



Centre for excellence
for looked after children in Scotland

Analysis of Scotland's Child Protection Committee Structures and Functions

Alignment with the National Guidance for Child
Protection in Scotland (2014)

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1. Introduction

Child Protection Improvement Programme

One of the 12 recommendations set out in the **Child Protection Improvement Programme** (CPIP) reports published by the Scottish Government in March 2017 was:

"Chief Officers should be supported by the (newly established) National Child Protection Leadership Group and Child Protection Committees Scotland to strengthen delivery of their responsibilities, as set out in the National Guidance for Child Protection in Scotland (2014), and to identify areas where further work may be required, such as:

- *Clarity of reporting mechanisms between Child Protection Committees and Chief Officers' Groups.*
- *Supporting Child Protection Committees to carry out their roles and functions in line with the requirements set out in the national guidance."*

In announcing the CPIP, Mark McDonald, Minister for Childcare and Early Years and Chair of the National Child Protection Leadership Group, stated that the Scottish Government would consider introducing legislation to underpin elements of the child protection system, including Child Protection Committees, if there was little evidence in a year's time of real and substantial progress in delivering improvements.

Research Aims

To support the delivery of CPIP Recommendation 2 and to inform the National Child Protection Leadership Group around the need for legislation, CELCIS was tasked with developing a position statement that set out the extent to which Child Protection Committees (CPCs) and Chief Officers' Groups (COGs) across Scotland's 32 local authority areas are currently following the National Guidance for Child Protection in Scotland (2014).

To provide this understanding, a questionnaire was developed in collaboration with the Scottish Government Child Protection Team, members of the National Child Protection Leadership Group, Child Protection Committees Scotland and a number of CPCs¹ who volunteered to pilot a draft version of the questionnaire. The questionnaire collected information on:

¹ 1 We thank the CPCs that piloted a draft version of the questionnaire – City of Edinburgh, East Renfrewshire, North Ayrshire, Perth and Kinross, Renfrewshire, Scottish Borders, Shetland Islands and South Ayrshire.

- CPC membership, meetings, chairperson, lead officer, sub-committees, resourcing, functions, protocols and guidance, learning and development, and children and young people involvement.
- COG membership, meetings, chairperson, wider responsibilities and accountabilities, and engagement events.
- Child Protection reporting arrangements.
- Involvement of elected members.

Following the pilot stage, the final questionnaire was sent to all CPC Chairs and Lead Officers for completion in August 2017.

Report Structure

This report presents and analyses the information returned to CELCIS via the questionnaire and supporting documentation. Throughout, an aggregate, national picture of CPC and COG arrangements is reported with the emphasis placed on:

- Identifying how structures, roles, functions and governance align with the National Guidance for Child Protection in Scotland (2014).
- Providing a baseline to support improvement activity and against which progress can be assessed.

Alongside the self-reported information provided by CPCs via the questionnaire, the report makes reference to the findings of recent Care Inspectorate reports². The evidence generated through inspections of services for children and young people helps to contextualise and/or reinforce the findings from this research.

The report is organised as follows:

- Chapter 2: Child Protection Committees.
- Chapter 3: Chief Officers' Groups.
- Chapter 4: Child Protection Committees Reporting Arrangements.
- Chapter 5: Summary of Key Findings.

² Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*; Care Inspectorate (2016) *Joint Inspections of Services for Children and Young People: A Report on the Findings of Inspections 2014-16*.

2. Child Protection Committees

Introduction

The National Guidance for Child Protection in Scotland (2014) states that Child Protection Committees (CPCs) are locally-based, inter-agency strategic partnerships responsible for the design, development, publication, distribution, dissemination, implementation and evaluation of child protection policy and practice across the public, private and wider third sectors in their locality and in partnership across Scotland.

Their role, through their respective local structures and memberships, is to provide individual and collective leadership and direction to the management of child protection services across Scotland. They work in partnership with their respective Chief Officers' Groups (COGs) and the Scottish Government to take forward child protection policy and practice across Scotland.

The core functions of CPCs are continuous improvement, strategic planning, public information and communication. In addition, other responsibilities of CPCs set out within the National Guidance are to:

- Work within the wider planning framework so that their work is fully integrated with other planning fora and is as effective as possible.
- Have representative and inclusive membership, where all members fully understand their role, remit and purpose.
- Appoint a lead officer to co-ordinate its activities, including the work of any sub-committees.
- Have in place the necessary resources to deliver inter-agency child protection training, such as a dedicated child protection training officer.

Having briefly outlined the role and functions of CPCs³, the chapter now presents the findings from the questionnaire. Before doing so, it is important to note:

- Across Scotland's 32 local authority areas, there are two pairs of local authority areas (Clackmannanshire and Stirling; and East Lothian and Midlothian) where the CPC structures have been brought together. This means there are **30 CPC structures within Scotland**, and **questionnaire responses were received from all 30**.

³ Detailed guidance relating to CPCs can be found in paragraphs 139-172 of the National Guidance for Child Protection in Scotland (2014)

- Of the questionnaires returned, **28 of the 30 structures have stand-alone CPCs in place**. The two other areas (the combined East Lothian and Midlothian structure and West Lothian) have integrated their child protection functions and responsibilities into a Public Protection structure. Child protection therefore sits alongside adult protection, offender management and gender-based violence groups within a Public Protection Committee structure. One other area (Dumfries and Galloway) is in the process of moving to a similar Public Protection structure.

While recognising that the East Lothian & Midlothian and West Lothian structures are Public Protection-wide, their structures are referred to as 'CPCs' throughout the report.

Membership of CPCs

The National Guidance states that membership of the CPCs should be representative and inclusive, while Chief Officers will ensure that all CPC members have the relevant delegated responsibility level and capacity to make decisions on behalf of the service or agency they represent. Asked about the membership of their CPCs, Figure 2.1 begins by presenting the number of members across the CPCs. The key findings are:

- There was significant variation in size of membership, ranging from 10 members to 32 members.
- The majority (19 of the 30 CPCs) had between 16 and 21 members.
- There was no clear relationship between size of CPC and the local authority area(s) they represented. For example:
 - Of the two smallest CPCs with 10 and 11 members, one covered one of Scotland's cities and the other an urban-rural local authority area.
 - The largest CPC with 32 members was one of the CPCs spanning two local authority areas, yet the other combined CPC had 21 members.

Figure 2.1: Representation on CPC by Organisation

Number of CPC Members	Number of CPCs	Number of CPC Members	Number of CPCs
10 members	1	21 members	3
11 members	1	22 members	1
14 members	2	23 members	1
16 members	4	24 members	2
17 members	5	27 members	1
18 members	2	30 members	1
19 members	2	32 members	1
20 members	3		

Turning to which organisations are represented on CPCs, Figure 2.2 shows:

- There were local variations in which organisations were represented on CPCs.
- Local authorities and Police Scotland were represented on all 30 CPCs, with the NHS Health Board and SCRA both represented on 29 CPCs. In the CPC where the NHS Health Board was not represented, there was HSCP representation.
- The Third Sector was represented on 29 CPCs – with the Third Sector organisations most commonly represented being:
 - Third Sector Interface – represented on 13 CPCs.
 - Barnardo’s – 10 CPCs.
 - Children 1st – 5 CPCs.
 - Women’s Aid organisation – 3 CPCs.
 - Aberlour – 3 CPCs.
- The HSCP was represented on 17 CPCs.
- Other organisations represented across more than five CPCs were the Crown Office/Procurator Fiscal, Fire and Rescue, the Children’s Panel, the local culture and leisure trust, Alcohol & Drugs Partnership, and the Armed Forces.

Figure 2.2: Representation on CPC by Organisation

Organisation	Number of CPCs
Local authority	30
Police Scotland	30
NHS Health Board	29
Scottish Children's Reporter Administration (SCRA)	29
Third sector	29
Health and Social Care Partnership (HSCP)	17
Crown Office / Procurator Fiscal	9
Fire and Rescue	8
Local culture and leisure trust	7
Children's Panel (volunteer member)	7
Alcohol & Drugs Partnership	6
Armed Forces	6
Care Inspectorate	4
Children's Hearing Scotland	4
College / University	2
Gender-Based Violence Group	2
GP	2
Community Safety Partnership	2
Home Office / UK Border Force	1
Private sector nursery representative	1
Scottish Ambulance Service	1

In addition to the membership size of and organisational representation on CPCs, Figure 2.3 provides an indication of the seniority of CPC members within their own organisations. Focusing the analysis on the four organisations with the highest number of members (local authorities, Police Scotland, NHS Health Board and HSCP) and with the caveat that job titles differ across organisations and areas so making accurate categorisations difficult, Figure 2.3 shows:

- Local authorities were represented at director/head of service, manager and officer levels – with managerial level representation more prominent than the other levels.
- Police Scotland membership was mainly at Chief Inspector level.
- NHS Health Board representation was greatest among specialists, such as consultant paediatricians.
- HSCP membership was predominantly at director/head of service and manager level.

In summary, CPC membership is seemingly greater at managerial level than director/head of service level. Furthermore, and the questionnaire does not go to this level of detail, it is suspected that CPC attendance rates by directors/heads of service are below that of managers and officers. A greater weighting at managerial and officer level encourages greater attention on operational and procedural child protection issues as opposed to strategic planning and decision-making.

Figure 2.3: Representation on CPC by Organisation

	Chief Executive	Director/ Head of Service	Manager	Officer	
Local Authority	1	63	75	56	
	Chief Superintendent	Superintendent	Chief Inspector	Inspector	Other
Police Scotland	0	12	24	9	2
	Chief Executive	Director/ Head of Service	Specialist (e.g. Consultant)	Manager (incl. Lead Nurse)	Other
NHS Health Board	0	17	33	18	5
	Chief Executive	Director/ Head of Service	Manager	Officer	Other
HSCP	0	29	39	9	3

Number of and Attendance at CPC Meetings

Variation was also found in the number of CPC meetings, with Figure 2.4 showing:

- CPCs tended to have four to six scheduled meetings in 2016-17, but one CPC met 10 times.
- In addition, some CPCs had unscheduled or extraordinary meetings. These were typically reported as being for development sessions.

Figure 2.4: Number of CPC Meetings in 2016-17

Number of Scheduled Meetings	Number of CPCs	Number of Unscheduled and/or Extraordinary Meetings	Number of CPCs
4 meetings	12	0 meetings	17
5 meetings	4	1 meeting	9
6 meetings	12	2 meetings	3
7 meetings	1	3 meetings	1
10 meetings	1		

At CPC meetings, Figure 2.5 shows average attendance levels by CPCs members (though not broken down by individual member).

- The majority of CPC meetings had attendance levels of between 60% and 79% of members.
- Six CPCs had attendance of 80% to 100%. Of note, and referring back to Figure 2.1, these CPCs had amongst the smallest membership at 10, 11, 14, 16 and 18 members; the largest membership of these six CPCs had 23 members.
- Five CPCs had attendance of 40% to 59%. Two of the five had the largest CPC memberships (i.e. 30 and 32 members), while the three others were located in the Highlands and Islands, so indicating travel to meeting issues.

Figure 2.5: Attendance Levels at CPC Meetings

Average Attendance	Number of CPCs
80% to 100% of members attended each meeting	6
60% to 79% of members attended each meeting	19
40% to 59% of members attended each meeting	5

Where CPC members are not able to attend, the National Guidance states that all CPC members will have designated deputies who will attend the regular meeting in their absence and on their behalf. Figure 2.6 indicates that this was only happening partially, as half (15 CPCs) reported that designated deputies attend in the majority of cases.

Figure 2.6: Extent of Designated Deputes When Non-Attendance by CPC Members

Average Attendance	Number of CPCs
In majority of cases, a designated depute attended	15
In around half of cases, a designated depute attended	7
In majority of cases, there was non-attendance	8

CPC Chairs

The National Guidance states that the appointment or agreement to the appointment of the CPC Chair, including their contractual arrangements and/or terms of reference, role and remit, is the responsibility of the COG. The Chair may be from a single representative service or agency, or an independent chair.

The questionnaire found that across the 30 CPCs:

- 18 CPCs had independent chairs.
- Five had chairs from the local authority.
- Four had chairs from the HSCP.
- Two had chairs from Police Scotland.
- One had a chair from the NHS Health Board.

Other aspects to note about the CPC chairs were:

- 13 chairs were also chairs of other Public Protection committees⁴, and most commonly the Adult Protection Committee.
- Seven chairs were also the Chief Social Work Officer for the local authority area, whether employed by the HSCP or local authority.

In terms of the recruitment or appointment of chairs:

- 15 chairs were externally recruited (noting that all 15 were independent chairs).
- Seven chairs were appointed by the COG.
- Three chairs held the position as a permanent responsibility of their job role (noting that all three were Chief Social Work Officers).

⁴ This includes the two CPCs where the CPC is integrated into a single Public Protection structure.

- Two chairs had rotating chairs, with these drawn from across the local authority, NHS or Police Scotland.
- Two chairs were selected by the CPC members.

All CPCs had arrangements in place for Vice Chairs, although the position was vacant in three of the CPCs at the time of the research.

CPC Lead Officer

The National Guidance states that each CPC should appoint a lead officer to co-ordinate its activities, including the work of any sub-committees. The questionnaire found that **all CPCs had a Child Protection Lead Officer role**⁵. Within this, key points to note are:

- In the two areas where the CPCs had been integrated into a Public Protection structure, both had dedicated Child Protection Lead Officers in place.
- Three areas had positions that combined the child protection and adult protection lead officer roles.

CPC Sub-Groups

Supporting and informing CPCs are a number of sub-groups or sub-committees. The number and composition of these are at the discretion of individual CPCs (and COGs) as the National Guidance does not stipulate the need for sub-committees, nor the themes around which they would be organised around if in place.

The questionnaire responses to the open question on what CPC sub-groups were in place found that **all CPCs had sub-groups in place**, with the number ranging from two to eight sub-groups. Nine CPCs shared some sub-groups with other Public Protection committees.

While the names of the sub-groups varied from CPC to CPC, the main themes covered by CPC sub-groups aligned closely with the core functions of CPCs – particularly the continuous improvement and public information and communication functions.

- Quality assurance / business improvement /continuous improvement / evaluation / data and performance – 26 CPCs.
- Learning and development / training – 26 CPCs.
- Harmful practices (covering Child Sexual Exploitation, trafficking, forced marriage, internet safety, domestic and gender based violence etc.) – 15 CPCs.
- Public information and communication – 14 CPCs.
- Policy, practice, procedures and protocols – 8 CPCs.
- Initial / Significant Case Reviews – 8 CPCs.
- Operational group – 4 CPCs.
- Practitioners Forum – 3 CPCs.

⁵ The Child Protection Lead Officer role was vacant in two areas at the time of the questionnaire.

- Children affected by parental substance misuse – 3 CPCs.
- Neglect – 2 CPCs.
- GIRFEC – 1 CPC.
- Offender Management Group – 1 CPC.
- Involving Children, Young People and Families – 1 CPC.
- Protection in the Community – 1 CPC.
- Initial Referral Discussion – 1 CPC.
- Investigations – 1 CPC.
- Health Action – 1 CPC.

In addition to the above sub-groups, eight CPCs had short life working groups in place. These focused on issues such as: Child Sexual Exploitation, Family Group Conferencing, Children’s Planning and Wellbeing, 16-18 year olds, Participation or thematic short groups supporting the training activities. The questionnaire’s findings in terms of the number and diversity of sub-groups reinforce the Care Inspectorate finding⁶ that there are active, energetic working groups taking forward key priority areas and helping to fulfil the varied functions of CPCs.

Resourcing of CPCs

The National Guidance states that COGs must ensure that their CPCs are properly constituted and resourced. This includes dedicated finance to support the collective work and/or specific core functions and activities of CPCs, and dedicated professional and administrative support staff. The National Guidance also mentions that COGs and CPCs should consider joint funding and effective approaches to sharing resources for appropriate areas of activity.

Figure 2.7 shows which organisations contributed to the resourcing of the CPCs.

In 23 CPCs funding came from more than one partner.

- 14 CPCs were funded by the local authority, NHS Health Board and Police Scotland – but with the local authority typically the largest funder.
- Four CPCs were funded by the HSCP and Police Scotland.

In seven CPCs, the sole funder was the local authority.

Figure 2.7: Organisations Contributing to Resourcing the CPC Budget

Organisation(s)	Number of CPCs
Local authority + NHS Health Board + Police Scotland	14
Local authority only	7
HSCP + Police	4
Local authority + Police Scotland	3
Local authority + HSCP + Police Scotland	1
Local authority + NHS Health Board	1

⁶ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*

Asked whether the CPC budget has changed between 2015/16 and 2016/17, Figure 2.8 shows:

- Budget levels remained stable for 17 of the 28 CPCs that responded to this question.
- Four had experienced an increase.
- Seven had experienced a decrease.

Figure 2.8: Change in CPC Budget, 2015/16 to 2016/17

Change in Budget	Number of CPCs
Yes – increased by 10% or more	2
Yes – increased by less than 10%	2
No change	17
Yes – decreased by less than 10%	4
Yes – decreased by 10% or more	3

Note: no response from 2 CPCs

In addition to the financial contributions made by partners to the CPC, the questionnaire results showed the **wide array of in-kind supports and contributions made to the functioning of the CPCs**. Indeed, it would appear that these in-kind contributions are critical to the functioning of CPCs and so raises questions about how sustainable the resourcing of CPCs are over the longer-term. They include:

- Administrative support to the CPC.
- Cross-local authority approaches (e.g. sharing maintenance of Child Protection register).
- Providing staff for:
 - Development of inter-agency protocols and guidance.
 - Participation in CPC sub-groups.
 - Self-evaluation exercises – e.g. file audits, independent and significant case reviews.
- Provision of child protection-related training.
- Collaborative work with universities on child protection-related research studies.
- Cost free use of premises for meetings and training.

Functions of CPCs

The functions of CPCs are continuous improvement, strategic planning, public information and communication. This section sets out the how the CPCs deliver on these functions, with the responses to the questionnaire’s open questions preceded by a summary of the National Guidance relating to each function. In interpreting the findings, it is important to note that many of the questions were open questions and so it is unlikely that all CPCs set out all their functions-related activities. The responses should therefore be interpreted as an indication of the volume and diversity of activities across the functions.

Continuous Improvement

Beginning with continuous improvement⁷, the National Guidance includes the need for:

- Developing, disseminating, implementing and regularly reviewing and evaluating clear and robust inter-agency child protection policies, procedures, protocols and guidelines.
- Self-evaluation – including robust and systematic performance management and quality assurance arrangements across all relevant services.
- Identifying and promoting good, evidence-based policy and practice developments, addressing issues of poor policy and practice, and encouraging learning from effective policy and practice developments.
- Providing child protection learning and development opportunities – including publishing, implementing and reviewing an inter-agency child protection training strategy.

For context, Care Inspectorate evidence⁸ related to the continuous improvement function finds that the best CPCs have adopted sound quality assurance systems, jointly monitor performance across relevant services, and use good quality quantitative and qualitative data to measure and report on progress against agreed priorities. However, weaknesses were also found – specifically in relation to⁹:

- Difficulties developing joint performance management data and reporting mechanisms that enable partners to understand what difference their activities are making.
- CPC members not challenging themselves, or being challenged by their Chief Officers' Group, to assess the difference that changes in processes were making.

Turning to the questionnaire findings, **all 30 CPCs reported that they carried out continuous improvement** of their child protection policy and practice. The most common activities reported in the open question were as follows:

- Development, delivery and/or review of a local authority Child Protection Improvement Plan or Child Protection Business Plan – 23 CPCs.
- Analysing and reviewing management and performance statistics – 20 CPCs.
- Learning from file audit exercises – 17 CPCs.
- Conducting and learning from self-evaluation exercises – 17 CPCs.
- Learning from Initial and Significant Case Reviews – 14 CPCs.

⁷ See paragraphs 151-164 of the National Guidance for Child Protection in Scotland (2014) for the detailed guidance relating to continuous improvement.

⁸ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*.

⁹ Care Inspectorate (2016) *Joint Inspections of Services for Children and Young People: A Report in the Findings of Inspections 2014-2016*.

- Through the work of CPC sub-groups that have a specific remit in this area – 14 CPCs.
- Holding evaluative and reflective practitioner sessions/workshops – 12 CPCs.
- Holding learning, training and development sessions for CPC members and/or practitioners – 12 CPCs.
- Learning from national policy developments and research reports – 8 CPCs.
- Learning from service user feedback (i.e. children, parents and carers) – 8 CPCs.
- Updating and refreshing of guidance and tools for practitioners – 7 CPCs.

A follow up question related to the continuous improvement function was asked about the existence of **local, inter-agency protocols, procedures or guidelines**.

Figure 2.9 sets out the protocols recommended in the National Guidance and the extent to which these are in place across the 30 CPCs. The findings indicate:

- Strongest coverage (with over 20 CPCs) for protocols covering children and young people who display harmful or problematic sexual behaviour; children affected by problematic alcohol and/or drug abuse; non-compliance or non-engaging families; child sexual exploitation.
- Weakest coverage (with less than 15 CPCs) for protocols covering complex cases child abuse; anti-bullying; looked after children's welfare or safety; and historical reports of abuse.

However, in addition to the protocols set out in Figure 2.9, the questionnaire returns find that a number of CPCs also had additional local, inter-agency protocols, procedures or guidelines – perhaps reflecting important local issues or issues that have emerged since the 2014 Guidance was published. These included:

Protocols for conducting initial or significant case reviews – 10 CPCs.

- Vulnerable pre-birth / unborn baby protocol – 8 CPCs.
- Forced marriage protocol – 7 CPCs.
- Unseen child protocol – 6 CPCs.
- Sexually active young people protocol – 6 CPCs.
- Initial Referral Discussion protocol – 4 CPCs.

Figure 2.9: Local, Inter-Agency Protocols and Guidance

	Number of CPCs
Cases of children and young people who display harmful or problematic sexual behaviour	26
Children affected by problematic alcohol and/or drug use	24
Non-compliance/ non-engaging families	24
Child sexual exploitation	24
Missing children and young people	23
Child trafficking	22
Children at risk or victims of female genital mutilation	21
Situations where young people place themselves at risk through their own behaviour	21
Children with disabilities	16
Cases of fabricated or induced illnesses	15
Historical reports of abuse	13
Looked after child's welfare or safety	14
Anti-bullying	12
Complex cases of child-abuse	9

A further follow up question related to the continuous improvement function was asked concerning how CPCs undertake self-evaluation of their activities and functions. **29 of the 30 CPCs reported that they undertook self-evaluation**, and the most common activities reported in the open question were as follows:

- Analysing and reviewing management and performance statistics – 20 CPCs.
- Learning from file audits – 20 CPCs.
- Learning from Initial and Significant Case Reviews – 14 CPCs.
- Learning from evaluative and reflective practitioner sessions/workshops – 12 CPCs.
- Through the work of CPC sub-groups that have a specific remit in this area – 11 CPCs.
- Monitoring and reviewing a local authority Child Protection Improvement Plan or Child Protection Business Plan – 10 CPCs.
- Learning from service user feedback (i.e. children, parents and carers) – 9 CPCs.
- Holding development days with CPC members – 8 CPCs.
- Evaluation exercises of delivery practices – 7 CPCs.
- Holding evaluative and reflective sessions/workshops – 6 CPCs.
- Using the Care Inspectorate Quality Improvement Framework – 6 CPCs.

A final set of questions related to the continuous improvement function were asked about the induction, training and learning and development activities of CPC members. These are important to capture because the National Guidance states that CPC members must have the necessary child protection skills and knowledge. This is achieved through members being properly inducted, having access to child protection training (particularly inter-agency child protection training) and having protected time in which to fulfil their responsibilities before, during and after meetings. Beginning with the induction of CPC members:

- 27 CPCs reported that they had induction processes in place, with three in the process of reviewing and improving their induction arrangements.
- The nature of the induction process varied and only one CPC provided an induction covering all three aspects below.
- Meeting/briefing with the Lead Officer and/or Chair of the CPC - 23 CPCs.
- Providing a (self-) induction pack or supporting documents (electronic and/or hard copy) - 19 CPCs, with 1 CPC developing these resources.
- Mentoring – 1 CPC, with 1 CPC planning to introduce structured shadowing opportunities.
- Four CPCs did not have an induction process in place, although two were planning to introduce a process.

Topics covered in the inductions typically included the CPC Terms of Reference (i.e. roles, responsibilities, remit), previous CPC work (e.g. historical background and recent meeting minutes), key priorities and plans, governance arrangements, links with wider public protection fora, and links to national/local policy and practice.

In relation to the **ongoing learning and development for CPC members**, the responses to the open question were that the following opportunities were provided:

- CPC development session(s) - 14 CPCs (annual event for 10 CPCs; two per annum for four CPCs).
- Ad-hoc specific CPC development events or workshops (e.g. commissioned external training, self-evaluation sessions, learnings from audits/reviews) - 8 CPCs.
- Learning opportunities included as part of CPCs meetings (presentations delivered by practitioners, short workshops etc.) - 4 CPCs.
- Learning from key information/documents circulated between CPC meetings – 2 CPCs.
- Structured e-learning training resources - 1 CPC.
- Participation to COG thematic engagement/development event - 1 CPC.
- Specific annual event for Chief Officers, CPC members and elected members - 1 CPC.
- CPC and Adult Protection Committee interface meetings (two per annum) – 1 CPC.

In addition to the targeted CPC member opportunities above, **all 30 CPCs reported that they provided inter-agency training opportunities** and 22 CPCs reported that CPC members could access these local training opportunities. However, two CPCs did note that while CPC members are invited/had access to these opportunities, participation was low.

Supporting the learning and development of CPC members and practitioners:

- 25 CPCs had an inter-agency child protection training strategy in place. Where absent, one CPC reported this was due to a vacancy, and two CPCs recognised their need for improvements in this area.
- 20 CPCs reported that they had a dedicated training or learning and development job role or position. In some cases, this was a partial or split role (e.g. shared with Public Protection, included in the role of the Lead Officer, or having a Learning and Organisational Development Advisor with a proportion of their remit allocated to child protection).

Strategic Planning

Concerning the second of the core functions, strategic planning¹⁰, the National Guidance includes the need for:

- CPCs to be the key local partnerships in the planning of child protection policy and practice. This needs to be done in conjunction with other planning mechanisms and priorities, in particular arrangements for integrated children's services planning, community planning and other public protection fora.
- Effective communication, collaboration and co-operation, both within and between practitioners and across all services and agencies.
- Clear linkages with other multi-agency planning partnerships and structures.

For the Care Inspectorate¹¹, robust strategic planning and effective collaborative leadership (which also spans Chief Officers' Groups) is critical in achieving the transformational change needed to secure better outcomes for all children. Indeed the Care Inspectorate find that there is a strong correlation between strong leadership (evidenced by a high degree of collaboration, mutual respect, constructive challenge and a shared responsibility for problem solving) and improving outcomes for children. Building on this, specific features demonstrated by some high performing CPCs were found to be^{12 13}:

- Strong drive and shared ambition to improve the lives of children.
- A compelling vision for children in place that is shared by all partners.
- Investment in strategies and initiatives to tackle inequalities.

¹⁰ See paragraphs 165-168 of the National Guidance for Child Protection in Scotland (2014) for the detailed guidance relating to strategic planning

¹¹ Care Inspectorate (2016) *Joint Inspections of Services for Children and Young People: A Report in the Findings of Inspections 2014-2016*

¹² *ibid.*

¹³ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland.*

- Staff being encouraged to test out new ways of working.
- Sufficient direction, oversight and evaluation in place to ensure successes are rolled out more widely.
- A strong and sustained focus on performance management, quality assurance and self-evaluation.
- Benchmarking local work against other areas in a spirit of learning and ambition to improve, rather than to be assured their area was performing better than another.
- COGs providing support, challenge and direction to CPCs, along with clarity of roles, responsibilities and governance arrangements between them.

Having set out the good practice elements identified by the Care Inspectorate, the questionnaire asked how CPCs carried out strategic planning of their child protection policy and practice. **All 30 CPCs reported that they carried out strategic planning** and the most common activities reported in the open question were as follows:

- Developing a local authority Child Protection Improvement Plan or Child Protection Business Plan – 17 CPCs.
- Responding to national policy and legislation – 16 CPCs.
- Working with other Public Protection committees and groups - 11 CPCs.
- Holding development days with CPC members – 9 CPCs.
- Learning from Initial and Significant Case Reviews – 9 CPCs.
- Learning from self-evaluation activity – 9 CPCs.
- Aligning with and contributing to the local authority area’s Children’s Services Plan – 7 CPCs.
- Being driven by the Chief Officers’ Group – 7 CPCs.
- Using management and performance statistics – 5 CPCs.

Public Communication and Information

The last of the core functions is providing public information and communication¹⁴ and the National Guidance includes the need for:

- CPCs determining the level of public awareness, understanding and knowledge of, and confidence in, child protection systems within their area and addressing any issues as required within their business and/or improvement plans.
- CPCs producing and disseminating public information about protecting children and young people, and specifically a public information and communications strategy.
- Ensuring that the views of children, young people and their families are clearly evidenced in the work of the CPC, in accordance with GIRFEC principles, and fed into the planning and implementation of improvements.

All 30 CPCs reported that they were providing public information and communication and the most common activities reported in the open question were as follows:

- Hosting a CPC website and/or webpages – 23 CPCs.
- Disseminating child protection information to the public via leaflets, posters, radio adverts and/or social media – 21 CPCs.
- Producing a regular child protection newsletter – 12 CPCs.

¹⁴ See paragraphs 169-172 of the National Guidance for Child Protection in Scotland (2014) for the detailed guidance relating to public information and communication

- Holding dedicated campaigns on specific child protection issues – 10 CPCs.
- Developing, delivering and/or reviewing a communication and engagement strategy – 7 CPCs.
- Through the work of CPC sub-groups that have a specific remit in this area – 7 CPCs.
- Holding engagement and feedback opportunities with service users (i.e. children, parents and carers) – 6 CPCs.
- Holding practitioner training and awareness raising sessions – 6 CPCs.
- Public information events – 6 CPCs.

Public information and communication ought to be a two-way process with mechanisms to promote the work of CPCs to its external audiences (with these set out above) *and* mechanisms to allow practitioners, children, young people and families to provide feedback to CPCs on the issues they are facing and their experiences of support services. While the questionnaire did not specifically ask about the practitioner feedback loops that CPC have in place, a question was asked about the **local mechanisms for enabling children and young people to influence the work of CPCs**. Figure 2.10 sets out the mechanisms highlighted in the National Guidance and the extent to which these are in place across the 30 CPCs.

- There appears to be variations in how CPCs consult with or receive feedback from children and young people, although reports and drawing on Third Sector feedback were the most common approaches reportedly used.
- Four CPCs stated that they had no established mechanism in place to consult with or receive feedback from children and young people.

In addition to the mechanisms set out in Figure 2.10, the questionnaire returns found that some CPCs had additional local mechanisms in place – most notably, drawing on Champions Boards. However, it is also important to note that some CPCs recognised the participation of children and young people as a weakness and an issue that they are seeking to address.

Figure 2.10: Mechanisms for Children and Young People to Influence CPC Activities

	Number of CPCs
Reports produced of views of children and young people captured through child protection and planning processes	20
Draw on experience of Third Sector in eliciting views of children and young people and communicating these to the Committee	19
Commission independent surveys on views of children and young people	14
Receive reports from Children’s Rights Officers on views of children and young people	9
No established mechanism in place	4

Summarising the responses to the core functions questions, the key findings are that all CPCs are active in delivering against the core functions set out in the National Guidance. Indeed, with the caveat that many of the questions were 'open questions' and so it is unlikely that all CPCs set out all their functions-related activities, the responses indicate a significant volume and diversity of activities across the functions.

3. Chief Officers' Groups

Introduction

Chief Officers are the Local Police Commanders and Chief Executives of Health Boards and Local Authorities. To provide context to the research findings reported in this chapter, the key characteristics and responsibilities of COGs set out in the National Guidance for Child Protection in Scotland (2014)¹⁵ can be summarised as being responsible for:

- Ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible.
- Maximising the involvement of agencies not under their direct control, including SCRA, Crown Office and Procurator Fiscal Service and the Third Sector.
- The leadership, direction and scrutiny of their respective child protection services and CPC.
- Determining the most appropriate child protection arrangements for their respective area(s), including overseeing the commissioning of all child protection services and being accountable for this work and its effectiveness.

The effective functioning of COGs has been found by the Care Inspectorate¹⁶ to be critical in providing direction to and governance of the work carried out by CPCs.

Membership of COGs

The National Guidance states that Chief Officers will determine their own local membership and business arrangements, and that membership must be properly constituted so as to discharge their individual and collective strategic responsibilities. Figure 3.1 begins by showing the number of members across the COGs and shows:

- Like the membership size of CPCs, there was significant variation in the size of membership with a range from 3 members to 21 members – noting that some COGs differentiate between core members and associate members.
- The majority (20 COGs) had fewer than 10 members.
- There was no clear relationship between size of COGs and the local authority area(s) they represented.

¹⁵ See paragraphs 134-138, 142-143 and 145-149 of the National Guidance for Child Protection in Scotland (2014) for the detailed guidance relating to the Chief Officers' Groups.

¹⁶ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*

Figure 3.1: Size of COG Membership

Number of COG Members	Number of COGs	Number of COG Members	Number of COGs
3 members	3	10 members	2
4 members	3	11 members	2
5 members	3	12 members	2
6 members	2	16 members	1
7 members	2	19 members	1
8 members	2	21 members	1
9 members	4		

Note: 29 responses to this question

Turning to which organisations are represented on COGs, Figure 3.2 shows:

- Local authorities and Police Scotland were represented on all COGs through (as a minimum) the local authority chief executive and the Superintendent or Divisional Commander.
- The NHS Health Board was represented on 25 COGs and, where it was not, there was HSCP representation. In all cases, representation was at chief executive or director level.
- Other organisations represented on COGs were HSCPs, SCRA and other Public Protection committees.

Figure 3.2: Representation on COG by Organisation

Organisation	Number of COGs
Local authority	29
Police Scotland	29
NHS Health Board	26
Health and Social Care Partnership (HSCP)	16
Scottish Children’s Reporter Administration (SCRA)	7
MAPPA Partnership	6
Fire and Rescue	4
Alcohol & Drugs Partnership	4
Gender-Based Violence Group	4
Third sector	3
Crown Office / Procurator Fiscal	1

Note: 29 responses to this question

In addition to the membership size of and organisational representation on COGs, Figure 3.3 provides an indication of the seniority of COG members within their own organisations. In line with the similar analysis of CPCs (see Figure 2.3), the analysis focuses on the four organisations with the highest number of members (local authorities, Police Scotland, NHS Health Board and HSCP).

Overall, and in line with the National Guidance, there is a marked difference in the seniority level of COG members compared to CPC members with chief executive officers and Chief Superintendents widely represented.

Figure 3.3: Seniority of COG Members (by number of members)

	Chief Executive	Director/ Head of Service	Manager	Officer	
Local Authority	30	38	1	0	
	Chief Superintendent	Superintendent	Chief Inspector	Inspector	Other
Police Scotland	23	4	4	0	0
	Chief Executive	Director/ Head of Service	Specialist (e.g. Consultant)	Manager (incl. Lead Nurse)	Other
NHS Health Board	18	18	0	0	0
	Chief Executive	Director/ Head of Service	Manager	Officer	Other
HSCP	16	11	1	0	0

Note: 29 responses to this question

Number of COG Meetings

There was less variation in the number of COG meetings, with Figure 3.4 showing:

- 18 COGs met on a quarterly basis with four meetings in 2016-17. No COG met less than three times and more than six times.
- Five COGs had unscheduled or extraordinary meetings. These were typically reported as being for development sessions.

Figure 3.4: Number of COG Meetings in 2016-17

Number of Scheduled Meetings	Number of COGs	Number of Unscheduled and/or Extraordinary Meetings	Number of COGs
3 meetings	3	0 meetings	24
4 meetings	18	1 meeting	2
5 meetings	5	2 meetings	1
6 meetings	3	3 meetings	1
		4 meetings	1

Note: 29 responses to this question

COG Chairs

The questionnaire found that in the majority of cases, the chair was the chief executive of the local authority.

- 23 had chairs who were chief executives of the local authority.
- Three had chairs who were the chief executive of or a director in the NHS Health Board.
- Three had chairs from Police Scotland (two Superintendents and one Chief Inspector).
- One had a shared chair between the local authority and NHS Health Board chief executives.

In terms of the recruitment or appointment of chairs:

- 14 chairs (all of which are local authority chief executives) had the role as a permanent responsibility of their position.
- Eight chairs rotated on an annual or biennial cycle.
- Seven chairs were nominated and appointed by the COG membership.
- The arrangements for one chair were being reviewed at the time of the research.

Responsibilities of COGs

The questionnaire asked about the other committees, partnerships or groups that COGs had responsibility or accountability for. Responding to this open question, it is clear that COGs have responsibilities across public protection. Specifically the COGs were reportedly responsible or accountable for the following groupings:

- Multi-Agency Public Protection Arrangements (MAPPA) / Offender Management – 22 COGs.
- Adult Protection Committee – 21 COGs.
- Gender-based violence / Violence against women group – 16 COGs.
- Alcohol and Drugs Partnership – 14 COGs.
- Adult Support and Protection Committee – 5 COGs.

- Community Safety Partnership; Community Justice Partnership; Suicide Prevention Partnership; and Multi-Agency Risk Assessment Conference (MARAC) – 3 COGs.
- Children’s Services Executive Group; Refugee Strategic Partnership; Youth Justice Group; Road Safety Group; Domestic Violence Group; Serious Organised Crime Group; Hate Incident Group; and Antisocial Behaviour Group – 1 COG.

The findings above indicate that the majority of COGs have strategic oversight of all public protection groupings. In addition to this, the questionnaire found that there is a degree of cross-membership on different public protection groupings, so helping to share information about service and practice developments across the different public protection themes. The challenge for COGs lies in placing and/or maintaining the emphasis on child protection within the wider public protection agenda as the Care Inspectorate¹⁷ finds that such an emphasis has been highly effective in delivering better outcomes for children and young people through safer communities.

¹⁷ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*.

4. Child Protection Committee Reporting

Introduction

The National Guidance highlights the need to ensure that CPCs are working within the wider planning framework so that their work is fully integrated with other planning fora. A key aspect of this is to have good quality reporting arrangements from CPCs to other planning fora. This chapter provides insight into these reporting arrangements by reviewing how CPCs report to their COGs, Community Planning Partnerships (CPPs) and elected members.

Reporting between CPCs and COGs

All CPCs stated that they reported to their COGs. Typically this aligned with the scheduling and frequency of COG meetings and the main means of communication were:

- Written reports/documents (e.g. briefings, performance scorecards and minutes) - 30 CPCs.
- Attendance and input of CPC representatives at COG meetings (e.g. by the CPC Chair or Lead Officer) – (as a minimum) 20 CPCs.
- Other ad-hoc verbal and virtual communication (updates, face to face briefings) - 4 CPCs.
- COGs involving CPCs in setting the agenda for COG meetings – 2 CPCs.

The Care Inspectorate finds¹⁸ that COGs are best supported by coherent structures (such as CPCs) that provide them with well-evidenced information, self-evaluation and performance data. In return, COGs must then provide clear direction and oversight of the work of CPCs¹⁹. Given this, the questionnaire found that the information provided by the CPS to the COGs related to the following topics:

- Performance data, performance improvement framework, management information, self-evaluation findings, and progress of plans - 26 CPCs.
- Service, practice and other local developments - 21 CPCs.
- Initial Case Reviews (ICRs) and/or Significant Case Reviews (SCRs) (noting that the information reported varied from providing only a summary of SCR findings to presenting a full account of progress and results of both ICRs and SCRs) – 19 CPCs.
- Legislation and policy developments (national and/or local) with consideration of the implications at the local level - 18 CPCs.
- Highlighting areas of risk and concern – 6 CPCs.

¹⁸ Care Inspectorate (2016) *Joint Inspections of Services for Children and Young People: A Report in the Findings of Inspections 2014-2016*

¹⁹ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*

- General/unspecified CPC work - 5 CPCs.
- Minutes from CPC meetings - 5 CPCs.
- Funding/resource requirements or challenges - 4 CPCs.
- Topics responding to COG requests – 4 CPCs.
- Proposals, recommendations – 2 CPCs.
- Adverse events, high risk cases, 'high profile' child protection issues (such as child sexual exploitation) - 1 CPC.

Asked to outline any further supports available to COGs relating to child protection matters, two main categories were mentioned:

- CPCs facilitating expert advice and guidance for COGs on key issues, for example from senior officers (Chief Social Work Officer and heads of services), local authority structures (e.g. Critical Oversight Group, Lead Officers Public Protection Group), other partners (e.g. Police Scotland) or contracting relevant consultants – 9 CPCs.
- Inviting COG members to development days and other events - 5 CPCs.

Reporting between CPCs and CPPs

The questionnaire also asked about the reporting arrangements between the CPCs and the local Community Planning Partnership (CPP) structures, as good quality arrangements help to ensure that CPCs are working within the wider planning framework and that their work is fully integrated with other planning fora. In the context that the Care Inspectorate²⁰ have found varied reporting arrangements between CPCs and CPPs and few examples where there are strong lines of accountability, the questionnaire asked open questions about which CPP group(s) the CPCs report to, how they report, and what they reports.

Beginning with which CPP group(s) the CPCs report to:

- 24 CPCs stated that they reported to the CPP. Of these, and noting that some CPCs report to more than one CPP group:
- 14 reported that they reported to the CPP group with strategic responsibility for children's services. For the Care Inspectorate²¹ this is positive as strong links between CPCs and integrated children's services planning helps place child protection at the centre of wider strategies to improve their wellbeing.
- 3 reported that they reported to the CPP group with strategic responsibility for community safety.
- 2 reported that they reported to the CPP group with strategic responsibility for wellbeing.

²⁰ Care Inspectorate (2014) *A Report on the Effectiveness of Child Protection Arrangements across Scotland*

²¹ *ibid.*

- 8, however, did not provide sufficient information to identify which CPP groups they reported to.
- 6 CPCs stated that reported only to the COG and not to a CPP group.

In terms of how the CPCs report to the CPP group(s):

- 15 CPCs provide written update reports, typically on a 3- or 6-month basis.
- 12 CPCs report by presenting their CPC Annual Report.
- 8 CPCs report through the cross-over membership they have with other CPP groups.
- 6 CPCs report through the CPC chair providing verbal updates of CPC activity and developments.
- 1 CPC has meetings arranged with other key CPP groups.
- 8 CPCs, however, did not provide sufficient information to understand how they report to CPP group(s).

Finally, CPCs were asked what they report to CPP group(s):

- 12 CPCs presented their CPC Annual Report.
- 11 CPCs reported on service developments (e.g. new protocols and guidance developed).
- 10 CPCs reported management and performance data.
- 8 CPCs provided updates on the Child Protection Improvement Plan or business plan.
- 7 CPCs reported the findings and recommendations stemming from initial and significant case reviews.
- 4 CPCs reported the findings of self-evaluation activity.
- 2 CPCs reported on their strategic planning process and/or outcomes.

Involvement of Elected Members

The National Guidance sets out the need for CPCs (and COGs) to ensure there is transparency and accountability to elected members, as well as to Scottish Ministers. The questionnaire therefore asked how elected members were involved in or made aware of child protection arrangements, and what was reported to them.

All CPCs reported that elected members were involved in or made aware of child protection arrangements but the nature of this engagement varied. Across the CPCs, the following main activities were reported:

- 17 CPCs provided regular and/or ad hoc reports and briefings to elected members, e.g. on ICRs/SCRs or emerging themes.
- 14 CPCs provided the CPC Annual Report to elected members.
- 9 CPCs included child protection material in the induction or training programme for elected members.

- 5 CPCs invited elected members to child protection events, such as conferences or seminars.
- 3 CPCs had elected members as CPC members.
- In the information provided to elected members, the main topics covered were:
- CPC Annual Report – 14 CPCs.
- Performance data, performance improvement framework, management information, self-evaluation findings - 14 CPCs.
- ICRs and/or SCRs (noting that the information reported to elected members varied from providing only the number of ICRs to presenting a full account of progress and results of both ICRs and SCRs) – 10 CPCs.
- Service developments - 9 CPCs.
- Adverse events, high risk cases, 'high profile' child protection issues (such as child sexual exploitation) - 5 CPCs.
- Policy developments - 4 CPCs.
- Child Protection Improvement Plans - 3 CPCs.

5. Summary of Key Findings

CPC Structures

1. There are 30 CPC structures across Scotland's 32 local authority areas, with Clackmannanshire and Stirling, and East Lothian and Midlothian local authority areas having joint child protection structures. Questionnaire responses were received from all 30 CPC structures.
2. 28 of the 30 areas had standalone CPCs in place. The two other areas had integrated their child protection functions and responsibilities into a Public Protection structure, while one other area is in the process of moving to this arrangement.

CPC Membership, Chairs and Lead Officers

1. There was significant variation in the membership size of CPCs – ranging from 10 to 32 members. The size of membership appears to impact on attendance levels with the CPCs with the smallest membership having the highest attendance levels, and vice versa.
2. Membership of CPCs was predominantly at managerial level rather than director/head of service and officer level.
3. All CPCs had Chairs in place, with 18 of the 30 having independent chairs. Other aspects to note are that 13 CPC chairs were also chairs of other Public Protection committees, while seven were the Chief Social Work Officer in their local area. All CPCs had Vice Chair arrangements.
4. All CPCs had a Lead Officer post in place, with three areas combining the Lead Officer roles of their child and adult protection committees into a single position.

CPC Sub-Committees

1. All CPCs had thematic sub-groups in place, ranging in number from two to eight sub-groups. The main themes covered by the CPC sub-groups align closely with the core functions of CPCs, with sub-groups most commonly focused on Quality assurance / business improvement / continuous improvement / evaluation/ data and performance; learning and development; public information and communication; Child Sexual Exploitation; policy, practice, procedures and protocols; and Initial and Significant Case Reviews.

CPC Resourcing

1. Local authorities were the main financial contributors to the CPCs, either as the sole financial contributor or as the main contributor within a bipartite or tripartite arrangement with the NHS Health Board, HSCP and/or Police Scotland. In the majority of CPCs financial budgets stayed stable between 2015/16 and 2016/17 but seven CPCs did report a budget decrease, four CPCs reporting an increase.
2. Alongside the financial contributions, in-kind contributions were widespread and seen to be critical to the functioning of the CPCs. Contributions included administrative support, training, meeting space and providing staff for self-evaluation exercises and protocol/guidance development work.

CPC Functions

1. The National Guidance states that the core functions of CPCs are continuous improvement, strategic planning, and public information and communication. All CPCs were active across all of these functions.
2. For continuous improvement, the main activities reported were the development of a local Child Protection Improvement Plan or Business Plan, the development of local inter-agency protocols and guidance, analysis of management and performance data, self-evaluation exercises (e.g. file audits and learning from ICRs and SCRs), and the provision of inter-agency child protection training – although a small number of CPCs did note the need to enhance the induction and training offer for CPC members.
3. For strategic planning, the main activities reported were responding to national policy and legislation, developing a local Child Protection Improvement Plan or Business Plan, or working with other Public Protection committees.
4. For public information and communication, the main activities reported were hosting a CPC website and/or webpages and disseminating child protection information to the public and practitioners through newsletters, leaflets, social media and/or radio adverts. However, some CPCs did recognise the need to improve the means through which they engage with and receive feedback from children and families as part of the public information and communication function.

Chief Officers' Groups

1. There were COGs in place in all areas and, like CPCs, their membership size varied – ranging from 3 to 21 members. Two thirds (20 COGs) had fewer than 10 members.
2. The seniority of COG membership was higher than CPCs with chief executive and Chief Superintendent representation widespread.
3. Most COGs met on a quarterly basis, with none having more than six scheduled meetings per annum. The wider responsibilities of COGs mean that child protection matters are considered by COGs alongside other public protection committee matters.
4. 23 of the 30 COG Chairs were chief executives of the local authority, and for 14 of these the Chair role was a permanent responsibility of the chief executive position.

CPC Reporting Arrangements

1. All CPCs reported to their COGs, with this typically done to align with the scheduling and frequency of COG meetings. The main means of communication were written reports and/or attendance by key CPC members at the COG, with the key topics covered being management and performance data; local service developments; findings from ICRs and SCRs; and new legislation and policy developments.
2. 24 CPCs stated that they reported to CPP group(s), with the other six reporting only to their COG. In the main, reporting was to the CPP group with strategic responsibility for children's services and took the form of written reports or updates (e.g. of the CPC Annual Report, performance statistics, or Child Protection Improvement Plan).
3. All CPCs reported that elected members were involved in or made aware of child protection arrangements but the nature of this engagement varied. The main activities were through providing the CPC Annual Report, preparing update reports and briefings, reporting on performance and management statistics, and inputting into the induction and training of elected members.

Appendix: List of Acronyms

COG	Chief Officers' Group
CPC	Child Protection Committee
CPIP	Child Protection Improvement Programme
CPP	Community Planning Partnership
GIRFEC	Getting It Right for Every Child
HSCP	Health and Social Care Partnership
ICR	Initial Case Review
MAPPA	Multi-Agency Public Protection Arrangements
MARAC	Multi-Agency Risk Assessment Conference
NHS	National Health Service
SCR	Significant Case Review
SCRA	Scottish Children's Reporter Administration

About CELCIS

CELCIS, based at the University of Strathclyde in Glasgow, is committed to making positive and lasting improvements in the wellbeing of Scotland's children living in and on the edges of care. Ours is a truly collaborative agenda; we work alongside partners, professionals and systems with responsibility for nurturing our vulnerable children and families. Together we work to understand the issues, build on existing strengths, introduce best possible practice and develop solutions. What's more, to achieve effective, enduring and positive change across the board, we take an innovative, evidence-based improvement approach across complex systems.

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