A report on the pilot inspection of services to protect children and young people in the East Dunbartonshire area.

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Contents Page

Background

In 2002 the Child Protection Audit and Review[1] made a number of recommendations to ministers on how protecting children could be improved. The Child Protection Reform Team was set up within the Scottish Executive to develop and take forward a reform programme. The reform team have produced three documents of particular relevance to this inspection:

- Protecting Children and Young People: the Children's Charter;
- Protecting Children and Young People: Framework for Standards; and
- Protecting Children and Young People: Child Protection Committees.

The audit and review also recommended that a "further national review of child protection" should be undertaken three years later. This recommendation was re-affirmed by Scottish Ministers at a Child Protection Summit in March 2004. They announced that it would be a multi-disciplinary inspection, rather than a review, and that the inspection would cover all the relevant services, in each individual area of Scotland, over a three year period.

Two pilot inspections were planned to evaluate a range of inspection activities and approaches, and support the development of an effective model for taking forward the inspection programme. This report contains the findings of the pilot inspection carried out in the East Dunbartonshire area in January and February 2005.

Pilot inspections were designed to find out how well children were protected and their needs met. In order to do this, the team considered:

- how effective the help is that children and young people get when they need it;
- how actively children, young people and their families are involved in decision making;
- how effectively agencies and professionals[2] work together to share information, assess and manage risks and needs, and plan effectively for children and young people;
- how well professionals and the community work together to protect children and young people; and
- how effective individual and collective leadership is.

The inspection team piloted the use of a set of draft Quality Indicators, based on the (Framework for Standards). They evaluated the work done by professionals to protect children against the draft quality indicators.

The draft quality indicators will be reviewed prior to the rollout of the inspection programme.

[1] *It's everyone's job to make sure I'm alright* (Scottish Executive, 2002)

[2] The description "professional" is used to describe staff at any level, or approved carers, in the range of organisations which work with children and young people

The inspection

The inspection of services to protect children in the East Dunbartonshire area took place in January and February 2005. Inspectors interviewed relevant community and hospital staff from NHS Greater Glasgow, staff from social work, education, social inclusion and community development, housing and leisure services of East Dunbartonshire Council, officers from Strathclyde Police, North Glasgow and East Dunbartonshire Police Division and East Dunbartonshire Reporter's office. They reviewed practice through reading and following up individual cases, met groups of children and young people in schools and observed meetings and case reviews. They met and interviewed some children and young people with their families who were receiving services. A full list of activities is included in Appendix 1. Through these activities Inspectors sampled the work that was being done in the area to protect children and formed a professional view on the quality of the services, and their impact on children. However, the findings are based on a sample of children and families. Inspectors cannot assure the quality of the service received by every single child in the area who might need help.

Inspectors were not able to access health records nor talk to individual health practitioners about specific cases during the inspection[3]. This limited the ability to evaluate the effectiveness of services provided by health professionals.

The area inspected

The area inspected covered the geographical area of East Dunbartonshire Council. It covered the range of services, and professionals working in the area who had some role in protecting children. This included the services provided by health, the police, the local authority and the Children's Hearing System, as well as services provided by voluntary and independent agencies. Professionals who provided services primarily for adults but who were likely to come into contact with vulnerable children were also included. The inspection also looked at some services located outwith this area, but used by children and families living in East Dunbartonshire, including the accident and emergency departments of the Royal Hospital for Sick Children, Yorkhill and Stobhill Hospital in Glasgow.

East Dunbartonshire covers an area of 77 square miles which includes Bearsden and Milngavie, and parts of Strathkelvin, including Kirkintilloch and Lenzie. It has an estimated population of 110,000 people of whom around 20,000 (18%) are under 18 years old. On the whole, the socio-economic context is an advantaged one. However, there are small pockets of disadvantage. One council ward is in the 20% most deprived in Scotland.

East Dunbartonshire spent £160 per child on Social Work services in 2002/03. This was the lowest for any authority in Scotland and just over half of the average, of £294, spent by authorities with similar characteristics. The national average was £360.

The number of children referred for child protection inquiries in 2004 was 75. This was a decrease of 20 on 2003. Referrals are at a rate of 3.6 per 1,000, considerably lower than the

[3] On the advice of the chief executive of NHS Greater Glasgow, health practitioners did not share health records, or discuss individual cases with inspectors.

national average of 8.9. The number of children registered following a case conference in East Dunbartonshire in 2004 was lower than the national average.

1. How effective is the help children get when they need it?

Inspectors were confident that those children who had been identified as needing help and whose needs had been assessed through a child protection case conference, received effective help and support to keep them safe. Risks to children had been reduced, and good practical support helped families meet their children's needs, and in some instances helped keep families together. Some children were safer and had some of their needs met more effectively through being placed with other families or through being looked after by relatives. All concerns about children who may need help went to a single point of referral to ensure an immediate response but there remained a risk that some referrals would not be appropriately identified as relating to a child in need of immediate help. As a result some children had to wait for help, and a small number may have been at risk during that time. Approaches to providing more help sooner, by additional resources being made available through schools and pre-school establishments, were at an early stage of development. There was evidence of long-term support to meet the continuing needs of some children, young people and families, but there were only limited easily accessible specialist services for children and young people who needed it to help them overcome the effects of abuse and neglect.

Approaches to preventing abuse

Generally staff had a good awareness of how to recognise and respond when children and young people needed help. The key agencies involved in protecting children had undertaken considerable work in raising awareness of all staff of their responsibility to recognise the signs that children and young people may be at risk of harm. This included those for whom protecting children was not a core part of their work. Staff who worked with adults, for example addiction workers, mental health workers, and staff in facilities such as swimming pools and community centres, were aware of their responsibilities for protecting children. There were good examples of, for example, criminal justice workers and addiction workers reporting concerns about children. There were, however, some staff in the housing department who were not sufficiently clear about how to recognise when a child may be at risk and respond appropriately. Health service workers could contact a 24 hour helpline for advice if they had any concerns about a child, and could also discuss concerns with the child protection nurse advisors. Staff in health professions, who were interviewed as part of a sample for the inspection, were clear about what actions they were required to take if they had concerns about a child.

A key strategy across the area for providing early support for vulnerable children and families was the development of support for parenting. A group of staff across all agencies had been trained to deliver the Positive Parenting Programme (Triple P), and a number of parents had benefited from this programme. However, provision was inconsistent. A co-ordinated approach, to ensure making the best use of trained staff, and providing the best help for families had not yet been established.

Specialised day carers provided respite for some families and additional care for younger children. Although this service was valued, and helped families experiencing difficulties in

the short term, it did not help parents build their own self-confidence and skills to look after their children more appropriately. A small number of families benefited from targeted places and additional hours in one of the nursery schools.

However, overall, there was a lack of facilities and resources for providing easy access to practical and emotional support for families, particularly families with very young children, to reduce the likelihood of children experiencing harm. Social workers from the children and families' team, because of staff vacancies, prioritised children and families with the greatest need, and were less able to provide early support for other vulnerable families. Developments through schools to provide inter-agency assessment and early intervention for children and young people were at an early stage of development. Health visitors and school nurses had responsibilities in relation to supporting vulnerable families through regular visiting, but, because during the inspection there was no access to case records held by health professionals, it was not possible to evaluate their contribution to monitoring care and welfare in families and reducing risk of harm or abuse.

Responding to concerns

Generally, from the evidence from files, including recent referrals, where there was a concern about a child or young person, professionals took appropriate action and responded in a way that helped the child or young person. East Dunbartonshire social work services, through their Advice and Response team, provided the first point of contact for any concerns about the safety and wellbeing of a child in the area. On receipt of a referral, duty social workers took initial details and, based on discussion with the referrer, would assess whether a child was at immediate risk, required further investigation in line with child protection guidance, or was requiring support for care and welfare issues. If a child was considered at immediate risk, social workers took appropriate steps to ensure the immediate safety of the child, for example, by requesting a family support worker to go to a child's home and stay until a responsible adult could take care of the child. The duty social worker initiated the process of gathering further information about the circumstances as soon as a referral had been deemed a child protection issue. This included joint investigation with the police if necessary, and setting up a Child Protection Case Conference. Children who were deemed to have needs relating to care and welfare were referred to the children and family teams for allocation without further gathering of information. Professionals need to ensure that no children are left at risk while awaiting further assessment from the children and families team.

On receipt of referrals the police and social work staff worked effectively together to determine the most appropriate course of action and, where necessary, carried out joint interviews and/or investigations. They did not, however, always seek advice or additional information from health professionals, which meant that potentially the child's health needs were not fully identified at the time of initial referral and that information held by health services about previous concerns or instances of abuse were not necessarily included as part of the assessment. At the time of the inspection, police officers responding to domestic abuse incidents always sent referrals to the reporter and the Advice and Response team. The local police commander, the reporter and social services managers were developing an approach to assessing incident reports so that reports were only passed on when it was necessary in order to ensure children were safe, thus reducing a potential overload of inappropriate referrals. An out-of-hours service contracted by the local authority provided a response to calls made at night and the weekend. The local authority now needed to review the quality of that service to ensure a consistent level of service.

Taking action to keep children safe

Professionals responsible for the children and young people reviewed in the sample had taken steps to ensure they were safe. They had made appropriate arrangements to meet the needs of children and young people who were on the Child Protection Register, or who had recently been removed from the register. Professionals made clear, through arrangements agreed at a child protection conference, how the child or young person would be protected and their needs met, and they generally started to consider longer term needs within an appropriate timescale. They made good use of the available resources to provide support for the child and family. There were a range of flexible resources which helped children and their families, such as day carers, foster care, home care and family support workers. Where local resources were not available, professionals endeavoured to ensure children's needs were met appropriately by purchasing services, such as voluntary sector or private agency foster care. Workers from the voluntary organisation *Includem* provided very flexible one-to-one support for young people at risk and had some success in maintaining good relationships with these young people and helping to meet their needs.

Inspectors were confident that the services in place for the children and young people in the case sample helped to protect them and support their development. The work undertaken by professionals to respond to concerns and take action to protect children was, overall, good.

Longer term needs and help for recovery

Professionals working with children and young people who had experienced harm did generally consider their long-term needs, and made decisions which were most likely to improve the child or young person's life. There were good examples of social workers reviewing the need to make permanent arrangements as an alternative to the child's birth family. They were clear about the need for careful consideration of all options in the best interest of the child.

There were only limited services to help children recover from the effects of abuse and neglect. Experienced and well trained foster carers helped some children to have appropriate childhood experiences and to build up confidence and self-esteem. Social workers who had built up strong relationships with children and young people were able, in some cases, to see them regularly and help them understand their circumstances and the reasons for decisions which affected their lives. Staff working with looked after and accommodated children, including education, care and health staff paid good attention to their physical and mental health and to developing skills for adulthood. Children could be referred for support from the child and family mental health services, but only when they were in a stable home setting. Inspectors were not able to establish whether any children or young people from East Dunbartonshire had been helped by this service, or evaluate its contribution to their recovery, because they were not able to look at evidence relating to individual children and families. There was a lack of locally available and accessible services which could provide direct specialist support for children to deal with the effects of abuse, neglect and separation from their family.

2. How actively are children, young people and their families involved in decision making?

Children, young people and their families who were involved with services were generally aware of what steps were being taken to help them. However, children and young people were not given sufficient time and opportunity to express their views, have their views recorded and reported at meetings or to contribute to making decisions which affected their lives. Good attempts were made to take account of the views of parents and carers and involve them in decision making. Seeking the views of children, young people and their families in relation to policy and services had not yet been developed sufficiently.

Communication and trust

Overall, there was good communication and trust between professionals and children and young people. There was a high level of awareness amongst all agencies and professionals including those in the non-statutory and voluntary sector of the need to establish positive relationships and good communication with children and young people, based on trust and respect. This was widely reflected in practice. The children and young people in the sample generally had a trusted adult either at home, in school or through social work services in whom they could confide. Some children clearly had very positive and supportive relationships with social workers and home carers or family support workers whom they saw regularly. Notes from case files and interviews with children and young people indicated that the police and social workers had established good levels of communication with children and young people during the course of formal investigations. By providing reassurance and support to victims they were almost always able to obtain statements on which to base their investigation. However, changes in staffing affected the relationships some children were able to build up with workers who were important to them.

Within the schools visited, the children and young people interviewed in sample groups reported that there were positive relationships between staff and pupils. They felt able to share any concerns they had with a member of staff and felt listened to and respected. In school inspections carried out by HMIE in the three years prior to the inspection, almost all pupils sampled through questionnaires, reported that they knew what to do if something concerned them, and that the school was good at dealing with problems which worried them.

Involving children, young people and their families in decision making

When professionals were directly involved in providing services to help children and young people, they generally listened to them and kept them well informed about what was happening. In reports and at case conferences, professionals who knew the child or young person well, for example a social worker or teacher, normally expressed a view about the child's wishes. However, they did not consistently record the child or young person's views, or record that they had been unable to ascertain the child's views. Professionals did not make sufficient attempts to help children to be actively engaged in deciding what they would like to happen to help keep them safer. Children and young people did not normally attend child protection case conferences. While this is appropriate for some children, for others, attending the meeting would have helped them understand and contribute to arrangements being made to help them. Children and young people almost always attended children's hearings and there were some good attempts to explain what was happening and what it meant for the child either by the panel members or by another professional attending with the child. Nevertheless, children did not always understand the procedures, and professionals did not

consistently ensure that, before the hearing, children had understood as much as possible, taking account of their age and development.

Professionals made good, and often very persistent, attempts to keep parents and carers informed and involved with decision making in relation to their children. There were some good examples of joint working between parents and agencies to keep children safe and meet their needs, for example, through parents deciding to co-operate with drug management programmes so that they could have access to their children. Parents or carers were always invited to child protection case conferences, and in the cases reviewed during the inspection, all parents or carers had attended. Some parents reported that they were overwhelmed and intimidated by these meetings and that they did not always fully understand the process or feel able to participate.

There was little evidence of children, young people and their families being involved in the process of evaluating and developing services. The Children's Rights Group in the Royal Hospital for Sick Children, Yorkhill, had involved young people appropriately in some service design. The youth issues health worker had surveyed young people in the Milngavie area about services they wanted. This survey had resulted in the setting up of a drop-in clinic for young people at a place and time which had improved access.

Although some professionals were more actively involving children and young people, and there were some good examples of parents and carers working with professionals, overall, a culture of active participation of children and young people had not yet been established. The weaknesses outweighed the strengths in this area of work.

3. How effectively do agencies and professionals work together to share information, assess and manage needs and plan effectively for children and young people?

Agencies and professionals had developed good working partnerships and were continuing to develop procedures and working practice together for the benefit of children, young people and families who needed help. There were some good examples of gathering of information, and of assessment which clearly identified risks and needs. However, further development was required to ensure that when a child was identified as being at risk, or when the risks to a child were being reviewed, the professionals involved had all the information necessary to inform their assessment and decision making. When professionals knew about children's circumstances, they planned well and made good decisions, which helped keep children safe.

Information sharing

Professionals were aware of the need to share information about vulnerable children and adults who had close contact with them, so that the risks could be assessed and plans made to meet their needs. In the case records reviewed as part of the inspection, there was evidence that information had been shared appropriately. There was clearly good communication between some professionals through telephone calls, e-mail and letters as well as more formally through reports, written and oral, and at meetings. Case planning meetings were used effectively to share information between professionals most directly involved and the children and families' involved. Some professionals, for example, addiction workers and

social workers from the children and families team, worked well in close partnership to share information regularly in the best interests of the child. There were, however, also examples of cases where information about earlier incidents concerning children was not known to key professionals, and where information about key figures in the child's life had not been fully explored.

Most contact between professionals was clearly documented, but there was not consistently a succinct chronological record of events in all files. There was a clear note in some files, for example the files held by addiction workers, of what information they were sharing with others and why, and evidence that this had been explained to parents and carers.

Staff working in accident and emergency wards routinely informed both general practitioners and health visitors when a child had been in attendance and health visitors followed these up where they had concerns. However, there were also indications in individual cases reviewed of information requested from some professionals, for example psychiatrists and general practitioners, not being provided. Lack of access to medical records meant it was not possible to evaluate the outcomes of health visitors following up concerns, or the impact of the lack of these general practitioners' and psychiatrists' reports on the safety and wellbeing of the children concerned.

Overall, effective information sharing was not yet consistent. Staff were not always clear about which agencies might be involved with a family, and did not always share information with or actively seek information from others. Some staff, for example school nurses, were not routinely informed when there were concerns about a child, including information about attendance in hospital, which limited the role they could play in supporting and protecting the child. The school managers and headteachers interviewed were clear about their role in sharing information and seeking advice when they had concerns about children and young people, and could give examples of alerting social work services to concerns which had then led to assessment and intervention to protect children and young people. There were, however, a small number of examples in school files where new or renewed concerns had been recorded, and there was no evidence from the file that these had been passed on to social work services.

Some work had been done within and across agencies in developing protocols for sharing information, but staff working directly with children and families did not, at the time of the inspection, all have a clear understanding of their responsibilities in relation to seeking and sharing information. They did not always identify who knew about the child's or family's circumstances, and ensure that information was gathered from all appropriate sources. Some professionals did not consistently share information that they held about children and their families. The lack of consistency meant that there remained the possibility that vital information relating to the safety of a child might not be known by the professionals making decisions about how to protect the child. Overall information sharing was weak.

Assessment of needs and risks

There were some good examples of clear assessment of the risks to children and the factors in their situation which would help protect them. When inquiries had been made or a joint investigation undertaken by social work and police that indicated a child had been abused or neglected, or might be at risk of abuse or neglect, a social worker was assigned and immediately undertook an assessment for an initial child protection case conference. This

generally produced a clear description of the child or children's current situation, although it was sometimes limited by insufficient information being sought from other agencies. At the initial child protection case conference professionals reviewed together the risks and needs, and identified what was required to protect the child. There were, in the cases reviewed, some good examples of risks being fully explored and specific needs being identified. For example, professionals identified the need of one child to have access to skilled support to understand the decisions being taken, and the many changes he had experienced.

However, there were no agreed procedures for assessing risks to children and identifying their needs to ensure a systematic approach across all professionals and agencies. This meant that the quality of assessment was too dependent on the skills and experience of the individual professionals involved. There were examples, in the sample of cases reviewed, of aspects of risk assessment not being carried out, for example, the risk posed by a known abuser to other children in the community. In some cases the risks to children who were present during a domestic abuse incident were not fully assessed. Victims of domestic violence were routinely invited to come into the social work department following a reported incident of abuse, but if they did not respond, there was no further attempt to assess the risks to any children involved. When referrals were made to social work services, there was not always sufficient dynamic assessment of risk and needs before deciding whether the referral was prioritised as a child protection issue or passed to the children and families team as a care and welfare issue. A number of professionals felt that they could not contact the Advice and Response Service to talk through concerns about a child in confidence and seek advice, without making a referral. This had the effect of deterring some professionals from contacting the service when they felt the information they had was not sufficient grounds for a referral, but which, nevertheless was worrying to them. This meant that there was a risk of some professionals failing to pass on concerns which, along with information held by other professionals, would signal that a child was at risk. Overall, there were a number of weaknesses in the processes for assessment which could mean that some children who needed help were left at risk.

Effective planning to meet needs

Planning to protect children and meet their needs was generally good. Professionals at child protection case conferences agreed what was required to keep the child safe, and clearly identified actions to be taken by individuals involved, including parents/carers when appropriate. Case reviews between formal case conferences monitored the implementation of plans and ensured decisions were carried out. There were good examples of children and families being well supported through plans involving a range of services, for example providing practical support in helping children get to school, support to parents with mental health difficulties and ongoing support for parenting issues. The social workers with responsibility for plans to protect children and the reporters to the children's panel worked well together to implement statutory arrangements when these were necessary.

Effectiveness of joint working

Working relationships between professionals were good. Professionals knew each other and many had built up good professional networks, with an understanding of each others' roles and responsibilities. Key professionals involved in supporting a child, including those providing intensive practical support, met regularly at case reviews to ensure a co-ordinated approach to working with the family.

However, there were still some professionals who did not have a clear understanding of the role of others in relation to protecting children. For example, in the cases reviewed as part of the sample, there were occasions where the lack of understanding of the need for specialist examination of physical injuries had affected the assessment of risk to a child. Although there were some examples of effective joint working by professionals when children moved to another authority area, professionals working across local authority boundaries had not yet established good arrangements for working together to ensure that all children got the help they needed. Staff in schools where a substantial proportion of pupils lived in other authorities had difficulty in accessing services to support these children. Arrangements need to be agreed so that children who need help get it wherever they go to school.

Quality of professional competence and confidence

Staff working directly with children and young people, for example social workers and family support workers, had good relationships with them. They knew the children well and communicated effectively with them. Staff who worked with the most disaffected young people, including young people who were looked after and accommodated by the local authority, and those at risk of offending, were mainly consistent and persistent in their relationships with them.

Professionals provided good reports for children's hearings, and generally attended and presented their views. Professionals who were making decisions about children's circumstances, including social workers and children's panel members, thought carefully about the long term needs of children, and were prepared to make difficult decisions when they believed it to be in the best interests of the child. They could account for the decisions they made. There was evidence from child protection plans that professionals working together had made good decisions, which generally improved children's safety at the time of the inspection.

Agencies and professionals most closely involved in carrying out formal investigations, notably police, health and social work, did so by placing considerable emphasis on the needs of the child or young person. They considered the priority status, timing and location of interviews and examinations to ensure that there was a degree of privacy and that full explanations were given to the child or young person, making sure that they understood their rights in relation to this. Only suitably trained and skilled staff were used by each of the agencies and the joint police and social work interviews were structured in such a way as to include a period of rapport building with the child or young person. However, arrangements for forensic examinations of children between the ages of 13 and 16 did not always ensure that a joint paediatric and forensic examination was undertaken as recommended in *A Shared Responsibility*[4], the guidance on the responsibilities of health professionals for protecting children.

4. How effectively do agencies and the community work together to keep children and young people safe from harm?

[4] *Protecting Children, A Shared Responsibility: guidelines for health professionals in Scotland* (Scottish Executive, 2000)

Staff in education had worked very well with partner agencies, such as the police and Women's Aid to help children and young people develop knowledge about how to keep themselves safe in school and the community. Other professionals had helped individual children develop skills and strategies to help them cope with specific circumstances. Members of the public and relatives of vulnerable children had brought concerns about children to appropriate agencies, and had helped monitor the wellbeing of children known to them. Through the Child Protection Committee, agencies had started to make information more widely available to raise the awareness of the general public about how to respond when they had concerns about a child. Inspectors were not able, at the time of the inspection, to measure the impact of this work.

Children and young people keeping themselves safe

In the schools visited, pupils interviewed could talk clearly and articulately about what they had learned in relation to keeping themselves safe from harm. Almost all had attended an activities day called *Safe Kids In East Dunbartonshire* which had helped them learn how to keep safe in the community. They also identified parents, teachers, the police and the fire service as people who had taught them about protection from harm. They gave examples of appropriate things to do to keep safe on the roads, in school and at home, such as wearing bicycle helmets, avoiding railway lines, and not engaging with adults they did not know. They knew how to use the internet safely, and most had discussed this with their parents. The secondary pupils interviewed as part of a sample had learned in school about developing positive relationships and making good choices. This included work on substance abuse, and a programme on domestic abuse delivered by Women's Aid.

All the pupils interviewed in the sample reported that there was at least one person in school they could talk to and they all were confident there was someone at home or school who could help them if they needed it. The pupils in the sample group reported that they all felt safe in school and in the community. They were confident that the school would deal appropriately with bullying. Some pupils were able to give examples of using a school system, such as a *Worry Box* for reporting concerns, and receiving appropriate support from teachers. All children were aware of how to contact Childline. Almost all pupils who had completed questionnaires as part of school inspections carried out by HMIE in the three years prior to the current inspection, reported that they felt safe in school and that the school kept them safe and healthy.

Some social workers had undertaken good work with individual children and young people, some of whom had previously been abused or neglected, to help them develop skills to keep them safe and avoid risk taking behaviour. Social workers had also worked with some parents to help them understand better how to keep their children safe. The council had taken active steps to make new services more child safe, for example, internet access in the library.

Public awareness of protection of children

There was evidence of a strong commitment of the extended family and neighbours in the community to keeping children safe. There were examples of neighbours contacting the police or the social work services when they saw children unsupervised in the street at night, and of family members reporting concerns when they observed situations where the risks were increasing for a child. Family members had also shown a willingness to monitor or look after children and support family members when children were vulnerable. Social work

records indicated that referrals from the public, even if anonymous, were always taken seriously and followed up.

The council, through the social inclusion and community development division, had undertaken awareness raising with a significant number of voluntary organisations, which had increased knowledge about keeping children safe in the community. Community groups were clear about their responsibilites and had been supported by the social inclusion and community development service to develop appropriate child protection policies. The child protection committee had distributed a useful leaflet about protecting children and keeping them safe throughout the area in doctors' surgeries, community centres, libraries and other public places. A sub-group of the Child Protection Committee was planning a local awareness raising campaign, but this had not yet had any impact.

A small group of local mothers were aware that social services would be the appropriate agency to contact, but were unaware of how to do this in the East Dunbartonshire area.
However, in this pilot inspection, it was not possible for inspectors to carry out sufficient sampling of the public to comment on the level of public awareness of how to protect children, and get help for children who needed it.

5. How effective is individual and collective leadership?

Overall leadership in relation to agencies' responsibilities for protecting children was good. Individual agencies, the police, health, local authority and the reporter had made good progress in prioritising the protection of children, and ensuring that professionals were aware of their responsibilities through the provision of inter-agency guidelines and training. There was, however, a lack of clarity about the role of the Child Protection Committee in relation to other planning and development groups. Procedures for evaluating the effectiveness of services and leading improvement were at an early stage.

Vision, values and aims

The chief executive of the local council, the chief executive of the health board, the designated senior officer within the police and the reporter to the Children's Panel for East Dunbartonshire were all clear about their responsibilities for protecting children. The Child Protection Committee had published joint inter-agency guidelines for protecting children, which clearly stated their collective vision, values and aims. Staff working with children and young people, on the whole, understood the vision, values and aims and were clear that they had a role in protecting children. Voluntary organisations were well supported with clear policy and guidelines.

Individual agency leadership and management

Within each of the key agencies, police, health, local council and the local reporter's office, leadership in relation to protecting children and meeting their needs was good. The police had developed family protection units, staffed by experienced investigators who had further developed skills in working with children and young people. The unit worked well with other agencies and ensured that the welfare of children was taken into account during investigative work. The health board had set up a Child Protection Forum made up of senior clinicians and managers chaired by a Board Executive Director. The purpose of the forum

was to provide strategic leadership and direction, and to raise staff awareness of their responsibilities for the protection of children across all aspects of health. A training programme for all staff was being developed. The impact of these recent initiatives could not yet be evaluated, although there was a general increase in awareness of child protection issues by most of the health workers interviewed.

The local authority had taken steps to raise the awareness of the importance of protecting children across all areas of the council. They had provided detailed guidance for staff across a range of services including education, social work services and the social inclusion and community development service. They had provided training for staff from a wide range of voluntary organisations, and within the organisation contracted to provide leisure services. They had recently set up locality planning teams based around schools which would help identify concerns and provide support to children and families earlier.

Within social work services, the recently appointed head of social work had developed plans to strengthen the children and families' teams, including an extensive progressive training plan, related to identified needs. Managers had also started an extensive restructuring of the children and families' service. However, difficulties in recruitment and retention of staff, leaving gaps in the managerial structure as well as in the teams, and uncertainty about the future structure of the services had prevented some of these changes being implemented, and had affected morale in the service. Social workers interviewed were unaware of the work being developed for earlier intervention through school liaison groups and locality planning groups. They did not have a clear vision of how protecting children was being strengthened within the authority, which also affected their morale. The council had successfully taken steps to retain some experienced social workers, had recruited trainee social workers and had further plans to address the recruitment difficulties. Social workers in children and families' teams and their line managers continued to work hard to provide a service to keep the children who were most at risk safe and meet their needs, but more needed to be done to address their low morale and the pressures of the day-to-day management and prioritising of their work.

Collective leadership and management

There were well established opportunities for joint agency planning through community planning and children's service planning. The Children's Services Core Group had membership from key agencies and was responsible for reviewing the quality of services and planning developments. Senior managers committed time and resources to joint work at strategic level and also at operational level, for example through interagency case conferences and locality planning groups. Senior officers of the council and senior police officers understood well the needs of different communities within East Dunbartonshire, and directed resources accordingly. The Child Protection Committee had wide membership and met regularly. The committee had drawn up an action plan for improvement based on recent enquiries and the *Framework for Standards*. Some progress had been made in implementing the improvements, but not all actions planned had been taken forward within the agreed timescale. A draft information sharing protocol had been developed but had not yet been agreed and implemented across agencies. There was a lack of clarity about the role of the Child Protection Committee in leading collective responsibility for protecting children. Some members of the committee were not sure of their role on the committee, and did not feel it effectively led change and development. The relationship between the committee and the

Core Children's Services Group was unclear. The committee planned to review its function and structure in the light of national guidance.

Leading change and improvement

Officers within social work services, including the performance and development officer, had recently undertaken a significant programme of audit, demonstrating a commitment to quality assurance. As a result of an audit of child protection, standardised procedures and paperwork had been introduced. This had improved consistency in practice across the service in keeping children safe, for example the recording of decisions, plans, and monitoring arrangements following child protection case conferences. The audit had also identified the need for more services for very vulnerable young people and the council was planning to develop a service to provide intensive support for families in crisis. Triennial school reviews had, as part of the overall review, looked at arrangements for child protection.

Within the health board a child protection steering group had taken responsibility for monitoring developments across all the directorates. The Greater Glasgow NHS Child Protection Forum had been set up to share and develop practice including approaches to monitoring and evaluating the work in relation to child protection carried out by health staff across all areas covered by the Board. These groups had been recently formed and ongoing monitoring and evaluation of services had not yet been established. The forum should ensure that lessons learned in one geographical area, for example through a recent critical case review, can be shared across all child protection committees covered by the Board.

Within the police, processes for ensuring continuous improvement were at an early stage. The divisional commander had carried out an audit which had identified areas which presented possible risk. Services for protecting children were not part of the divisional plan at the time of the inspection. The Scottish Children's Reporter's Administration carried out regular internal audits, and a recent audit in East Dunbartonshire had looked at, among other things, children in custody, fostering regulations and restoration warnings. No action had been required as a result of this audit.

Very recently the Children's Services Core Group had undertaken work on self-evaluation in relation to child protection across all council services and with key partners such as health services, the reporter and the police. Core group members had undertaken a broad brush self-evaluation exercise in their own agency and had then come together to share findings. This work had identified areas of strength and areas for further development.

Although there were a small number of examples of involving stakeholders in developing services, none of the services in the area had systematically involved service users, either children and young people or parents and carers, in evaluating the service provided to them. Individual professionals had contributed to agency self-evaluation, but a culture of ongoing review of practice, evaluation of outcomes for children, and effectiveness of the services to support children and families had not yet been established. There was positive progress across all agencies in increasing service evaluation but insufficient focus on taking action and ensuring that services were getting better.

How well are children and young people protected and their needs met?

Overall, inspectors were confident that professionals working in the East Dunbartonshire area provided a good service for children who had been identified as being at risk of harm. They planned effectively to meet their needs and provided good resources to support children and families who were considered to be at the greatest risk. There was, however, a lack of resources for vulnerable families and for helping children to recover from the damaging effects of abuse and neglect. In the local authority, difficulties in recruiting staff at manager and practitioner level in the children and families' team was having an impact on the support for families who were not deemed the highest priority. There were weaknesses in information sharing and assessing risks and needs which needed to be addressed to ensure that there was confidence that services were aware of all children who may need help, that they received the help they needed and that children were not left at risk of harm. Professionals from the key agencies involved in protecting children worked well together, and planned effectively to meet children and young people's needs. Across all agencies professionals did not ensure that they consistently ascertained and recorded the views of children and young people. They needed to build on the positive relationships they largely had with children and young people by taking positive steps to help them develop a clearer understanding of their situation, and helping them develop and express their views to those involved in helping them. Leadership in relation to services for protecting children was good, though further work was required to ensure that plans for improvement were based on robust evaluation of the effectiveness of services. Agencies with responsibility for protecting children in the East Dunbartonshire area need to ensure that they continue to work closely in partnership at all levels to continue to improve the quality of services for protecting children in the area.

Key strengths:

- the progress made in aspects of joint working between professionals and agencies at strategic and operational levels and in supporting individual children and families;

- the level of support given to protect children in families where a high level of risk had been identified to protect children and, where possible, keep families together;

- the commitment and very good work shown by a number of individuals across all agencies to protect children and young people, and meet their needs; and

- the knowledge displayed by the sample groups of children and young people in schools visited about keeping themselves safe.

The agencies involved should build on these strengths to further improve services for all vulnerable children and young people in the area. In doing so, they should take action to secure improvement by:

- ensuring that all children and young people have the right to be heard and to be consulted about decisions which affect their lives;

- improving arrangements for initial assessment of situations when any professional or agency has concerns about a child or family to ensure that all professionals have access to confidential advice, and that all agencies, including health, are consulted.

- better sharing of information and assessment of risks so that decisions are taken on the basis of the fullest possible knowledge available;

- increasing the range and accessibility of services to help intervene early to support vulnerable families and help children and young people recover from abuse or neglect; and
- implementing planned reviews and improvements identified in previous audits, including the plans for reviewing the functions and composition of the Child Protection Committee and improvements in training.

Christine Knight
HM Inspector
On behalf of HM Senior Chief Inspector

Appendix 1

Inspection coverage

Establishments or groups visited

Accident and Emergency Department, Stobhill Hospital
Accident and Emergency Department, Royal Hospital for Sick Children (RHSC), Yorkhill
Auchinairn Primary School
Criagdhu Primary School
St Flanaan's Primary School
St Machen's Primary School
Boclair Academy
Lenzie Academy
Breakfast Club Merkland School
Kirky Kids Afterschool Club
Twechar Out-of-School Care
Cleddens Children's Centre
Youth Club Lennoxtown
Project 101(Woodhead Housing Support Base)

Meetings

Children's Panel Hearings
Child review meetings
Looked after and accommodated children review meeting

Interviews with strategic and operational managers

East Dunbartonshire Council: Chief Executive and senior managers
NHS Greater Glasgow: Chief Executive and senior managers
Strathclyde Police Force: Assistant Chief Constable (Crime) and Area and Sub-Divisional Commanders
Reporter to the Children's Panel

Meetings with stakeholders and practitioners

Children, young people and families
Foster carers
Day carers

East Dunbartonshire Council:
Operational managers in social work, education, social inclusion and community development, housing and legal and administration services
Staff in all of the above services within the council
Chair of Children's Panel and Panel Members

NHS Greater Glasgow:
Range of operational managers and staff across hospitals and the community

Strathclyde Police Force:
Police officers, Kirkintilloch Police Station and the Family Protection Unit, Saracen Police office.

Voluntary Organisations:
Includem
Women's Aid
School counselling service
Project development worker, East Dunbartonshire Association of Mental Health
Who Cares? Scotland

Other Services
Connect Services
Site Manager, Redhills traveller's site

Inspectors also reviewed practice by reading children's and young people's files held by social services, the police and education. These included the files of children and young people on the child protection register, who had recently been removed from the register, and a sample of the most recent referrals to social work services.

Questionnaires were sent to groups of professional across all agencies, including both professionals who worked directly with children and those who may come into contact with children and young people in the course of their work.

How can you contact us?

Should you wish to comment on or make a complaint about any aspect of the inspection or about this report, you should write in the first instance to Neil McKechnie, Director of Services *for* Children, whose address is given below. If you are unhappy with the response, you will be told in writing what further steps you may take.

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