

EAST DUNBARTONSHIRE INTEGRATED CHILDREN SERVICES PLAN 2020-2023



Introduction

East Dunbartonshire has a population of 108,330, placing it in the mid-range of Scottish local authorities in terms of population and covers 77 square miles. It comprises a mixture of urban and rural areas that includes the settlements of Bearsden, Bishopbriggs, Kirkintilloch, Lennoxton, Lenzie, Milngavie, Milton of Campsie, Torrance and Twechar.

While the population aged 45–64 makes up the largest population (31,845), age 0–24 is the second largest grouping with 29,804. This can be broken down further with age 0-15 representing 19,224 and age 16-24 making up 10,580.

Our School Roll (Sept 2019 Census) is Primary: 9,183, Secondary: 7,821 and Special: 178. There are also 25 children home educated. Of our school roll 3,606 have an additional support need, equal to 21% of the school population. This compares with 31% of pupils across Scotland with an additional support need.

Of these children and young people, as at the 31st July 2019, 149 were 'looked-after' either at home or away from home and 55 were on East Dunbartonshire's Child Protection Register.

Background

The Delivering for Children & Young People's Partnership (DCYPP) directs the strategic planning, development and delivery of children and young people's services on behalf of the East Dunbartonshire Community Planning Executive Group.

Our Plan

This Plan sets out how we will work together to plan, develop and provide services over the next three years (April 2020 to March 2023) that will:

- best safeguard, support and promote wellbeing;
- make sure that children, young people and families get the right support, from the right people at the right time;
- take action to prevent and meet need;
- be integrated from the point of view of service users;
- Constitute the best use of available resources.

Definition of a Child

In Scotland, the definition of a child varies in different legal contexts, but statutory guidance which supports the Children and Young People (Scotland) Act 2014, includes all children and young people up to the age of 18. Where concerns are raised about a 16- or 17-year-old, agencies will need to consider which legislation or guidance is appropriate to follow, given the age and situation of the young person at risk. The term 'looked after' was introduced in the Children (Scotland) Act 1995 and is used to describe a child or young person for whom the local authority has a statutory responsibility. Looked After Children and Young People include children who are subject to a supervision order and live at home with their family as well as children who live with foster or kinship carers; in residential schools or care homes; in secure care or being supported in leaving care. Looked after Children and Young People range from born infants to young people in their late teens. We also use the term Care Experienced children and young people as recent legislation details support for any child or young person who has been looked after. Continuing Care is a new legal term established by the Children and Young People (Scotland) Act 2014. It inserts a new section, 26A, into the Children (Scotland) Act 1995 to place a duty on local authorities to provide continuing care in certain circumstances for children and young people who were previously looked after. This effectively means that eligible young people can remain in their care placement until the age of 21 and may be entitled to support until their 26th birthday.

DCYPP Mission Statement;

All parties will work together with communities and families to ensure children & young people have the best start in life, are confident, healthy, resilient and live in positive and inclusive communities free from disadvantage.

Children's rights: The United Nations Convention on the Rights of the Child

The [United Nations Convention on the Rights of the Child \(UNCRC\)](#) is the global "gold standard" for children's rights and sets out the fundamental rights of all children. The UNCRC is the most widely ratified human rights treaty in the world and sets out the specific rights that all children have to help fulfil their potential, including rights relating to health and education, leisure and play, fair and equal treatment, protection from exploitation and the right to be heard. We already use the UNCRC as a framework to ensure that we consider children's rights whenever we take decisions, and to help provide every child with a good start in life and

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a safe, healthy and happy childhood. It forms the basis of our national approach for supporting children, called [Getting it right for every child \(GIRFEC\)](#).

The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill

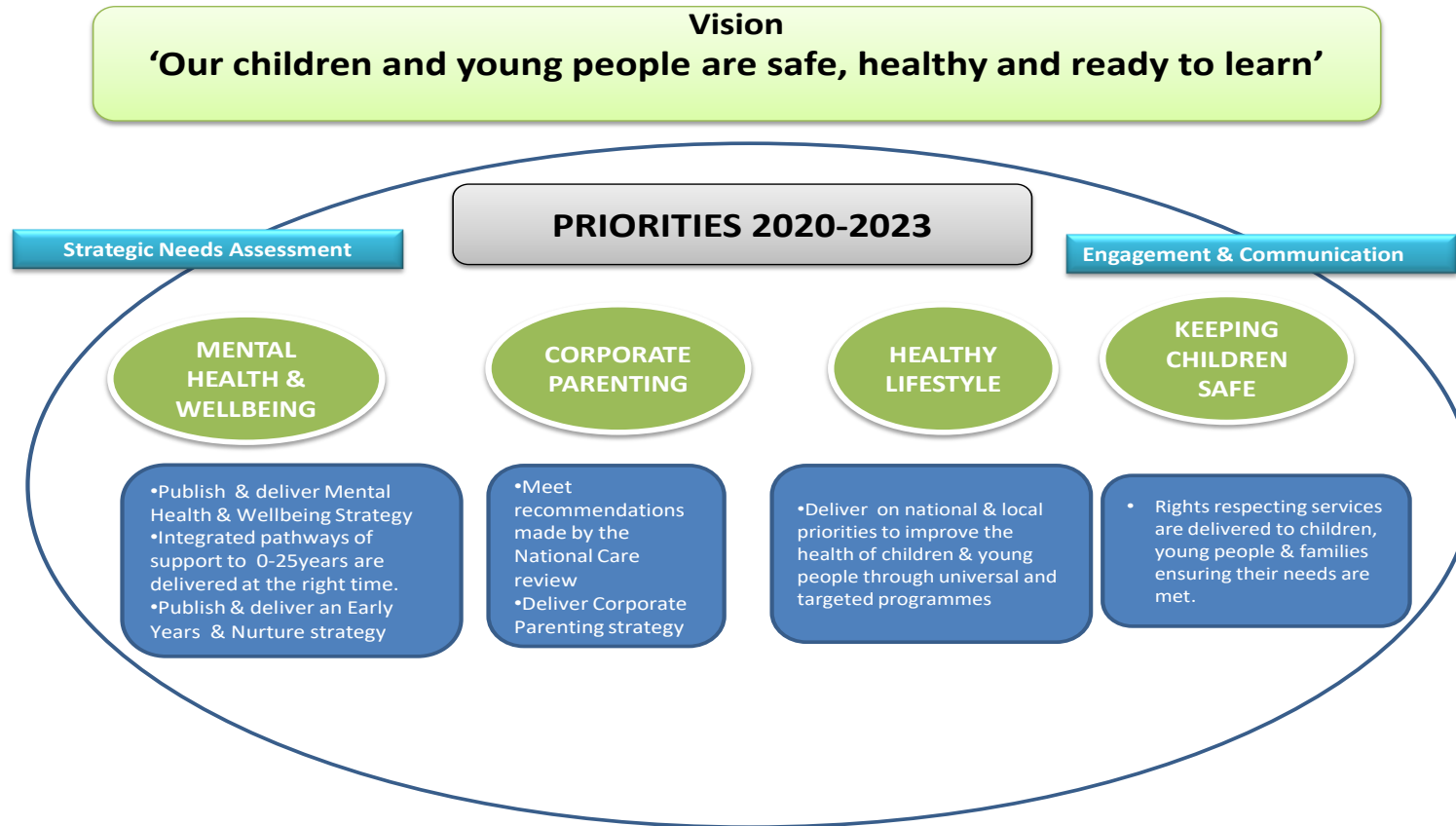
Scotland is the first country in the UK to directly incorporate the UNCRC into domestic law. The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill was introduced to the Scottish Parliament on 1 September 2020.

The Bill:

- directly incorporates the UNCRC as far as possible within the powers of the Scottish Parliament
- makes it unlawful for public authorities to act incompatibly with the incorporated UNCRC requirements
- gives power to the Children's Commissioner to take legal action in relation to children's rights
- requires Ministers to produce a Children's Rights Scheme setting out how they comply with children's rights and to report annually
- requires listed public authorities to report every three years on how they comply with children's right

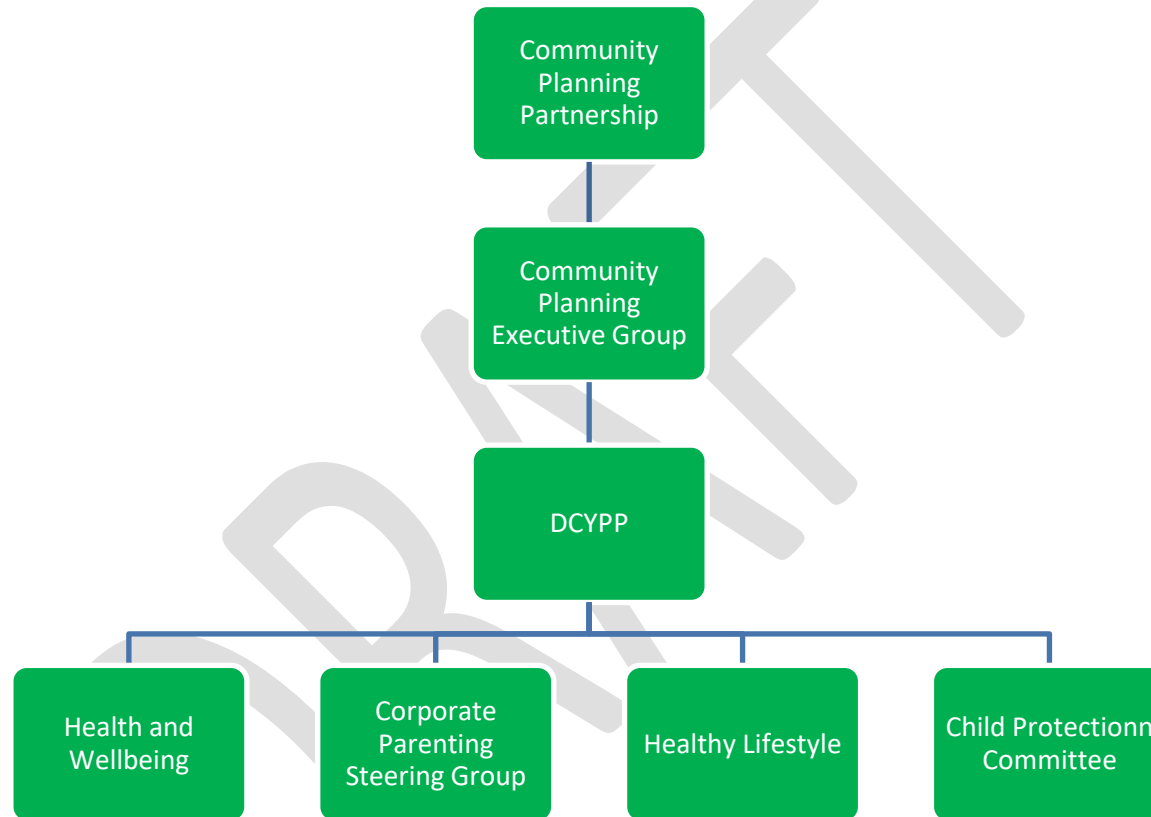
DCYPP aspires to recognise, respect and promote children's rights. These include rights to be treated fairly, to be heard and to be as healthy as possible. Parents, local and national governments and organisations which work with children and families can help children experience their rights.

EAST DUNBARTONSHIRE INTEGRATED CHILDRENS SERVICES PLAN 2020-2023



Planning & Governance Structure –

The diagram's below shows the structure and relationship between the East Dunbartonshire Community Planning Partnership, the Delivering for Children & Young People's Partnership (DCYPP) and its subgroups alongside the associated strategic plans.



Subgroups:



Mental Health Strategy, ACES, Child Poverty Action Group, Employability Group, Early Years and Nurture, Child Poverty Group, Sexual health (PPYP), Alcohol & Drugs Information Awareness Group, Physical Activity & Nutrition, Better Hearings Group, GIRFEC, Autism Strategy Group, ASN Strategy Group, Community Justice Partnership.

East Dunbartonshire Community Planning Partnership has produced and publish, a Local Outcomes Improvement Plan (LOIP) [Local Outcomes Improvement Plan 2017-27.pdf](https://www.eastdunbartonshire.gov.uk/wp-content/uploads/2017/07/Local-Outcomes-Improvement-Plan-2017-27.pdf) setting out clear priorities for improving local outcomes and on tackling inequalities. The DCYPP is the mechanism for delivering on Local Outcome 3

‘Our children and young people are safe, healthy and ready to learn’.



Strategic Needs Assessment –

The Children and Young People (Scotland) Act 2014 established a new legal framework within which services are required to work together in support of children, young people and families, a key part of the Scottish Government's strategy is to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services are integrated, supporting and promoting child wellbeing to make Scotland, 'The best place to grow up'.

Statutory guidance on Children's Services planning emphasises the need for a detailed, joint strategic assessment of population needs in order to support improved strategic planning. It is recognised that the data below will provide a snapshot in time of available data and will evolve over time.

Children and Young People Population

The table below provides a breakdown of the estimated number of children and young people living in East Dunbartonshire

- There are estimated to be 30,984 people aged 25 and under living in East Dunbartonshire, 28.6% of the total population

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- 5,619 of the children and young people living in East Dunbartonshire are aged under 5 (5.2%), 13,605 aged 5-15 (12.6%) and 11,760 aged 16-25 (10.9%)
- Compared with Scotland, East Dunbartonshire has a slightly higher percentage of those aged 5-15 (12.6% vs 11.8%) and a slightly lower percentage of young people aged 16-25 (10.9% vs 12.1%)

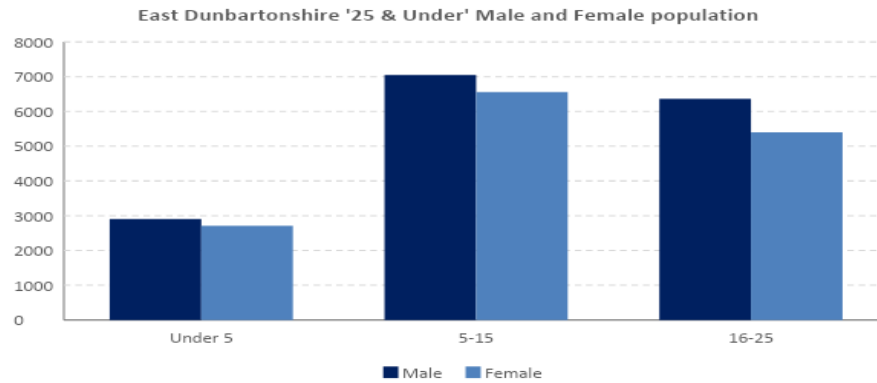
	Total Population	Under 5	5-15	16-25
East Dunbartonshire	108,330	5,619	13,605	11,760
East Dunbartonshire (%)		5.2%	12.6%	10.9%
Scotland (%)		5.1%	11.8%	12.1%

Male and Female Population

There are more males than females aged 25 or under in East Dunbartonshire, 53% males compared to 47% females. This is around 2% more males than Scotland as a whole and 2% less females.

	25 & Under Population	% Males	% Females
East Dunbartonshire	30,984	53%	47%
Scotland	1,575,381	51%	49%

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The proportion of males in the younger people population of East Dunbartonshire is highest in the 16-25 age groups

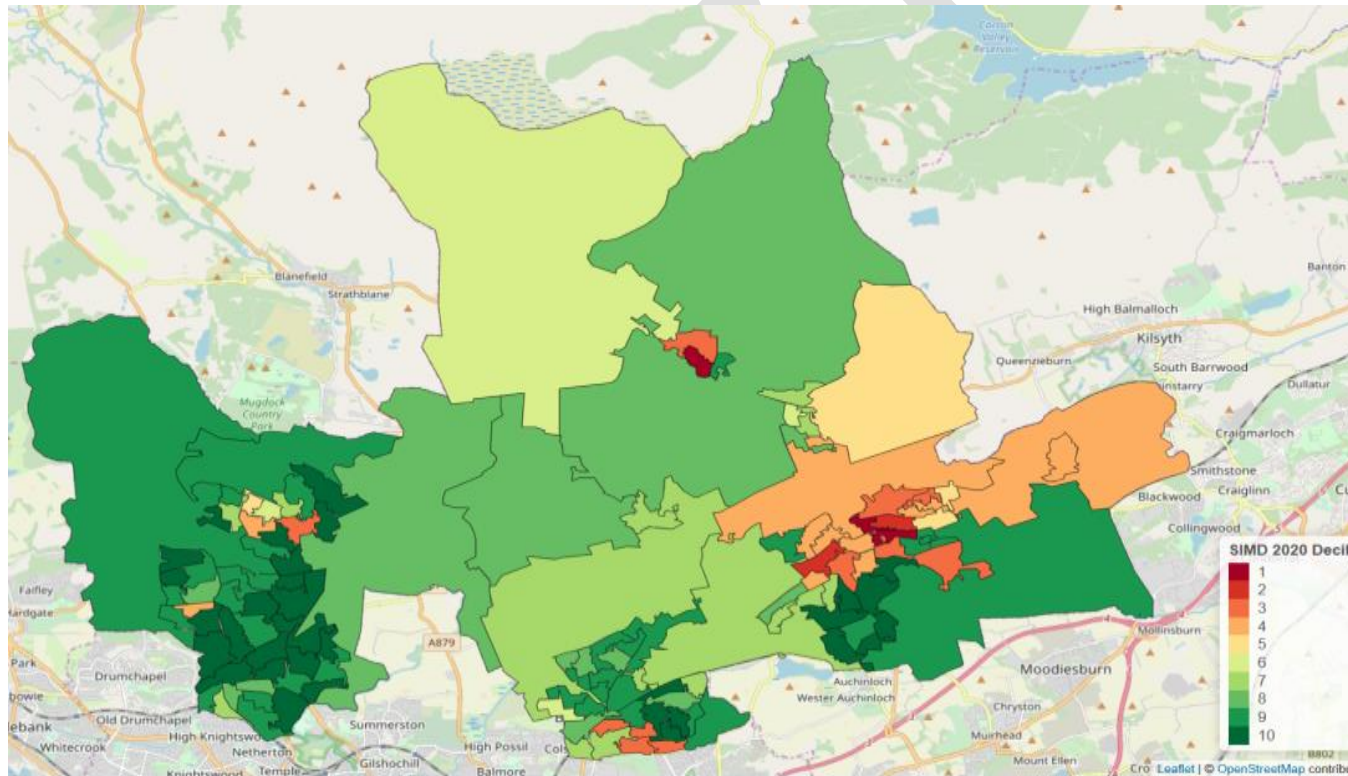
Key Points

Demographics

- 18% of the East Dunbartonshire population were aged Under 16
- 54% of Under 16's lived in the two least deprived SIMD Decile
- 5% of Under 16's lived in the most deprived SIMD Decile
- Life expectancy for males was 80.1 for males and 83.3 for females

Deprivation

East Dunbartonshire has a large majority of its population living in the least deprived data zones. The map below shows the data zones of East Dunbartonshire coloured by their corresponding SIMD 2020 decile. The darkest red colour indicates the most deprived decile while the darkest green colour indicates the least deprived decile.



Consultation & Engagement



Consulting with children, young people and families has been a priority in preparing this plan, co-production with Parents and Young people for service improvement and development is crucial for successful outcomes. Ongoing stakeholder engagement and consultation is a principle threaded throughout each priority.

The Children's Plan priorities outlined in this integrated plan have already been subject to engagement with children, young people and families who are engaged with our services.

Some of the main types of engagement tools we use;

Electronic Questionnaires;

In collaboration with all parties age appropriate electronic questionnaires designed specifically for gathering feedback on the priorities within the plan were developed and shared with service users using the Glow Connect & Webropol.

Experience of Service Questionnaires;

From 2019, we have been able to move the Experience of Service Questionnaire from a paper and postal system, to an online survey and reporting system using Webropol. This is currently available to all CAMHS teams and SLT teams. This will be rolled out to the other Specialist Community Paediatric Teams throughout 2020 and 2021 following the COVID-19 Pandemic. Reports are generated automatically and are available for clinical teams every quarter.

Attend Anywhere / Near Me;

This digital resource has been made available from NHS Scotland and provides a secure and safe method for completing clinical appointments with children, young people and families/carers.

We will continue to gather feedback from patients and staff on their experiences using Attend Anywhere. To date patients have rated many elements of this medium highly.

National Standards for Community Engagement.



We have adopted and enhanced our digital strategy and platforms. We have also adapted our leadership, management, and communication strategies and have actively made use of Microsoft Teams to support these changes. We have also stepped up the development of our online presence for patients by:

- Extending content on our web pages, including online health and wellbeing resources.
- Sharing patient relevant information via social media (twitter and Facebook).
- Developing and sharing mental health care videos and audio files.



This is a three year plan outlining the ambitions of partners and sets the principles for how we will work together over the period of the Plan following the National Performance Frameworks vision.

The plan will be delivered over a three year period but will focus on the detail of specific priorities through annual delivery plans.

More detailed annual delivery plans and an associated performance management framework will support the implementation and monitoring of progress for each of the key priorities.

Our strategic priorities are based on the diverse needs of children and families in East Dunbartonshire which has been informed by the strategic needs assessment and underpinned by Getting It Right for Every Child and the Curriculum for Excellence. The priority areas for 2020-2023 are:

- 1. Mental Health & Wellbeing**
- 2. Corporate Parenting**
- 3. Healthy Lifestyle**
- 4. Keeping Children Safe**

Priority 1 - Mental Health and Wellbeing

What does the evidence say?

The Children and Young People's Mental Health Taskforce was jointly commissioned by the Scottish Government and COSLA in June 2018. The aim of the Taskforce was that children, young people, their families and carers should know that they are supported in good mental health and will be able to access services which are local, responsive and delivered by people with the right skills. The Taskforce recognises the importance of responding to local needs with local solutions, and that across Scotland there are different structures and arrangements currently in place to support children, young people and their families. Therefore the starting point for implementing the recommendations will vary throughout Scotland. However what is most important is that that children and young people receive the right help, at the right time, by the right person wherever they are.

The recommendations have been agreed by The Scottish Government, CoSLA and ADES and they cover the following areas:

- Leadership
- The Third Sector
- Whole Systems & GIRFEC approach
- Early Years and Nurture
- Digital Solutions
- CAMHS
- Co-production
- Well trained, skilled workforce

What matters to young people and children?

Getting the right support at the right time by the right person!

Approach –

We have established a multi-agency strategy group which will oversee the developments of this work, write the strategy and ensure the recommendations are implemented locally. Additionally, we have a sub group working on a Nurture Strategy which will ensure we work as a whole system to deliver high quality early interventions.

We will use the CAMHS Annual Operating plan to ensure East Dunbartonshire's children and Young People receive the same level of service as other areas of the Board.

What will partners do?

Work collaboratively to ensure:

1. Clear points of contact for children, young people, families and practitioners who have concerns regarding a child's mental health through the Health Visitor, School or GP to where advice or access to support is available. We will publish this information to ensure all available community supports are easily identified
2. An early response with the community to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response, without unnecessary delay or bureaucracy. Ensure there are services and approaches within our community that reduce the risk of their mental health deteriorating to the extent that they need a Tier 3 CAMHS service.
3. A clear pathway through services, with a focus on prevention and early intervention within the community, and an accelerated path to additional, higher level or specialist support or treatment whenever that is required and where other supports have not helped.
4. Children, young people and their families at the centre, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded.
5. Mental health needs integrated into any support for other needs that a child may have, as part of a single plan with a team around the child that is co-ordinated by a lead professional.

Measuring success –

The provision of support and treatment to young people as required, until their eighteenth birthday;

Steps should be made to explore how support and treatment can be extended to their twenty sixth birthday for anyone with care experience;

Inclusive referral criteria;

The provision of crisis support;

Pathways for whole system support for children who are best assisted by other services;

Improved transition to adult services;

Key Performance Indicators will be developed across providers to measure the availability, access to and outcomes obtained for community based mental health and wellbeing supports.

Systems for collecting data for measurement and audit purposes.



Priority 2 - CORPORATE PARENTING

What does the evidence say?

This is a statutory responsibility, The Children and Young People (Scotland) Act 2014 defines corporate parenting as "the formal and local partnerships between all services responsible for working together to meet the needs of looked after children, young people and care leavers".

Corporate parenting responsibilities' extend to all looked after children, aged from birth to when they cease to be looked after. This includes children in foster care, residential care, secure care, 'looked after at home' (on Compulsory Supervision Orders with no condition of residence) and those in formal kinship care. It also includes disabled children who are 'looked after' on a series of short breaks.

What will partners do?



Approach -

1. Ensure there is regular consultation with LAC Young People.
2. Provide high quality care and ensure assessed needs are met.
3. Support to access universal services including culture and leisure.
4. Close the attainment gap for LAC young people.
5. LAC Young People will achieve positive destinations.
6. Provide high quality through care, aftercare and continuing care.
7. Establish Corporate Champions.
8. Ensure the recommendations of the Care Review are implemented.

What matters to young people and children?

Please refer to The Independent Care Review Report 2020.

At the point of concluding, the Care Review has listened to over 5,500 experiences. Over half of the voices were children and young people with experience of the 'care system', adults who had lived in care, and lots of different types of families.

Overcoming trauma requires a foundation of stable, nurturing, loving relationships. Scotland's focus and understanding of risk must shift to understand the risk of not having stable, loving, safe relationships. For above all else the Care Review has heard it is that children want to be loved, and recovery from trauma is often built on a foundation of loving, caring relationships.

It is important to say that whilst listening carefully to what matters to children and what needs to change, the Care Review also heard the most beautiful, uplifting stories from care experienced children and young adults who had been nurtured and loved. However, the current 'care system' is failing to provide that foundation for far too many children. Scotland must care in a way that gives children every possible chance to experience love in their lives.

Measuring success

1. We have a systematic programme of consultation embedded in our improvement programme.
2. LAC children and young people report that their care plans are meeting their needs.
3. LAC children have access to culture and leisure facilities.
4. Attainment gaps are closed.
5. LAC young People reach positive destinations.
6. High quality continuing Care has been developed.
7. Corporate Champions are established.
8. Independent Care Review recommendations are implemented.

The Approach:

The Promise Foundations are embedded:

VOICE: Decision making, digital tools, Children's hearings, sharing information, listening, and structural learning.

FAMILY: Intensive support, preschool, parenting, poverty.

CARE: UNCRC, relationships, school, UASC, attachment, transitions, criminalisation, experiences, residential care, siblings, health.

PEOPLE: workforce, identity, love, risk, learning.

SCAFFOLDING: commissioning, legislation, rights, data, inspection, funding, parenting.

(Independent Care Review)

Priority 3 - HEALTHY LIFESTYLES - Physical Activity & Nutrition

What does the evidence say?

The Scottish Government vision is for a Scotland where everyone eats well and has a healthy weight. This vision is set out within National policy with the recognition that there is a specific need to tackle weight-related issues at an early stage. Through the local interpretation of the Scottish Government - A Healthier Future: Scotland's Diet & Healthy Weight Delivery Plan (2018) there is a recognised need to work towards children have the best start in life – they eat well and have a healthy weight.

<p>The food environment supports healthier choices</p> <p>People have access to effective weight management services</p> <p>Leaders across all sectors promote healthy diet and weight</p> <p>Diet-related health inequalities are reduced</p> <p>The Scottish Government's 'Let's Make Scotland More Active' states that 80% of all children aged 16 and under should meet the minimum recommended levels of physical activity by 2022 (Scottish Government, 2003).</p> <ul style="list-style-type: none"> Physical activity should be encouraged from birth, particularly through floor based play and water based activities in safe environments, for at least 30 minutes per day. Children aged between 1-5 should be physically active daily for at least 180 minutes (3 hours), spread throughout the day Children aged between 5-18 should be physically active for an average of 60 minutes (1 hour) per day across a week Minimise amount of time spent being sedentary (being restrained or sitting) for extended periods (except time spent sleeping)
<p>What matters to young people and children?</p>
<p>The East Dunbartonshire Schools Health & Wellbeing, report published in 2016, noted the following self-perceived engagement rates of pupils within Physical Activity and Nutrition,</p> <p>13% met the physical activity target</p> <p>52% of pupils walk/cycle to school</p> <p>48% of pupils that ate five or more portions of fruit or vegetables in a day</p>
<p>Approach -</p>
<p>The East Dunbartonshire Obesity and Physical Activity Action Group will undertake to deliver a refreshed action plan and measurable achievements to support children and young people experience and participate in actions and activities towards increasing the overall participation rates to being physically active and consuming healthy food as described within the national standards.</p>
<p>What will partners do?</p>
<p>The Integrated Children Services Plan will bring together key statutory and voluntary partners to review recommendations from National Obesity strategy and the Physical Activity Plan to develop and deliver a suite of approaches within early years, education and</p>

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community settings to maximise physical activity opportunities, including walking and cycling and to reduce level of obesity, eating healthily within settings, the home and on a budget.

Measuring success -

The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.

Priority 3 - HEALTHY LIFESTYLES – Sexual Health & Relationships

What does the evidence say?

With a higher rate of teenage pregnancy than most other western European countries, reducing unintended teenage pregnancy is a national target for the Scottish Government. Teenage pregnancy is also linked to deprivation with the rates of teenage pregnancy in deprived areas more than treble those of the least deprived areas. Whilst a number of teenage girls experience unintended or unwanted pregnancies, although for some young people this is a positive life decision.

A key priority of Scotland's Sexual Health and Blood borne Virus Framework, 2015, is the implementation of an inclusive Relationships, Sexual Health and Parenting education which is recognised as essential in ensuring that all young people in Scotland have the information and skills to make healthy choices regarding their sexual health.

The United Nations Committee on the Rights of the Child (UNICEF 2016), RSHP should be made a statutory subject in all schools.

What matters to young people and children?

We have based our findings on two different approaches to engagement with young people undertaken following the publication of the last plan.

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- A consultation was undertaken to give East Dunbartonshire young people the opportunity to help shape and influence the East Dunbartonshire contribution to the Scottish Government 10 year strategy (Parenting Pregnancy in Young People).
- A PHD thesis determining Young Scottish adolescents' sexual health knowledge, attitudes and behaviour and their perceptions of school sex education in the context of Curriculum for Excellence (2016) sourced from a survey involving female & male school pupils aged 13-15 (n=715) from 3 Local Authorities, including East Dunbartonshire in 2016.

The main findings were that young people;

Sought clarity on the information and signposting available to them

Sought further information to the availability and accessibility of local services

Responded that they would like more sex and relationships education in school environments

Approach -

Our approach aims to build capacity that enables the children and young people to experience positive relationships that incorporates positive sexual health and wellbeing outcomes. Our focus will be on prevention of poor sexual health, early intervention and supported self-management. Where people need support, care or treatment they can easily access specialist sexual health services.

The implementation of the PPYP strategy and development of the accompanying local action plan is the responsibility of East Dunbartonshire's Sexual Health Steering Group.

What will partners do?

The development of a revised East Dunbartonshire PPYP Action Plan will form a key outcome of East Dunbartonshire's Integrated Children's Services Plan 2020-23.

Measuring success -

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The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.

Priority 3 – HEALTHY LIFESTYLES: Drugs / Alcohol

What does the evidence say?

The Scottish Government's Rights, Respect and Recovery to delivering an appropriate programme of alcohol and drug education in schools and to developing guidance and resources that will provide accurate, evidence-based, relevant and current information around alcohol and drug use, and how to access help.

Learning is aimed at promoting confidence, independent thinking and positive attitudes. It also aims to promote risk and resilience management skills in children and young people that equip them to make positive lifestyle choices.

What matters to young people and children?

The East Dunbartonshire Schools Health & Wellbeing , report published in 2016, noted the following self-perceived engagement rates of pupils within Tobacco, Alcohol and Drugs,

54% stated that they had experienced or had been exposed to environmental, second hand smoke

Among current smokers who answered the relevant questions, 25% said they would like to stop smoking.

Among those all pupils who participated in The East Dunbartonshire Schools Health & Wellbeing survey, those most likely to have experienced alcohol we the older school pupils of which 22% were the most likely to get drunk once a week or more. The same survey also noted that for those who responded to accessibility of illegal drugs, 58% said that it would be easy to get illegal drugs.

Approach -

Partners will work together within the parameters of the East Dunbartonshire Alcohol and Drugs Partnership to undertake to support and improve the life chances of Children and /or young people of family members misusing alcohol and drugs.

Partners will work to ensure that the resources and tools that children and young people can access promote confidence, independent thinking and positive attitudes to equip children and young people to make positive lifestyle choices.

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Partners will work together to engage with and support Children and young people to live in positive health promoting environments where alcohol and drugs are less readily available.

A Substance Use Prevention Action Plan, encompassing Alcohol, Tobacco and Drugs, is the responsibility of the East Dunbartonshire Substance Use Prevention Group (a subgroup of the East Dunbartonshire Alcohol Drugs Partnership).

What will partners do?

Partners will collaborate to deliver Policies, Strategies and Plans to establish and deliver consistent and methodological approach(s) to promote and improve the health and wellbeing of children, young people and their families,

Measuring success -

The local indicators within the plan will be reviewed on an annual basis and outcomes will be measured against the outcomes of the national Schools' Health and Wellbeing survey.



PRIORITY 4: KEEPING CHILDREN SAFE

WHY?

All children in Scotland have the right to grow up protected from harm, abuse and neglect.

The Children (Scotland) Act 1995 outlines the legislative framework for Scotland's child protection system covering parental responsibilities and rights and the duties and powers local public authorities have for supporting and promoting the safety and welfare of children. Under Section 29, local authorities have a duty to assess the needs of care leavers up to the age of 26.

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This is amended by the Children and Young People (Scotland) Act 2014, which focuses on children and young people in planning services to make sure their rights are respected across the public sector.

In Scotland there is National Child Protection Guidance which must be followed and endorsed by the Child Protection Committee in each Local Authority area.

WHO IS RESPONSIBLE FOR PROTECTING CHILDREN?

EVERYBODY (list is not extensive):

COMMUNITY PLANNING PARTNERSHIPS

CHIEF OFFICER GROUPS

THE THIRD SECTOR

FAMILIES

TEACHERS

HEALTH VISITORS

THE CHILD PROTECTION COMMITTEE

WHAT ARE WE GOING TO DO?

In East Dunbartonshire we have vibrant, dynamic Child Protection Committee that is working to a 3 year business plan which is focused on participation, continuous improvement and strategic planning.

1. Raise public awareness.
2. Share good practice.
3. Develop advocacy services.
4. ACES
5. Child Trafficking
6. CSE

WHAT DO YOUNG PEOPLE THINK?

All those surveyed were able to say who their social worker was, and most knew why they had a social worker. Being kept safe was identified as the main reason for having a social worker. Those who did not know who was their social worker were generally younger. Children and young people stated that their social worker helped them with problems with their family. Over half said that the child protection process had helped to keep them safe. Over two-thirds had been asked what they wanted to happen and the majority felt that they had been listened to.

The majority did not understand the process as they were not informed about what was happening. Over half did not know that they were on the child protection register until they were contacted for the study. The study found that those who were informed from the outset were more positive. The children and young people had diverse understandings of what would happen, with some being confident because they were aware of procedures. Generally, however, children and young people in the study were dissatisfied with the investigation process. This was due to the lack of information and little understanding about the process. However, the majority identified that the child protection investigation was positive in its impact on their lives.

(www.gov.scot)

HOW WILL WE KNOW?

1. Monitor hits on the Child Protection website.
2. Revise and embed the Significant Case Review policy and process.
3. Advocacy services are developed.
4. Workers are confident in their own Trauma Informed Practice.
5. Awareness is raised amongst the workforce about Child Trafficking.
6. CSE policies and procedures have been developed.