to the updated timescales being incorporated in local processes by all CPCs, and some CPCs reported that improving processes to meet these timescales is a key area of focus.

One further area where some CPCs reported progressing work in relation to key processes was chronologies, with three CPCs reporting that they were reviewing these.

Areas for improvement, barriers and challenges

Table 2 shows that CPCs have reported good progress in updating key child protection processes but that they also recognise further work is needed to meet the needs of key groups of children, young people and families, respond to the impact of the cost-of-living

crisis on children and families' income and housing, and to implement contextual safeguarding.

Meeting the needs of 16-17 year olds was a widely shared challenge. The contradictions in how children (and specifically the age of children) are defined in different legislation and services was highlighted, and a specific example was given of some health services that children and young people need (such as support for problematic drug and alcohol use) only being available to adults.

For other groups, inconsistencies were reported in how pre-birth guidance and protocols are being implemented locally, and many CPCs were struggling to access translation and interpretation services to best support migrant families and unaccompanied asylum seeking children.

Key Area 3: Engagement and Involvement of Children, Young People and Families

Key Area 3 asked about the extent to which children, young people and families are supported to participate in planning and decision-making. Seven aspects were asked about and Table 3 shows:

- Implementation was reported to be highest in relation to having processes and supports (including advocacy) in place that enable children, young people and families' voices to be heard.
- Implementation was reported to be lowest in relation to having communication materials that explain child protection procedures in a child-friendly manner, and practitioners' using these with children, young people and families.

Table 3: Self-assessed ratings of engagement and involvement of children, young people and families

	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
Child-friendly communication materials are available that explain how child protection procedures work, the rights children and young people hold, and how children and young people can contribute to planning and decisions about their future	4	22	5	13%
Child-friendly communication materials explaining child protection processes are **discussed with children, young people, families, parents and carers**	3	23	5	10%
Processes are in place to ensure **children's views are sought, listened to and acted on** at every stage of the child protection process	18	12	0	60%
Practitioners involved in child protection work are trauma informed and trauma responsive and **sensitively gather, share, respect and respond to the lived experiences of children, young people and families**. Children **feel listened to, understood and respected**	11	20	0	35%
Children have **choice in how their views are shared in child protection processes** (e.g. attending meetings themselves, views shared by a trusted adult, by drawing a picture, etc.)	15	16	0	48%
Supports, including **advocacy**, are in place to enable children to share their views	17	14	0	55%
Children are given **information about the planning and decisions made** in a manner appropriate to their age, stage and understanding	11	19	1	35%

n = 31 responses (except third item where *n* = 30)

Activity, progress and achievements

In the open text responses, it was evident that CPCs have really sought to improve the engagement and participation of children, young people and families in child protection processes. At a framework level, two CPCs reported their interest in the Lundy model of participation, but the examples shared in the self-evaluation tended to be specific developments in practice.

Most CPCs reported using one or more means of capturing children's views, such as the Mind Of My Own (MOMO) app, the Viewpoint tool, Three Houses approach, Talking Mats, Wellbeing Wheel, and a 'workbag' of communication tools. For younger children, the 'Voice of the Infant' resource was referred to, with Fife reporting that it had been implemented in Health Visiting, Family Nurse Partnership and perinatal mental health teams; while in Inverclyde, practitioners are encouraged to use and develop their observation skills of small children and babies. In North and South Lanarkshire, the voice of the child is being considered at IRD stage by a 'child protection advocate' who considers the child's age and development, behaviours, and their views from analysis of existing records.

Some CPCs reported how chairs of child protection planning meetings met with children and young people in advance of the meeting to explain how the meeting works, who would be attending, and consider how the child's views might be shared. In Angus, short biographies of the chair are also sent to the children. Other reported approaches to preparing children for meetings were the use of animations, videos, avatars and webpages designed for children. After meetings, some CPCs referred to how they are communicating and explaining the decisions and outcomes from meetings with children, with one example being the use of pictures to explain actions within the Child's Plan.

In terms of sharing their views, CPCs reported that advocacy support was widely available for children involved in child protection processes, with this provided by Who Cares? Scotland, Barnardo's, Partners in Advocacy or a local advocacy service. Indeed, two CPCs stated that advocacy support is now offered as standard and that children have to opt-out if they do not want it. However, for some CPCs, it was not always clear whether advocacy support was only available locally for children involved in Children's Hearings and 'looked after' processes. In addition to advocacy support, many CPCs reported the choice that children have in how they share their views in meetings, for example attending the meetings themselves, sharing their views in advance through words or pictures, and being supported through advocacy or by an interpreter. In Angus, choice was also reported to extend to how and where meetings were held; while Dundee and North Ayrshire stated that children's views are heard first in meetings, followed by those of parents, carers and practitioners.

Other examples of children and young people's participation being considered by CPCs included:

- Many CPCs asking children and young people for their feedback after a joint investigative interview, with this part of the SCIM model.

- Some CPCs placing a greater focus on how children's views are sought and listened to in the observation and supervision of practitioners.
- Across Edinburgh and Lothians CPCs, play therapists and advocacy being available for children subject to medical examinations.
- In Aberdeenshire, the Child's Plan template being updated to ask if children were involved in developing their plan rather than their views simply being sought, which helps to ensure children have a more active role in the decisions and plans that affect their lives.
- In Inverclyde, a residential flat being converted as a more comfortable and non-stigmatising place for children, young people and families to meet practitioners.
- In Perth & Kinross, leaflets and posters to explain child protection processes being designed by children and young people.

The participation of children and young people also extended to their involvement in wider developments to services. Champions Boards are established in many parts of Scotland as a means for care experienced children and young people to influence services, but there were also examples of how children and young people are more directly involved in shaping child protection processes.

- In Aberdeen City, the Bairns' Hoose Reference Group includes children, young people and families with experience of child protection, care and justice systems.
- In Eilean Siar, two young people have been recruited to the CPC.
- In West Lothian, children and young people's input to new policies is sought and that this helps to produce a 1-page child-friendly version for each policy.
- In Angus, a process of fair and transparent renumeration for children, young people and families involved in co-production and co-design work is being explored.

Less activity was reported by CPCs in terms of supporting the participation of parents and carers. Family Group Decision Making, a model which is underpinned by involvement of the child's family network within the planning process, was being widely used by CPCs, while Angus and Dumfries & Galloway reported of participation work they were undertaking with fathers and Moray referred to parents having access to independent advocacy.

Areas for improvement, barriers and challenges

Table 3 shows that many CPCs are lacking child-friendly communication materials and that they also recognise that more work needs to be done so that practitioners use these materials consistently. A number of CPCs welcomed and await the publication of the national children and young people's version of the National Guidance.

Other areas where CPCs reported planned future work and development were:

- Developing feedback tools to hear from children and families of their experience of child protection processes.
- Improving feedback to children on the decisions and actions agreed in meetings.
- Increasing access to interpreters.

- Increasing awareness and uptake of advocacy support and/or continue to offer advocacy support to children and young people when they are de-registered.
- Use of accessible language in the writing of Child's Plans.

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Key Area 4: Workforce Skills and Wellbeing

Key Area 4 asked about the extent to which the workforce is being supported to understand the 2021 Guidance. Eight aspects were asked about and Table 4 shows:

- Implementation was reported to be highest in relation to learning and development materials, strategy and audit of workforce needs.
- Implementation was reported to be lowest in relation to practitioners having a clear understanding of, and feeling skilled and confident in applying, the Guidance.

Table 4: Self-assessed ratings of workforce skills and wellbeing

	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
Single- and multi-agency **learning and development materials** have been updated to reflect the 2021 Guidance	13	18	0	42%
An inter-agency child protection **learning and development strategy** has been published	14	14	3	45%
We (the Child Protection Committee) have an overview of the **learning and development needs** of all practitioners involved in child protection activity	16	13	2	52%
Support and supervision are provided for all practitioners across different sectors who are involved in child protection work	12	19	0	39%
Practitioners involved in child protection work have a **clear understanding** of the 2021 Guidance	8	23	0	26%
Practitioners involved in child protection work are **skilled and confident** in applying the 2021 Guidance	7	23	1	23%
Practitioners involved in child protection work feel **supported and safe**	14	16	1	45%
Practitioners involved in child protection work are working in a **trauma informed organisation**	8	21	1	27%

n = 31 responses (except last item where *n* = 30)

Activity, progress and achievements

Compared to the self-assessed ratings for other Key Areas, the findings from Table 4 indicate that workforce skills and wellbeing is an area for ongoing work and attention, and that it takes time to ensure that the workforce understand and are confident in applying the 2021 Guidance. This conclusion is supported by CPCs' open text responses with many reporting that learning and development activity has been impacted by workforce shortages and the high level of demand for support and services.

Examples were given by CPCs of how the workforce was being supported but, aside from the widespread use of 7-minute briefings, the examples shared typically related to a

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small number of CPCs, rather than across the majority of CPCs. In relation to learning and development, examples included:

- CPCs having learning and development sub-groups that reviewed and/or updated the local learning & development strategy and resources, and monitored local skills and learning needs. In some CPCs, this includes having a dedicated learning and development post in place.
- Child or public protection newsletters/bulletins sent to staff which contain links to relevant research, guidance and articles.
- Specific events or materials to share the findings from Learning Reviews.
- Edinburgh's use of a Knowledge Hub site to share information with local, multi-agency practitioners.
- Some CPCs sharing learning through more informal settings, such as 'lunchtime chats', 'lunch and learn sessions', 'huddles' face-to-face or virtual get-togethers, and 'Team Talks/Time to Talk' events.
- Career pathways being developed to help recruit and train staff, particularly newly qualified social workers. Two CPCs stated that they provide funding for and support members of staff to complete the Child Protection Graduate Certificate.

Many CPCs provided information about supervision, with different arrangements reported by service type. Health staff were reported to have clinical supervision and access to a helpline, while small group supervision was being explored for education staff in Aberdeenshire, Angus and Falkirk, and a supervision model, beginning with headteachers, is being implemented in Argyll & Bute. In social work, there was reference to social work supervision policy being updated in Aberdeenshire and East Dunbartonshire to ensure it is trauma-informed, a child protection supervision improvement project being scaled up in North Lanarkshire to include child and adolescent mental health service (CAMHS) staff, and social workers being given supervision training in West Dunbartonshire. There was also evidence of some CPCs exploring and/or piloting greater use of multi-agency, group supervision to support reflective practice.

CPCs' investment in embedding trauma-informed practice was discussed in Key Area 1, with training in trauma-informed practice a critical aspect of this. In relation to staff wellbeing, Dumfries & Galloway reported that training included recognition of and attention to vicarious trauma.

Areas for improvement, barriers and challenges

The main challenge reported by CPCs was the recruitment and retention difficulties across children's services. Where there were workforce shortages, CPCs reported that practitioners had limited capacity to attend training and/or trainers could not deliver training as they were having to respond to service demands. Where CPCs reported having a high proportion of newly qualified staff, there is the challenge of supporting their development at a time when a number of more experienced colleagues have left children's services.

In terms of planned improvements or developments, those reported by CPCs included:

- Continuing to invest in training around trauma-informed practice.
- Welcoming and looking forward to using the National Framework for Child Protection Learning & Development and training resources being led by CELCIS.
- North Ayrshire working to ensure that practice reflection is valued as a space for professional curiosity, reflection and learning, rather than it being perceived as a punitive and critical space.
- Aberdeen City aiming to build practitioner skill and confidence in distinguishing between risk and actual/experienced harm, and that risk is not static and can be reduced with effective support and practice.
- East Lothian and Midlothian working on building awareness of the difference between behaviours linked to neurodiversity and behaviours linked to trauma and adverse childhood experiences.

Key Area 5: Learning Culture

Key Area 5 asked about the extent to which CPCs had a learning culture in place. Seven aspects were asked about and Table 5 shows:

- Implementation was reported to be highest in relation to the regular analysis of child protection evidence, and that CPCs are then using and embedding the learning from this into local improvement activity.
- Implementation was reported to be lowest, although still high compared to other key aspects across the self-evaluation, in relation to having a continuous, dynamic process of multi-agency quality assurance and self-evaluation.

Table 5: Self-assessed ratings of learning culture

	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
The Child Protection Committee undertakes **regular analysis** of a range of local and national child protection evidence, e.g. feedback from workforce and children and young people, Learning Reviews, inspection reports, self-evaluation exercises, statistical data, etc.	21	10	0	68%
There is a continuous, dynamic process of **multi-agency quality assurance and self-evaluation**, involving a wide range of relevant staff, supported by the Care Inspectorate's Quality Framework for children and young people in need of care and protection	14	15	2	45%
Local IT data systems have been reviewed and updated (as necessary) to enable updated 2023/24 annual Child Protection Statistical Return to Scottish Government	16	13	2	52%
Version 2 of the Minimum Dataset for Child Protection Committees has been implemented	18	10	2	60%
The Child Protection Committee identifies **learning**, including good practice, from the analysis of data and evidence to inform improvement activity	17	12	0	59%
Learning, including good practice, is shared across the local **Children's Services Planning Partnership and Public Protection groupings**	16	15	0	52%
The Child Protection Committee **embeds the learning** from its analysis of the evidence within local improvement activity	18	12	1	58%

n = 31 responses (except fourth item where *n* = 30 and fifth item where *n* = 29)

Activity, progress and achievements

Compared to some of the other Key Areas, CPCs reported that they had made good progress in implementing Key Area 5. This is important as the Scottish Government (2019) [Protecting children and young people: Child Protection Committee and Chief Officer responsibilities](#) states that a culture of learning and continuous improvement is a core task of CPCs. All CPCs have a 'quality assurance', 'self-evaluation, and/or 'data' sub-

group in place that undertake regular audits of key child protection processes and decision-making, and analyse the statistical data provided via the Minimum Dataset for CPCs and the Scottish Government's annual Children's Social Work Statistics publication. CPCs also made reference to recent inspections of their services undertaken by the Care Inspectorate and to using the [A quality framework for children and young people in need of care and protection](#) (Care Inspectorate, 2022) to inform self-evaluation activity.

Other developments reported by CPCs with the aim of establishing a learning culture included:

- The use of reflective discussions as a safe space to openly discuss practice experiences and share learning. Moray and North Ayrshire reported using the [PRISM model](#), while Highland has introduced the Multi-agency Practice Evaluation (MAPE) model for peer review and discussion of cases with small groups of multi-agency practitioners and managers.
- Linkages being made across public protection groupings to share and discuss cross-cutting issues, such as self-harm, criminal exploitation and 16-17 year olds.

In relation to statistical data, many CPCs reported that they had recently changed or updated, or were in the process of changing or updating, their social work IT system. Planning for and implementing changes in IT systems take considerable amounts of time, and so bring a further layer of change for CPCs to manage. Some CPCs also referred to data capacity issues, which impacts on the quality of data reporting and analysis.

Areas for improvement, barriers and challenges

The main challenge reported in CPCs' responses to Key Area 5 related to the time involved in moving to a new social work IT system, along with some CPCs referring to the shortages in data capacity. Beyond this:

- Some CPCs referred to the multiple IT systems that exist across children's services and that these can be a barrier to information sharing and data analysis.
- One CPC referred to the challenges in recording and analysing across siblings groups.
- One CPC noted the difficulty of identifying Lead Reviewers with the necessary skill set and capacity to undertake Learning Reviews in accordance with the national guidance.

Key Area 6: Multi-Agency Working and Information Sharing

Key Area 6 asked about the extent of multi-agency working, particularly focusing on the engagement of third sector and voluntary services, and information sharing. Four aspects were asked about and Table 6 shows:

- Implementation was reported to be highest in relation to information sharing, both in terms of having frameworks or agreements in place to facilitate information sharing and the timely sharing of information between practitioners of different services.
- Implementation was reported to be lowest in relation to engaging and communicating with wider services, organisations and communities.

Table 6: Self-assessed ratings of multi-agency working and information sharing

	Achieved			% In Full / RAG status
	In Full	In Part	Yet to Start	
The Child Protection Committee has engaged with **relevant services and agencies (including third sector, independent sector and faith organisations)** to make clear the need for them to have a **designated lead role for child protection and up to date and readily accessible child protection guidance** which is widely understood, disseminated and embedded within their organisations	11	19	1	35%
There is commitment to regular communication, information sharing and partnership with **communities**	11	19	1	35%
Multi-agency partners have systems and procedures in place which provide an **effective framework for lawful, fair and transparent information sharing**. Where appropriate, data sharing agreements are in place	22	9	0	71%
Information sharing between multi-agency professionals relating to children's wellbeing and protection concerns is timely, secure in the manner in which information is shared, and clear in distinguishing between facts and opinions	19	11	0	63%

n = 31 responses (except fourth item where *n* = 30)

Activity, progress and achievements

Table 6 indicates that engaging with third sector organisations remains an area for further (and continuous) work, particularly given the number and diversity of organisations that work with children. A number of CPCs provided examples of how they were engaging with third sector organisations, and these included:

- Regular CPC communications to relevant organisations via different platforms, such as CPC websites, X/Twitter and Facebook. These platforms were particularly used when promoting and sharing national and/or local child protection campaigns.

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- Providing child protection training for third sector organisations.
- Developing child protection guidance for third sector organisations.
- Inviting third sector organisations to multi-agency locality child protection/children's services groups.
- In Dumfries & Galloway, Falkirk and Glasgow, all Children & Families social work commissioned services are required to have a child protection policy and designated child protection lead role to receive funding.
- In Highland, advice and guidance is provided for organisations applying for entertainment licenses and require a child protection policy to be in place before the license will be granted.
- East Dunbartonshire Voluntary Action helps third sector organisations that are working towards constituted or charitable status to understand their child safeguarding responsibilities and undertake Protecting Vulnerable Groups (PVG) checks.
- In Perth & Kinross and the Scottish Borders, independent schools were involved via the Perth & Kinross Independent School Network and its Child Protection Group; and child protection coordinators in Scottish Borders independent schools attend education's quarterly Child Protection Business meetings.
- In Renfrewshire, a short-life working group was established to consider recommendations from the report into historic sexual abuse in Scottish football in relation to community sports activities.
- Shetland CPC has a Protection in the Community Sub-Group with wide representation that works to ensure relevant community groups have a designated child protection person.

Information sharing was reported to be a well-developed area of practice. In health, the role of Caldicott Guardians (senior members of staff responsible for protecting the confidentiality of people's health and care information and making sure it is used properly) were widely referred to as providing support and advice; while Edinburgh and Lothians and North East Scotland CPCs have regional information sharing agreements in place to support multi-agency partners.

Areas for improvement, barriers and challenges

Engaging with the number and diversity of different organisations that work with children is an ongoing challenge and some CPCs reported particular difficulties engaging with faith organisations and, to a lesser extent, sports organisations. There was also recognition that the platforms used to engage and communicate with wider organisations can have limited reach. One CPC reported that the public rarely visit the CPC's website, while another CPC noted the workload challenge of asking practitioners to run websites and/or social media accounts on top of other work tasks.

While information sharing was reported to be a well-developed area of practice, some challenges were identified by CPCs, such as the difficulties of sharing information between different, incompatible IT systems, and workforce pressures meaning that the

quality of data recording and/or the speed with which information is shared with other practitioners can be compromised.

Key Area 7: Leadership

Key Area 7 asked about local leadership and the extent to which it is facilitating improvements in child protection processes and practice. Seven aspects were asked about and Table 7 shows:

- Implementation was reported to be highest in relation to leaders' commitment to improving child protection services, understanding of high quality practice, and taking action based on national and local learning.
- Implementation was reported to be lowest in relation to providing the resources needed to bring about change and improvement; while the visibility of leaders is another area for development.

Table 7: Self-assessed ratings of leadership

	Achieved			% In Full / RAG status
	In Full	**In Part**	**Yet to Start**	
Leaders (e.g. chief officers and heads of service) demonstrate a **commitment to and focus on improving the quality of child protection services**	24	7	0	77%
Leaders are **visible to staff in communicating and driving forward a shared vision for children and young people**	14	17	0	45%
Leaders demonstrate a clear understanding of the **components of high quality practice**	21	10	0	68%
Leaders **take action based on the learning** from local and national evidence gathered	20	11	0	65%
Leaders ensure that **change and improvement are supported by sufficient resources**	11	20	0	35%
Leaders **value and encourage staff** and recognise and celebrate their achievements	19	12	0	61%
Leaders **promote shared responsibility** for outcomes at all levels	19	12	0	61%

n = 30 responses

Activity, progress and achievements

In the open text responses, CPCs reported that effective leadership was in place via the CPC, its subsidiary sub-groups, and through the reporting to and oversight provided by the local Chief Officers Group (COG). These structures help to ensure that child protection activity and resourcing is a priority, with examples given of how local leaders have funded new child protection posts and/or given strategic commitment and resource for the implementation of new approaches to practice (such as for Bairns' Hoose, Safe and Together, Scottish Child Interview Model, and trauma-informed practice). As a cross-cutting area of practice, East Renfrewshire and Orkney reported that local leaders were encouraging staff to have 'quality conversations' or 'good conversations' with one another.

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Examples were also shared of how leaders were building their knowledge and understanding of child protection. Many CPCs referred to 'CPC development days' being held, while great importance was attached to learning from and discussing the implications of Learning Reviews. Some CPCs also referred to how wider leaders, specifically elected members, were provided with regular updates on child protection activity.

Connections between leaders and the wider workforce were also reported by some CPCs. Examples included Chief Officers Groups hosting multi-agency child or public protection events for the workforce, CPCs producing newsletters and 7-minute briefings to share updates, and in West Lothian 'meet the CPC' events are held twice a year. There was also widespread reference to leaders recognising colleagues' work and achievements, with staff awards used to celebrate successes.

Areas for improvement, barriers and challenges

Leaders are prioritising child (and public) protection but key contextual factors were reported to be making it difficult to implement change and improvements. The most widely cited factor was the pressure on and reduction in public budgets. Staffing was also widely cited, both in terms of difficulties recruiting and retaining staff, and having sufficient staff capacity to engage in multi-agency and improvement work, training and meetings. CPCs are trying to manage these financial and staffing challenges at the same time as implementing new legislation, policies and developments, and when demand for services is increasing, but, as one CPC described the situation, *'work arounds and maximising [the] use of diminishing resources can only go so far'*.

Changes in local structures, such as the time and resources to establish a new committee structure, or changes to local leaders were also reported to be a challenge by some CPCs. In the case of public protection committees, there is the challenge of managing a busy agenda that spans child and adult protection, violence against women and girls, alcohol and drug partnerships, and MAPPA.

In terms of areas for improvement, some CPCs reported that they were looking to improve leaders' visibility and communications with the workforce. Examples shared by CPCs included: information sessions involving senior leaders; CPC newsletters; 7-minute briefings; staff surveys; and a practitioner reference group. One CPC also reported that they were looking at including more lived experience contributions in helping to inform local services and practice.

Key Area 8: Outcomes

The last Key Area asked CPCs about outcomes in terms of children, young people and families getting the right support at the earliest opportunity; children and young people being safe; children and young people enabled to stay with their family where possible; and children and young people having positive wellbeing beyond child protection involvement. These are longer-term outcomes and consequently expectations of progress since publication of the 2021 Guidance need to be measured, particularly given the time it takes to implement change and the context of the high demand for services and workforce shortages. It is also important to acknowledge that the outcomes are not dependent on child protection practitioners alone and instead require support from across children's services, as well as some adult services.

In relation to children, young people and families getting the right support at the earliest opportunity, CPCs widely reported on the investments they were making in preventative and early intervention supports, with the Whole Family Wellbeing Fund an enabler. Discussed in Key Area 1, some CPCs had established a 'single point of access', a 'no wrong door' approach, or a 'request for assistance' team and/or process to help children and families access services; and some had invested in whole family supports via multi-agency hubs or teams.

In keeping children and young people safe, CPCs referred to the wide range of activity that is discussed throughout this report, including the investment in and implementation of Bairns' Hoose, Safe and Together, Scottish Child Interview Model, and trauma-informed practice. Activity and updated processes were mainly referred to but some CPCs did make reference to their local child protection statistics. For example, stability in the number of children on the child protection register and no/low numbers of re-registrations were viewed as positive outcomes.

Keeping The Promise via local Promise teams and leads, reducing the number of 'looked after' children living in out of authority placements and, above all, increasing the proportion of 'looked after' children in kinship care with investment in kinship care teams and supports for kinship carers were the main areas reported in relation to enabling children and young people to stay with their family. However, there was also reference to the investment in intensive family support, including the multi-agency hubs or teams referred to above, and Family Group Decision Making.

Finally, in relation to children and young people having positive wellbeing beyond child protection involvement, some CPCs reported the continued support being provided to children and families when involvement with child protection processes end (for example, after a child is de-registered). Similarly, where a child is not registered at an Initial Child Protection Planning Meeting, one CPC reported that they have established a process where the Child's Plan is reviewed within 6-8 weeks of that meeting.

Areas for improvement, barriers and challenges

The challenges reported by CPCs under this Key Area were consistent with those shared in other Key Areas, in particular the financial and staffing difficulties that all are experiencing. In terms of planned areas for improvement, two CPCs referred to enhancing multi-agency working to address service duplication and gaps, and to ensure greater consistency in assessments, thresholds and planning across different partners. One CPC stated that it was strengthening their 'step down' processes for children and families who are no longer involved in child protection processes, while another CPC is developing a partnership performance framework to better monitor outcomes.

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Conclusions

This self-evaluation exercise provides a national picture of the extent to which the National Guidance for Child Protection in Scotland 2021 has been implemented by CPCs two years after its publication in September 2021. The report finds that CPCs have been involved in a significant amount of activity (including implementation of Bairns' Hoose, Safe and Together, Scottish Child Interview Model, and trauma-informed practice) and good progress has been made across many of the aspects asked about in the self-evaluation. In the context of the financial and staffing challenges impacting on children's services, the level of activity and progress is impressive.

Considering the red-amber-green ratings used within Tables 1-7, the 'green rated' aspects where greatest progress had been reported were in relation to:

- Updating of child protection definitions, guidance, processes and timescales.
- Analysis of local and national child protection evidence.
- Having an information sharing framework in place.
- Leadership commitment to improving child protection services.

The majority of the aspects asked about received an 'amber' rating, indicating that good progress has been made but further work and attention is required. These aspects included:

- Ensuring local child protection processes and guidance are rights-based, strengths-based, trauma-informed, and aligned with Getting It Right For Every Child.
- Including 16-17 year olds in child protection processes.
- Considering children's brothers and sisters, and their families' poverty and housing, in child protection planning and decision-making.
- Supporting children and families' participation.
- Learning and development resources and support, including supervision, for practitioners.
- Data and quality assurance activity, as part of building a learning culture.
- Engaging with wider, third sector organisations around their child protection roles and responsibilities.
- Increasing the visibility of leaders and providing resources to implement change and improvement.

Finally, there were aspects that received a 'red' rating, specifically:

- Young people's transitions to adult services.
- Providing intensive family support.
- Meeting the needs of pre-birth children, disabled children, migrant families, and unaccompanied asylum seeking and trafficked children (albeit the 'red' rating might not apply to each group as the tool did not ask about each group separately).
- Contextual safeguarding.
- Development and use of child-friendly communication materials.

- Building practitioner understanding, skill and confidence in applying the 2021 Guidance.

Considering these 'red' rated aspects, it is important to acknowledge that national child-friendly communication materials and national learning and development materials are in development, while practitioner understanding, skill and confidence in applying the 2021 Guidance will continue to build as the updated child protection definitions, guidance, processes and timescales are embedded and used. Young people's transitions, intensive family support, meeting the needs of specific groups, and responding to structural (e.g. poverty and housing) factors are longstanding challenges and, indeed, have been identified as key areas for improvement in recent Care Inspectorate joint inspections of services for children and young people at risk of harm and in the recently published Children's Services Reform Research (Ottaway et al., 2023). Delivering improvements in these areas stretches beyond child protection and requires collaborative work across children's and adult services.

It is hoped that the findings from this self-evaluation provide assurance to national and local stakeholders that good progress has been made in implementing the 2021 Guidance. However, with the understanding that implementation takes time, these findings also offer important insights into where national and local activity and resources continue to be needed.

About CELCIS

CELCIS is a leading improvement and innovation centre in Scotland. We improve children's lives by supporting people and organisations to drive long-lasting change in the services they need, and the practices used by people responsible for their care.

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