Second progress review

following a joint inspection of services for children and young people in need of care and protection in Orkney

May 2022

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1. Background to this progress review

We carried out a joint inspection of services for children and young people in need of care and protection in the Orkney community planning partnership area between August and October 2019. The joint inspection report was published in February 2020.

At that time, we were not confident that the partnership in Orkney would be able to make the necessary improvements highlighted in the inspection report without additional support and expertise. Our report identified five priority areas for improvement (appendix 1), and we asked partners in Orkney to develop a joint action plan in response to these. Along with the other bodies taking part in the inspection, we also said that we would monitor progress and report this in due course.

Between April and June 2021 we assessed the progress that the partnership had subsequently made. We concentrated on the partnership's recognition of and response to initial concerns, as this was the focus of the inspection's findings, and also considered how well leaders had managed the change process. We took into account the impact of the Covid-19 pandemic on the ability of staff in front-line services to support vulnerable children and families.

We found that the partnership had been slow to develop an effective response to the inspection in 2019, but that by spring 2021 the pace of change had increased significantly and partners were aware of the scale of improvement required. Staff were better supported to recognise child protection concerns, collaborative practice was improving with better communication, and effective leadership and planning was by then driving change. The review report, which was published in August 2021, highlighted four key messages (appendix 2). As well as noting improvements that had been made, it also identified further areas for development, particularly around consistency of practice and the involvement of children and families.

However, many of the changes were too recent for their effect to be observed and the partnership were informed that we would undertake a second progress review within the year.

2. Summary findings

Partners had continued to make changes designed to improve practice and encourage consistency. Additional guidance and training had been introduced around key processes, such as the use of chronologies and plans, and to reinforce practice, including response to neglect and hearing the voice of the child. The review team found evidence of these improvements through record reading and in contacts with both staff and children and families.

Developments had also been made to support the engagement of children, young people and their families in key processes and decisions about their lives. We heard directly from children and young people, as well as parents and carers, who were satisfied with the intervention of services, although some were less content with the outcome for them. However, the partnership was not routinely collecting such information itself and further work was needed to fully embed participation and engagement across all children's services.

As the partnership's own position statement acknowledged though, two key factors were at risk of holding it back. Firstly, ineffective and inefficient management information systems were inhibiting its ability to demonstrate the difference that the changes that it had introduced were making. Secondly, workforce issues, particularly the recruitment and retention of social workers, were severely compromising the long-term sustainability of those changes.

Key Messages

- Many of the improvements required following the original inspection and the first progress review had been achieved, although further work was needed to consolidate some of the changes that had been introduced.
- Improvements in the recognition of and response to initial concerns were apparent, with risks being identified more effectively and actions being taken promptly to protect children.
- Many key areas such as the lack of procedures or of a consistent IRD process had been addressed. The focus was now shifting towards ensuring their effectiveness and being able to show the difference that they were making.
- Consolidation of improvements was being affected by challenges in both recruiting and retaining staff, some of which were national and some which were particular to Orkney.
- Outcomes for children were not routinely recorded and evidence of the difference that services were making for them was still required.

3. How we conducted this progress review

Between February and April 2022, a team of inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland carried out a second review of the progress made in the Orkney community planning partnership area.

The inspection team was acutely aware of the ongoing challenges presented by the Covid-19 pandemic and the imposition of the progress review at this time. We are therefore extremely grateful to all the staff in Orkney who participated in it and in particular to those who worked hard to support it, including overcoming difficulties in accessing information virtually. Without their involvement the review could not have been undertaken.

The focus of our review

The aim of this review was to assess and report on further progress made in responding to the areas for improvement identified during the original inspection, as well as the further areas for development highlighted by the first review.

For that reason, we focussed our review on two questions

A. To what extent has the partnership's improvement plan ensured that the lives of children in need of care and protection are improving?

B. To what extent has the partnership's improvement plan ensured that children, young people and their families are engaged in key processes and decisions about their lives and satisfied with their involvement?

Our approach to the review

As with the first review, we remained confident that despite the restrictions imposed by the Covid-19 pandemic we would be able to access sufficient evidence for us to assess the partnership's progress. For example, we were able to gain virtual access to a range of information and records as well as opportunities to meet with both staff and leaders, and children and families. For this progress review, we also planned to meet with some young people and parents in person, within the applicable public health guidelines.

In conducting the review, we:

- took account of the further support provided by the Care Inspectorate strategic link inspector and the Healthcare Improvement Scotland public protection and children's health service lead, to partners in Orkney
- reviewed a position statement prepared by the partnership covering the progress that they had made, together with a range of supporting evidence

- held 11 focus groups and 16 interviews with a range of stakeholders including: chief officers, senior managers, elected members of Orkney Islands council, NHS Orkney board members, first-line managers and front-line staff. Most of these were undertaken virtually via MS Teams although a few were undertaken in person, including a visit to one of Orkney's outer isles
- reviewed the records of 20 children and young people[1], involving four local record readers from the partnership area in this activity
- prepared an on-line survey for children and young people aged over 8 and receiving support from social work and other services, of which we received five completed responses
- held in person discussions, or telephone conversations, with five children and young people, and also with 12 parents and carers.

As noted, we had intended to complete a key part of our evidence gathering in person in Orkney. This was to allow us to meet some of the young people whose records we had read in person, along with their families and the practitioners who supported them, and to hear directly about the effect of services on their lives.

The extent of community transmission of Covid-19 within the community in Orkney in early March 2022 caused us to review our plans and to scale back our direct contacts with young people, families and practitioners. Indeed, Covid infections at the time of our visit prevented us meeting with some families altogether. We were also keen to limit the effect of the review on the partnership's ability to support families during what was for it the most serious period of the pandemic. Nevertheless, we are particularly grateful to the children and families who we met with.

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[1] : The sample was based on those children and young people who were referred to the children's social work service in Orkney between 1 April 2021 and 31 December 2021 and for whom an on-going service had been provided (ie. the matter was not closed at the point of referral). Consequently, the sample cannot assure the quality of service received by every child in Orkney, particularly those whose assessed needs did not warrant immediate intervention, or those whose initial involvement with social work pre-dated the sample's time frame.

4. Progress made

The partnership’s approach to improvement

The report of the first progress review following the joint inspection was published in August 2021. It noted that the partnership’s response had been constrained by two key factors. Firstly, by the attention they needed to give to responding to the pandemic, and secondly, by the departure of a number of senior leaders and managers. A new inter-agency referral discussion (IRD) process had though been introduced, and the review found that there was more collaborative working and that staff were better supported. Partners also understood that they still needed to improve how they were able to demonstrate the difference that changes were making for children in need of protection.

Following publication of the progress review report, partners identified five key improvement areas to focus on over the following year. These were:

- recognising and responding to neglect
- developing practice supporting chronologies of significant events
- further developing the approach to inter-agency referral discussions (IRDs) for greater consistency
- strengthening the approach to receiving, recording, and responding to the voice of the child, including independent advocacy
- strengthening the approach to receiving, recording, and responding to the views of parents, carers, and families.

Partners also identified two significant challenges to their ability to introduce and embed new service delivery models. These were firstly recruitment, particularly in children and families social work, and secondly, the need for effective management information systems.

A. To what extent has the partnership’s improvement plan ensured that the lives of children in need of care and protection are improving?

Further inter-agency policies and procedures, accompanied by online training, had been introduced to support the partnership’s aim of a consistent approach to meeting the needs of children and young people. These were well supported by practitioners and included team around the child (TAC) meetings, chronologies, and neglect, although it was too soon to observe their influence on practice.

Better communication meant that concerns could be discussed with social work at an early stage and advice provided for universal services where appropriate. The process from inter-agency referral discussion (IRD) to initial child protection conference had been improved. Decisions and actions were being taken quickly and appropriately to keep children safe, as shown by the quality of initial multi-agency responses to concerns, which was rated as good or better in all the records we read. In spite of this, there was still some misunderstanding about the threshold for social

work involvement, particularly between social work and health. Some practitioners were seeking more opportunities for contact between staff to better understand processes. Planned visits by senior social work staff to schools and others, including on outer islands, may encourage this.

Children requiring forensic medical examinations were still having to undergo a journey to Aberdeen as the appropriate paediatrician resource was not available in NHS Orkney. If flights were unavailable this sometimes meant children travelling on the overnight ferry. Staff accompanying the children worked hard to minimise the consequential risks of re-traumatising them and added stress for families, yet these could not be avoided altogether. As noted in the earlier progress review, the partnership recognised the effect of this practice on children, yet continued to be unable to resolve it without external support. For example, the use of remote technology to undertake examinations was being explored but the admissibility of resulting evidence in subsequent proceedings was still under discussion. Similarly, the introduction of the Bairns' Hoose[2] initiative across Scotland, that aims to develop a more co-ordinated approach, was unlikely to do so in the short term.

There was mixed evidence about the extent to which the earlier improvements had been fully embedded. For example, by contrast to the quality of initial responses, the quality of subsequent multi-agency meetings was only rated as good or better in around half of the records we read. Some staff were not always sharing information in such settings, even in child protection cases. Even though almost all records we read contained an assessment that considered needs, protective concerns, and risk, only a third were rated as good or better, slightly fewer than at the first progress review. Our record reading showed similar results in relation to the quality of chronologies and plans. However, it was encouraging that most chronologies were now multi-agency and that nearly all children had a plan in place. Of those plans that were reviewed, we rated the quality of most of those reviews as good or better although only around a half were held within expected timescales. Although some small-scale audits had been completed, partners own quality assurance processes remained to be fully developed in order to both test implementation of policies and identify areas of practice that required further focus.

The quality of the support that children subsequently received was rated as good or better in nearly two thirds of the records we read. In most, partners had effectively reduced the risks to children from abuse and neglect, or due to their parents or carers' circumstances. Of those for whom there had been protection concerns during the Covid pandemic, partners had ensured they were protected from harm and their

[2] : Bairns' Hoose was highlighted in A Fairer, Greener Scotland: Programme for Government 2021-22. It aims to ensure that all eligible children who are victims or witnesses to abuse or violence will have access to a 'Bairns' Hoose' by 2025. Bairns' Hoose – based on the Icelandic model "Barnahus" – will bring together the services of child protection, health, justice and recovery services into one setting. A key element of Barnahus is the child friendly setting and the whole team around the child in order to reduce the number of times children have to recount their experiences. To achieve this, a co-ordinated approach, which places the needs of the child at the centre across services, will be developed.

wellbeing needs met in all cases. Although few in number, all the children and young people who responded to our survey said that things had improved for them a lot since receiving support, and all but one said that they felt safe where they now lived. All said that they had someone to support them and give them the help they needed at least most of the time, including being supported to retain important relationships. This pointed to the lives of children and young people improving as a result of the help that they received.

Most practitioners we spoke with thought that the introduction of the TAC meeting approach had improved communication and encouraged inter-agency discussions to support families and meet the needs of children and young people. We saw examples of early and effective intervention by universal and third sector services working together to reduce risks. Though still limited, additional resources provided by the latter were increasing, including assisting social work in supporting contact arrangements for looked after children, or providing youth counselling due to ongoing gaps within mental health and CAMHS services. However, in spite of the third sector's position being strengthened within senior decision-making fora, the partnership acknowledged the need for a re-appraisal of its commissioning approach. A strategic needs assessment was planned alongside working together with potential providers to develop family support services.

Many staff reported that the new policies and procedures introduced since the first progress review were clear and helpful, in particular those about chronologies. Their implementation was well supported by training, though some staff found it at times too basic. Nevertheless, the on-line joint events had helped staff to get to know colleagues from other services and enabled some who were not normally able to attend centralised training to participate. Awareness of the changes was not though universal and some schools, or key staff within them, third sector organisations, and adult services staff who covered out of hours social work had not been included in the training. However, the sessions were recorded and subsequently available to them. In some situations there were conflicts with single agency processes and some staff suggested that there had been insufficient prior consultation.

Some staff from universal services and local wellbeing officers in the outer islands and more remote areas, felt disconnected from some of the improvements that had been introduced. They suggested that they did not always have the expertise to respond to situations that they faced, including those requiring early intervention and family support. There were also difficulties for families in small communities of being seen to be receiving support. The thresholds for direct involvement or support from staff based on Orkney Mainland was not always clear or consistent. Some only provided telephone support, whereas others only visited if there were several children to be seen, or meetings to be attended, at the same time. The situation had reportedly been exacerbated during Covid by cancellations to ferries and flights that had further inhibited collaborative working.

At a strategic level, the public protection committee's (PPC) role had been strengthened with the creation of sub-groups covering quality assurance and learning and development. New roles, such as the public protection lead nurse, were received positively and leaders had secured additional funding to create further specialist posts. Although there had been some helpful consolidation since the first progress review, the relationship between the different strategic fora overseen by the chief officer group (COG) was still not always clear, particularly around their role in relation to the improvement agenda. In spite of their increased profile at the on-line training events, many staff, particularly those based on outer islands, reported that senior leaders needed to be more visible. Some health staff, for example, were unaware of staffing changes at higher levels and felt that changes within the health and social care partnership (HSCP) were being driven by social work priorities.

Progress in achieving the desired improvements continued to be hampered by management information systems that were incompatible with each other and unable to record outcomes. Although partners recognised these issues, not having resolved them was inhibiting effective collaborative working, including information sharing. It was also a continuing source of deep professional frustration for many staff. Health and education staff were often entering information onto different systems and, in some cases, separately storing important documentation. Health staff had reservations about moves to a single shared system with social work and some were concerned about a lack of consultation about this. The lack of compatible information systems and the resource to analyse the resulting data was also affecting the partnership's ability to show the difference it was making. In spite of this, practitioners were often gathering evidence, such as about improved school attendance or patterns of behaviour. Additionally, some third sector providers were routinely using evidence-based tools that supported and measured change for individuals, even though it was not being systematically recorded or analysed. Demonstrating the effect that improvements were having remained to be prioritised if partners were to provide assurance to both children and families and elected members that changes were making a difference.

Workforce issues were placing an active brake on making further improvements. Recruitment challenges were being faced in many areas, including for example CAMHS, but were being felt most acutely in relation to the appointment of permanent qualified and experienced social workers. These challenges were being addressed by ongoing advertising campaigns, new worker incentives, and a 'grow your own' approach to encouraging local individuals to take up a career in social work. Securing adequate accommodation also remained difficult for incoming workers. Challenges with retaining both permanent and agency staff were directly affecting relationships with children, young people and their families. It was also affecting service delivery, as, for example, fostering and adoption officers were covering for vacant social worker posts, limiting the recruitment of new foster carers. Succession planning also remained unresolved for key posts including those of NHS Orkney chief executive, Orkney islands council chief executive, and chief social work officer.

B. To what extent has the partnership's improvement plan ensured that children, young people and their families are engaged in key processes and decisions about their lives and satisfied with their involvement?

Much had been put in place to establish the voice of the child as integral to multi-agency practice. For example, at the suggestion of a young person, the toolkit that accompanied the neglect training and developed together with a third sector partner, was renamed 'Care for Me' to focus on the consequences of neglect for children. Some staff and senior leaders reflected that a culture of focussing more on parents' views, rather than those of their children, still prevailed. To address this, and to emphasise the importance of hearing directly from children, specific 'Voice of the Child' guidance had been introduced. However, some staff were unaware of it and others were concerned that it was not sufficiently inclusive of children affected by communication difficulties or disability. Its review and re-launch presented an opportunity for further engagement with staff as well as children and families.

Strategic developments were beginning to be informed by the views of children and young people. For example, one young person had powerfully shared their experience at a multi-agency development event for senior leaders, and young people had contributed to the children's services plan and the development of the new 'Growing up in Orkney' website. External support was being sought to develop opportunities to better engage with care experienced young people about the issues they faced, although consultation with them had already led to the leaving care grant being substantially increased.

Some children and young people, as well as their parents or carers, were now routinely involved in multi-agency discussions about keeping them safe and well. Recently established team around the child (TAC) meetings were helping to ensure that decisions were clear and reflected a shared understanding of the child's plan. Older young people and parents were being enabled to participate in decision making processes. We heard examples of guidance teachers, learning disability nurses and police officers, helpfully advocating on behalf of young people, or supporting them to participate in decision making about their lives. The recent appointment of an independent reviewing officer was ensuring that children and parents voices were heard in looked after children reviews. For some, this had been enabled by holding different meetings. Older young people were routinely involved in preparing and reviewing their own pathway plans to ensure their needs were met, particularly around their accommodation and post-school transition. Although more challenging, staff were endeavouring to take account of pre-school children's views, including non-verbal communication and interactions where necessary. Individual third sector services regularly recorded the views of those they worked with, although these were not always fed into decision making processes.

Most staff we spoke with were confident that children, young people and their families were being involved in decisions about their lives and achieving positive outcomes. Our own evidence supported this. The ways that parents and carers were

listened to and involved by professionals was rated as good or better in almost all the records we read. In nearly two thirds of the records we read, the ways that children were listened to and involved by professionals was rated as good or better, and most of those who responded to our survey said they had been involved in decisions about their lives. Although resources were limited, advocacy services were available for children and families to support their participation. Those able to support children and young people were more readily available to looked after children and care experienced young people, including those in residential care.

Embedding this practice was a challenge for the partnership particularly when short staffed. This was demonstrated by some parents' experiences. For example, we heard from some that processes were not always adequately explained to them to enable them to participate. They were not always informed about rapidly changing situations, particularly in an investigation's early stages when they were most anxious and less likely to understand. This affected their confidence in the staff who were working with them. Of the small number of young people who responded to the survey, only one said that their rights were explained to them. Staff retention was directly affecting the relationships children, young people and families were able to build with professionals. In two thirds of the records that inspectors reviewed there was evidence that the child had had an opportunity to develop a relationship with a key member of staff and that in almost all, the child's parents or carers had had a similar opportunity. In spite of this, some young people's experience was that they had had regular changes of social worker and they were reluctant to make relationships with them. This was supported by parents and practitioners we spoke with. Staff retention was also affecting professional relationships and expectations about what could reasonably be achieved for young people. They were also limiting the partnership's ability to ensure that children and young people were engaged and involved in key processes and decisions about their lives.

5. Conclusion

Leaders were working hard to address the findings of the joint inspection and the first progress review. Chief officers had given a clear undertaking to improving how children's services were delivered across Orkney. They had taken a more focussed approach in order to better understand those areas requiring their intervention. Membership of key groups driving improvements had been refreshed and additional capacity and resources identified to support change. Young people's views were beginning to influence strategic developments, including one young person's testimony that had been particularly influential at a recent development day.

Practitioners were similarly committed to improving both their own practice and outcomes for those they were working with. This was exemplified through their strong support for the further guidance and training that had followed the first progress review. It was also evident from the prompt action taken to protect children that we saw demonstrated in our more recent record reading and from conversations with staff and families. We saw and heard of good examples of children, young people and families being engaged in key processes and decisions about their lives.

We are confident that with the strengthened approach to self-evaluation and willingness to be outward-looking, partners are determined to maintain the momentum that they have built over the last two years. Their significant effort since the original inspection has seen the introduction of many of the key components to achieving the cultural change they aspire to. There is compelling evidence that what they have accomplished to date is resulting in increased safety for children and there are early signs of increasing confidence from families.

Even though both senior leaders and practitioners were working hard to make the required cultural changes following the original inspection, there was still more to be done to consolidate the progress they had made. Some of this required major investment, or external assistance, to understand and resolve. For example:

- ongoing problems with management information systems, as well as difficulties in recording outcomes, needed to be resolved before the partnership could demonstrate the overall difference that it was making for children, young people and families in Orkney
- in spite of the introduction of further new guidance and training, more needed to be done to ensure consistency of practice in areas such as the quality of assessments, plans and reviews
- the challenges in not only recruiting but also retaining staff, which had been exacerbated by the pandemic, remained to be overcome. In particular, in providing accommodation and support for new staff, developing opportunities for existing staff and long-term planning to meet future staffing needs
- the size and scale of Orkney continued to make it difficult to provide services to the same level as elsewhere in Scotland without further support. For example,

arrangements for the forensic medical examinations of children and young people still required them to travel to Aberdeen, often adding to their trauma.

Given the challenges that partners continue to face, progress remains finely balanced. They are likely to need the continued support and innovative thinking from scrutiny partners and other stakeholders to find medium and longer-term solutions to these challenges. Such support will also help them to test, validate and evidence progress and also to identify areas in need of further improvement, maintain engagement and build the confidence of staff and children and families.

With this support and monitoring over the next year, we would anticipate seeing continued improvement in the partnership's strategic approach to achieving their goals, as well as in outcomes for children and families. To demonstrate this, we will ask the partnership to report by March 2023 on their progress against the following areas.

1. Develop and implement a clear succession plan, particularly following the anticipated departure of key influential leaders, that ensures the long-term sustainability of the improvements that have been made.

2. Sustain the resources needed to implement further changes and improvements against the challenging financial context facing leaders, local authorities and partnerships.

3. Develop and implement a workforce plan that addresses both recruitment and retention issues, reviews multi-agency training, and develops support and supervision for staff.

4. Refine the improvement plan to incorporate measurable service developments, so that staff have a clear investment in the plan and able to see the difference they are making at both an individual and at an inter-agency collaborative level.

5. Resolve the replacement or improvement of a management information system within health and social care that reduces barriers to information sharing, improves reporting of outcomes and is in line with staff professional codes of practice and legal obligations.

6. Further develop the involvement of children and young people and families in their own plans and processes, such as TAC meetings or reviews, as well as in other groups and participation opportunities.

7. Understand children, young people and families' satisfaction with the service they are receiving, including the outcome for them and its effect on their lives, and use this knowledge to refine service delivery.

8. Building on what has been achieved, and along with the third sector, create a service culture in which children, young people and families routinely participate and their views help to shape service development.

6. What happens next?

Given the progress made and the commitment of leaders to continued improvement we will not be making any further formal reviews specifically related to the 2019 inspection.

The Care Inspectorate will continue to support the partnership in Orkney through existing link inspector arrangements. In addition, together with Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary for Scotland and Education Scotland, it will, where required, provide flexible and bespoke support to partners to strengthen practice and existing leadership and help to sustain the improvements that have been made. Scrutiny partners will also provide an external monitoring perspective for the Orkney partnership to benchmark further progress against.

As noted, to demonstrate their continued improvement, we will ask the partnership to report by March 2023 on their progress against the key areas identified above.

Appendix 1: Areas for improvement arising from the 2019 joint inspection of services for children and young people in need of care and protection in Orkney community planning partnership area

- Ensuring key child protection processes including inter-agency referral discussions, risk assessments, case conferences and core groups work effectively to protect children at risk of harm.
- Publishing comprehensive up-to-date inter-agency child protection procedures and training staff on these to clarify roles and responsibilities, and to help staff to be confident in their work.
- Bringing about a step change in the impact of corporate parenting by delivering tangible improvements in the wellbeing and life chances of looked after children, young people and care leavers.
- Strengthening key child protection processes, fully implementing the Getting it right for every child (GIRFEC) approach, and commissioning services to meet priority areas of need including therapeutic and family support services.
- Improving the effectiveness and oversight of the public protection committee in carrying out core functions to protect children and young people.

Appendix 2: Summary of findings from the first progress review in 2021

The review identified a number of improvements that had been made, or that were well underway. For example, staff were being better supported to recognise child protection concerns, collaborative practice was improving with better communication, and effective leadership and planning was now driving change. There were also areas for further development though, particularly around ensuring consistency of practice and the involvement of children and families. Importantly, many of the changes were too recent to observe the difference that they have made.

Our key messages to partners were that:

- there was encouraging evidence of progress being made in relation to the areas for improvement identified by the previous inspection
- effective changes had been made to key processes, and policies and procedures had been updated
- momentum needed to be maintained to sustain the improvements that had been made and the level of change that had been achieved
- as many of the changes were relatively recent, evidence was still required of the effect that they had made for children and families.

Appendix 3: List of abbreviations and definitions

CAMHS **Child and adolescent mental health service**
NHS Scotland child and adolescent mental health services (CAMHS) are multi-disciplinary teams that provide (i) assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, and (ii) training, consultation, advice and support to professionals working with children, young people and their families.

COG **Chief officers groups**
The collective expression for the local police commander and chief executives of the local authority and Health Board in each local area. Chief officers are individually and collectively responsible for the leadership, direction and scrutiny of their respective child protection services and their child protection committees.

HSCP **Health and social care partnership**
Health and social care partnerships (HSCPs) are the organisations formed as part of the integration of services provided by Health Boards and councils in Scotland under the Public Bodies (Joint Working) (Scotland) Act 2014. Each partnership is jointly run by the NHS and local authority. HSCPs manage community health services and create closer partnerships between health, social care and hospital-based services.

IRD **Inter-agency referral discussion**
An inter-agency referral discussion is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person under the age of 18 years, in relation to familial and non-familial concerns. This may include discussion of concern relating to siblings or other children within the same context, and can refer to an unborn baby that may be exposed to current or future risk.

(nb. In some areas of Scotland, the initials IRD are an abbreviation for initial referral discussion. This is essentially the same process)

PPC **Public protection committee**
In Orkney, as in a number of other areas across Scotland, child protection and adult support and protection committees have been combined into single public protection committees. From a child protection perspective, these committees are the locally-based, inter-agency strategic partnership responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, its role is to provide individual and collective leadership and direction for the management of child protection services in its area.

TAC **Team around the child meetings**
A team around the child meeting is a single multi-agency planning process around the child's plan involving those practitioners who support the child and family, and are likely to be participants in the child's plan. In many areas, they are also likely to involve parents or carers and where they are old enough to participate, children and young people themselves.

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