

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

17 June 2005

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Background

In 2002 the Child Protection Audit and Review¹ 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 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 Highland area in January - March 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 professionals² 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 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 Highland local authority area took place between January and March 2005. Inspectors interviewed an extensive range of relevant staff, carers and elected members from the Highland Council, staff and non-executive board members from NHS Highland, Reporters and Children's Panel members, police officers from Northern Constabulary and staff from a range of national and local voluntary and private children's organisations operating in the Highland local authority area. They reviewed practice through reading a representative sample of records and following up individual cases, met groups of children and young people in schools and observed meetings, hearings and case reviews. They met and interviewed some children and young people and their families who were receiving services. A full list of activities is included in the Appendix. Inspectors sampled the work that was being done in the area to protect children through these activities 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 inspection³. This limited the ability to evaluate the effectiveness of services provided by health professionals.

The area inspected

The area in which services to protect children were inspected covered the geographical area of Highland local authority. The inspection 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. NHS Highland operates within the same geographical boundaries as the local authority. The Northern Constabulary covers not only Highland but also the local authority areas of Orkney, Shetland and Western Isles. This inspection did not inspect how effectively the Northern Constabulary was protecting children in the latter areas.

The Highland local authority area covers one third of Scotland. It has a population of nearly 209,000 of which almost 20% are aged under 16. Highland spent £300 per child on social work services in 2002/03. This was the same as comparator authorities which have similar socio-economic profiles. The national average was £360 per child.

The number of children referred for child protection inquiries in Highland in 2004 was 420. This was a decrease of 55 (12%) on 2003. Referrals are at a rate of 11 per 1,000 children, somewhat higher than the national average of 8.9. The number of children whose names were placed on the child protection register following a case conference increased in 2004 to

³ As a result of legal opinion, the Chief Executive of NHS Highland advised health practitioners not to share health records or discuss individual cases with inspectors. This issue requires to be resolved nationally and is being addressed by the Scottish Executive

3.6 per 1,000 children from 3.1 in 2003. The 2004 figure was 30% higher than the national average.

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

Inspectors found good awareness among professionals of when children needed help and that help was usually available when children needed it. Preventive and early intervention services were generally effective, providing high levels of support to most children and families who needed it. When there were immediate or serious concerns that a child might be experiencing harm, social work services and the police took effective action although there needed to be greater involvement of health services. Where concerns were less immediate or serious, there could be delays in meeting children's needs. Most children were helped to recover from abuse and their needs were met. Sometimes services were withdrawn too quickly or were persisted with unchanged for too long when they were not improving a child's well-being. Although there remained some gaps and shortages in services, caused by geography and staff vacancies, a number of positive developments had taken place or were planned.

Approaches to preventing abuse

Professionals had good awareness of children who needed help. Professionals usually quickly identified areas of concern and increased the level of support and supervision provided to families. Agencies worked well, both individually and jointly, to support children and families. They offered both practical and emotional help, which could reduce stress and increase well-being. There were particularly good collaborative working relationships between groups of voluntary and private agencies, for instance *Highland Pre-School Services* and *Out of School Care Federation*. There were effective, although over-subscribed, early intervention services for vulnerable children and families, for example those provided by *NCH*, *Family First*, *Homestart* and the army welfare service.

School liaison groups (SLGs) used positive, solution focussed approaches well to establish programmes of support for pupils experiencing a wide range of difficulties. Some SLGs were more ambitious than others in the range of problems tackled. Good practice examples included children for whom SLGs had prevented exclusion, improved attendance and motivation and considerably improved their well-being and self esteem. Ways to include pre-school children and sibling groups in the SLG process were being developed. Schools often used children's services workers to provide high levels of both practical and emotional support to children through, for instance, individual or group programmes or classroom support. Exclusion rates were below the national average, particularly in primary schools, but there was insufficient support provided for some excluded children and young people. There was a wide range of helpful parenting programmes and support groups available. They were not only provided by schools but were offered by staff from a number of statutory and voluntary agencies in a variety of locations. Most of the programmes were still in the early stages of development but they were promising in terms of providing support for families who were struggling with some aspects of parenting.

There were helpful developments in some schools where, for instance, young people could self-refer to a school nurse drop in clinic. However, some young people, particularly in more

remote and rural areas, lacked confidential advice and information services locally and some were unclear about the role of the school nurse.

There was sometimes lack of clarity or agreement between agencies about the role that social work services could and should play in early intervention. Development of new provision such as children's services workers had strengthened the role of social work services. However, qualified social workers were less likely to be available to intervene early, both because of the demands of more complex cases and because of staff shortages in some areas. This had particularly affected children with disabilities and their families. The very recent establishment of a team dedicated to working with them was likely to prove helpful. Gypsy travellers, particularly those using traveller sites, had limited access to culturally appropriate health and welfare services. Although preventive and early intervention services were increasingly available in remote and rural areas, there remained some gaps and shortages in provision.

Responding to concerns

Responses to concerns about safety or welfare expressed by children or professionals, and the actions taken, were generally good, although there were weaknesses when concerns were less immediate or serious. Most professionals from a wide range of agencies helped children directly, sought further advice or referred the children to social work services or the police for further investigation or help. Some professionals working mainly with adults lacked confidence in identifying child abuse, particularly emotional abuse and neglect. When social work or police staff were informed about children who might need protection they took effective joint action to protect them. Where appropriate, this was through joint investigations, child protection orders as well as child protection case conferences. However, police officers or social workers investigating a child's circumstances at the point of referral did not routinely seek advice or further information about the child from health professionals. The child's health history or need for medical examination were not always fully identified. This reduced the range of information available to decide the most appropriate course of action for the child.

Social workers responding to referrals made early decisions as to whether a concern was about child protection or child welfare. If it was defined as a welfare concern, sometimes children had to wait a considerable time before a social worker was allocated to make an assessment of their needs or, subsequently, to be re-allocated if social workers left or were absent long term. In some cases, where it was not possible to allocate a social worker, other relevant services such as respite care or family support were in place. Whilst no evidence was found by inspectors that such children were at risk of immediate harm, there were some significant delays in meeting their longer term needs. Professionals who made referrals to social work services or the police did not always receive feedback on any actions that had been taken. In some cases, professionals were then unable to tell the child or young person what was going to happen or were unsure of the most appropriate ways to continue working with the child and family. Lack of feedback to professionals who had made referrals sometimes undermined their confidence in social work services and the police.

Twenty four children and young people in Highland had made allegations of harm by local authority staff, mainly teachers and residential workers, in the previous year. A minority of these allegations had been upheld after investigation. A small number of these cases were reviewed during the inspection and the investigation processes and outcomes were found to

have been thorough and proportionate. Due account was taken of children's and parents' experiences and views. Such allegations were investigated by the local authority under child protection procedures with disciplinary procedures invoked if the allegation was upheld. The links between these two policies were not sufficiently well articulated, particularly for managers and staff in departments less familiar with child protection investigations. A specific procedure for investigating allegations against staff was being developed in Social Work Services. This issue was receiving serious and detailed attention. However, children making allegations, and the staff and carers against whom allegations are made, should receive consistent treatment regardless of the department involved.

Taking action to keep children safe

The services for meeting the needs of children who required protection and for helping them recover were good but, because of geography, not always readily accessible by all the children who needed them. *Children First* provided a unique service, valued by families and professionals, which addressed the long term needs of children from the inner Moray Firth area who had been abused. Other voluntary organisations, notably *Family First* and *NCH*, also provided effective long term support to children and families. NHS Highland had recently appointed primary mental health workers for children and young people and a nurse to work with looked after children and young people with the aim of providing more effective health care to the most vulnerable. Social workers and children's services workers regularly provided valuable long term practical and emotional support to children, young people and their families. Family support workers provided some vulnerable families with long term help which kept children at home and improved their lives. There were improving through-care and after-care services. However, some children and families had to wait at least six months before they could access specialist child and family psychiatry services.

Some children, previously registered on the child protection register, and their families, experienced rapid and uncoordinated reductions in services once they were de-registered. This increased the risk that the difficulties that had originally led to registration would return. A few children were in family situations where, despite sustained attempts by professionals to support the family and meet the child's needs, the situation had not improved or had deteriorated. More decisive action was required to ensure that the long term needs of these children were met.

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

Professionals established good relationships with children and young people. Communication was effective and most of the children met by inspectors, or whose cases were considered, had a trusted adult in whom they could confide. Involvement of children, young people and families in decision making was less effective. Parents were generally well involved, although some aspects of their involvement would benefit from improvement, but ways still needed to be found to fully and effectively involve children and young people. Children, young people and families were not consistently involved in policy development.

Communication and trust

Children and young people were well respected by the adults working with them. Relationships of trust were established and communication with children and young people was good. Examples of this included good communication with children by professionals and children's panel members at children's hearings, in SLGs and in interviews with children who had alleged abuse. This had required the establishment of good rapport, age-appropriate explanations of complex procedures and sensitive responses to disclosures of abuse. Good use was made, when needed, of sign and symbol languages and of foreign language interpreters.

Most of the children in the inspection sample had a trusted adult, either at home, in school or working for social work services or a voluntary organisation, in whom they could confide. However, where there had been high staff turnover, for instance in a few social work teams, young people felt less able to trust staff who did not know them well. In response to questionnaires completed by pupils in recent HMIE school inspections in Highland, almost 90% of primary pupils but only 60% of secondary pupils considered that at least one teacher knew them well. More than 90% of primary pupils and 80% of secondary pupils felt that teachers listened to what they said.

Involving children, young people and their families in decision making

Most of the professionals interviewed acknowledged the importance of involving children, young people and their families in decision making and the need to keep them fully informed. However, their practice did not always reflect this aspiration. While there were examples of improvement and of good practice, the positive communication and relationships outlined above were not used fully enough to develop children's, young people's and families' involvement in decision making.

Parents were mainly well informed and involved by all the agencies. Their views were sought and most parents and grandparents interviewed felt that they were listened to and enabled to contribute to decisions. Within schools, there were good examples of parents being involved in decision making regarding their children, for example in SLGs. Parents were usually present at children's hearings and considerable effort made to explain the process and procedures to them and check their understanding. They were encouraged to participate in the hearing and their views were listened to, although a minority of parents met by inspectors felt that they had little influence on the decisions made. Parents were usually present at child protection case conferences and their views sought and recorded. However, some felt daunted by the size and process of child protection conferences and found it difficult to contribute. Reports were not given to some parents early enough for them to read, and possibly challenge, before the conference or hearing. The nature and extent of parents' and grandparents' involvement in decision making and the views expressed were not always well recorded in agency records. Some parents felt that there was a lack of information and support available to them regarding complaints procedures. On occasion, when parents had expressed dissatisfaction with some aspect of social work services, they were left unclear about how to take forward a complaint. If complaints were made, the time taken for resolution could be too lengthy.

Children and young people were less well informed and had limited involvement in decision making. Children were not always asked for their views prior to decisions being made, or, if they were, these were not always recorded. Some social workers considered that they had

delegated the task of consulting with children and young people to children's services workers but such delegation was not always explicit or appropriate. Examples of good practice included a number of voluntary organisations working with very young children that were skilled at empowering such children to express their views; considerable efforts being made to help children understand the children's hearing process and to elicit their views, although the letters sent to them were much less age appropriate and looked after and accommodated children's reviews where children's views had been sought, listened to and recorded consistently. This contrasted with child protection case conferences where attendance was not the norm, even for older young people. There was often failure to provide children and young people with any, or sufficiently clear, explanations of the processes that would take place. Children and young people's views were not consistently sought or reported to child protection case conferences or reviews nor were they subsequently consistently informed of any decisions that had been made and what they were likely to mean for them. Children were not always invited to SLGs, regardless of their level of maturity, although there were good examples of their involvement in decision making when they did attend. They were not always kept informed of the progress of initial investigations by police and social work staff and their views about subsequent decisions were not always sought or recorded.

There were some positive examples of children, young people and their families being involved in policy and service planning. For example, groups of looked after children were regularly consulted by the children's rights officer and the young persons' worker from *Who Cares? Scotland* about issues that affected them. An independent researcher was in the process of meeting with children and families as part of the Child Protection Committee's (CPCs) evaluation of its services and the *Highland Youth Voice* was involved in developing the children's services plan and drugs and alcohol policies. However, such involvement was not regular, widespread or consistent across all services and agencies. Representation on consultative groups, where they existed, did not always include enough representation from the most vulnerable or socially excluded families, children and young people. Some young people felt that the *Highland Youth Voice* did not address issues that concerned troubled, excluded young people sufficiently frequently.

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

Information sharing between professionals was mainly effective although there were areas for development, particularly in keeping and using records. Risks and needs assessments varied too much in their quality, thoroughness and timeliness. Planning was generally systematic and effective, although it could be compromised by poor assessment. Some children experienced lengthy delays in their long term needs being recognised or acted on. There was strong commitment to joint working between agencies and professionals and this generally worked well, although the forensic medical service required to be improved. Most staff involved in child protection work were confident and competent and they usually responded appropriately to children's needs and recognised the impacts of parents' behaviours.

Information sharing

Information sharing between professionals was mainly good, particularly in smaller communities where professionals knew each other well. Important information was shared sensibly. For example, information sharing between agencies concerning risks and needs was generally effective and advice was available on what information should be included in reports to case conferences and hearings. Nevertheless, there were some inconsistencies and shortcomings including occasional inappropriate use of confidentiality as a reason for not sharing information within health. There was lack of awareness among some police and housing staff, where child protection was not their central role, about what information should be shared and when. Information sharing protocols had been developed by the CPC and the Highland Drug and Alcohol Team but these needed better dissemination among all relevant staff. Sometimes information was shared in routine ways. Police information sharing with social work services and the reporter concerning incidents of domestic abuse was an example of this. The purpose of such routine information sharing, and the action expected from the agencies with whom it was shared, needed greater agreement and clarity between the agencies concerned. The right of children, young people and parents to know when information was being shared, except where this would compromise safety, was mainly upheld although this was more evident for parents than children and young people.

There was increasing differentiation across all of the agency records seen between facts, allegations and opinions but greater care was needed to ensure that basic information concerning children and families was recorded accurately and kept up to date. There was evidence, in recent years, of considerable improvement in social work record keeping. Greater attention needed to be given in both social work services and the police force to ensure that computerised records and databases were recorded consistently and accessed readily on a 24 hour basis. Information sharing concerning some children, because of the number of separate health records held on them, was described as particularly difficult both within health and between health and other agencies. There was not a standard set for education records: some were too sparse, cross referencing was not often in evidence and there were different ways of storing confidential documents.

Assessment of risks and needs

Assessment of risks and needs was weak overall, although good assessments had been undertaken in some cases and plans were being advanced to improve the situation. Assessments were sometimes seen as one off events. They required to be more dynamic, evaluating both immediate and longer term risks and needs and updated when risks or needs changed. There was not a generally accepted model for child protection risk assessment in use across any of the agencies inspected. While risk assessments were usually carried out, the thoroughness, quality and timeliness of them were variable. In some cases, this resulted in a lack of recorded information about risk. There appeared to be insufficient input from health professionals to risk assessments on some occasions. A child protection risk assessment tool had been developed within social work services, but it was not yet generally known about or used, either within that agency or others. Risk assessment tools were in more common use in adult services, for instance within criminal justice social work and psychiatric services, but some did not sufficiently address risks of child abuse or neglect by the adults concerned.

There was little evidence of children and young people being consulted about their needs or their perceptions of risk. There was evidence of needs assessments being carried out and of professionals considering the needs of children and young people in holistic ways. However, such assessments often only addressed short term needs. As a result, in some cases, children's needs for consistent nurturing and attachments throughout childhood were overlooked for too long. A common child assessment framework was being developed by health, education and social work staff and it was intended that this would be in use by January 2006.

Effective planning to meet needs

Planning to meet children's needs was generally effective. There was recognition across agencies of the importance of making and carrying through effective plans for the safety and welfare of children. There was a staged approach to intervention and planning leading from SLGs, through area children's forums to child protection case conferences and children's hearings. Stages were omitted if concerns were immediate and serious. Links between stages would benefit from greater streamlining. SLGs were generally an effective forum and model for joint planning. They promoted both shared and individual professional responsibility for troubled children although inconsistent attendance by social workers was a drawback. Children's hearings encouraged active participation by professionals, children and parents. The panel members interacted well with each other and it was evident from their knowledge and understanding that they had prepared well for cases and took decisions carefully. Child protection case conferences were effective forums for joint working and decision making on most occasions but some were over-burdened with professionals who had no direct knowledge of the child. Their presence reduced the ability of young people, parents and sometimes basic grade staff to make a full contribution or feel at ease. Some families expressed concerns that professionals who did not know them were making important decisions about their lives. GPs and consultants were rarely present at case conferences. Late receipt of reports on occasion impaired the ability of the Case Conference Chair to ensure that decisions were based on the fullest possible information.

Planning was well co-ordinated and was articulated clearly in case conference and SLG minutes. Planning was generally effective, with individuals' responsibilities clearly identified and carried through within specified timescales. However, the quality of plans were sometimes compromised by the less than effective assessment. In a few cases, the same needs continued to be identified at successive reviews without significant improvement in a child or young person's circumstances or a change to the plan. Such situations were sometimes compounded when key professionals were not consistently involved in planning. Planning was occasionally less robust once young people reached the age of 16. While the geography of Highland could mean that in some areas it was difficult to access a wide range of resources, there was evidence of successful local solutions being found. This was a consequence of good joint working and clarity between agencies about the services each could offer.

Effectiveness of joint working

There was strong commitment towards joint working in the interests of children and young people led by senior officers within Highland. This had resulted in good joint working between agencies across the area, with strong examples of local, collaborative arrangements and practice found at all staff levels. Many individual staff demonstrated enthusiasm for and

dedication to joint working. In particular, a strong sense of community was identified among most specialist child protection staff. There were, however, a few significant areas of weakness. At times specialist investigations and support were hampered by insufficient appropriately trained and experienced staff. The forensic medical service, which was commissioned by the police from a private locum organisation, had not worked well in some child protection cases. A number of the doctors were engaged on short term contracts which had caused communication difficulties and lack of availability to follow through in some cases. On occasion, such doctors had been found to lack appropriate training or expertise for the task. Over half of the medical examinations carried out in child protection cases in a three month period prior to the pilot inspection had been single doctor examinations. Young women aged over twelve were only seen by a forensic medical examiner and some children who had been physically abused were only examined by a paediatrician. While single doctor examinations can sometimes be appropriate, a review of current arrangements, particularly with regard to examinations of young woman, would help to ensure that individual children's and young people's medical, sexual health and psycho-social needs are addressed appropriately.

Quality of professional competence and confidence

There were good examples, particularly in early years services and schools, of professionals knowing children and young people well. They took an holistic view of children's needs and were not inappropriately bounded by professional remits. For example, where school staff found children hungry, they provided additional food. Professionals generally understood the impact of parents' behaviour on children's development and engaged effectively with parents to address this where the impact was negative. However, a small number of parents and relatives expressed dissatisfaction to inspectors about the services they had received, considering that insufficient account had been taken of their needs or those of their child. Where children or young people were from non-indigenous cultures, or where English was not their first language, workers had found out little about these cultures and insufficient or inaccurate account was taken of their potential impact. Work with children with disabilities was improving, with good awareness among some professionals of the needs and rights of children with disabilities and the importance of communicating this to them, for instance through individualised programmes around sex education and personal safety. Inspectors found that most staff from the range of agencies involved in child protection were providing appropriate support and meeting the needs of children, young people and their families.

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

Children and young people mainly had good awareness of how to keep themselves safe. There was extensive and helpful input on personal safety from a wide range of agencies, although this input would have benefited from greater co-ordination and evaluation. It was beyond the scope of the pilot inspection to sample public awareness of child protection but a number of positive examples were found where members of the public had contributed to keeping children safe. Agencies had undertaken a number of approaches to raising public awareness of child protection. These approaches needed to be more strategically planned and consistent.

Children and young people keeping themselves safe

Help provided to children and young people to keep themselves safe was good. There was not, however, an overall abuse reduction strategy to co-ordinate, develop and evaluate all the positive initiatives being undertaken. Most primary school children interviewed were able to identify family and friends as the main people who helped keep children safe with teachers and police officers also helping to keep them safe. They were aware of a range of aspects of keeping themselves safe such as not accepting gifts from strangers and never giving their names or addresses in chat rooms on the internet. The schools visited by inspectors delivered personal safety programmes, often involving outside agencies, such as the police and health. Examples of topics covered were bullying, road safety, smoking, healthy eating and fire safety. All the children were aware of the *Bully Line* provided by *Child Line* and where they could get the number. Most of the children interviewed said that bullying was not a problem in their primary school but some were aware of primary children being bullied by secondary school pupils. The questionnaires completed by primary school children in recent HMIE school inspections in Highland found that 93% felt safe and secure in school and 90% considered that staff were good at dealing with bullies.

Individual work was taking place with children attending special schools to keep them safe, for example, helping them to know what sexual behaviour was appropriate for themselves and others. Where necessary, alternative communication systems such as Makaton and British Sign Language were used.

Some, but not all, secondary school students had good knowledge of key issues around personal safety. Some senior pupils were involved in drawing up programmes for personal and social education (PSE) and reported that they included issues to do with personal safety in the programme. Most young people stated that their PSE programmes were helpful but some reported little input concerning personal safety in these programmes. In the questionnaires returned in recent school inspections in Highland, just under 90% of secondary school pupils felt safe and secure in school and considered that staff were good at dealing with bullies. Young people not attending or excluded from school were often those most vulnerable to harm and poor health. More ways needed to be found to ensure they did not miss out on health and personal safety information and advice.

A number of other agencies were also involved in helping children and young people keep themselves safe. Youth workers promoted the *Young Scot Card* initiative which gave young people access to good sources of advice. The *Who Cares? Scotland* young people's worker and the council's children's rights officer visited young people placed in residential units, secure units and residential schools regularly. They were well known by the young people living there who felt able to raise problems with them. Links with children and young people in foster care were less extensive. Where children and young people had already experienced abuse and neglect, some social workers and children's support workers had discussed ways of keeping safe with them and had encouraged them to report any further abuse. However, such approaches were not sufficiently consistent. The *Safe, Strong and Free* project, which provided age appropriate, interactive workshops concerning safety for four and five year olds, was being delivered across the Highland area. The workshops were enjoyed and understood by most children and very positively evaluated by parents. There was an expectation that all schools would take up the provision. *Homestart* and *NCH* involved children in self protection activities in some of their early years services. The police delivered a number of programmes on citizenship covering personal safety, drugs and internet safety to various ages

of school children. School nurses in some schools provided input on sexual health and relationships to assist vulnerable young people.

Public awareness of child protection

It was beyond the scope of the pilot inspections to measure to what extent members of the public knew what to do if they had concerns about a child. Nevertheless, there was evidence of support and oversight being provided by some community members towards local children, particularly in more rural areas and among army families. Concerns expressed by members of the public about the care children were receiving were recorded in a number of social work and police case records. These concerns were generally appropriate and required intervention. They were promptly dealt with by police and social work services. These services were, however, unable to provide details of the number of referrals from the public, or the outcomes of the referrals, in terms of public satisfaction.

Chief officers acknowledged that they were not sufficiently or consistently proactive in raising public awareness of child protection. However, they had undertaken a number of initiatives. The CPC had a high profile media launch of the recently revised Child Protection Guidelines. Both statutory and voluntary agencies had attempted from time to time to gain positive publicity about child protection through the media, with some success. There was some information on child protection available through council brochures and on the council web site, although limited use had been made of the website. There was a brief standard statement in all school handbooks on child protection and all parents of school or nursery age children had received copies of the *Children's Charter* either through schools or through *Safe, Strong and Free*. Most agencies visited during the inspection including police stations, GP surgeries and voluntary organisations had posters or leaflets about child protection displayed in their public areas. There was good awareness among voluntary organisations and community groups of child protection and the council policy required that groups booking community halls were given information regarding disclosure checks and child protection policies.

5. How effective is individual and collective leadership?

The vision, values and aims for protecting children and keeping them safe in the Highland area were very good and had been effectively disseminated to and embraced by staff. Commitment from chief and senior officers, planning structures and processes and resource allocation all positively reflected the vision, values and aims. However, although reviews and evaluations of services had taken place fairly regularly, approaches were inconsistent, rarely joint and insufficiently strategic. Collective leadership and management were good, leading to effective joint planning and delivery of services. Leadership and management of individual agencies were mainly effective although there were some specific aspects that required greater attention.

Vision, values and aims

All partner agencies had agreed the collective vision and values for child protection and had agreed a common set of aims. They had been effectively communicated to individual practitioners who recognised their importance in their own work. The children's services plan, *For Highland's Children*, set out the aims for child protection and made clear how these

aims would be achieved. The aims were appropriate and reflected how services would deliver their commitment to protect children and young people. The responsibility for protecting children lay with officers at the most senior levels and chief officers actively participated in the (CPC) and gave high priority to child protection. They brought to the CPC the authority to make decisions and allocate resources to improve the protection of children. Clear, helpful policies and guidelines had been established and this included important work being done with voluntary organisations to establish common approaches to protecting children. Elected members of the Council and members of the NHS Highland Board worked jointly through the Children's Committee to provide political direction in child protection.

Leading change and improvement

Across the services and agencies there were some good approaches to reviewing and evaluating work in protecting children and young people, including procedures for reviewing critical cases. However, overall, these approaches were not sufficiently robust or systematic and there were significant weaknesses. There was insufficient follow up, after some audits and reviews, of whether the implementation of recommendations had been sustained over time. A number of audits had been carried out within Social Work Services of aspects of child protection cases. In education, culture and sport, a quality development team had been strengthened to allow them to extend their work beyond education to provide management information on social work and health. Relevant health audits were shared across agencies through the Children's Committee and the CPC. The police had reviewed their services against recommendations from the *Laming Inquiry*⁴, and had begun to develop internal audit and review processes and specialist officers had improved support and consistency of advice for child protection. A recent audit of the children's hearing system had contributed to improvement plans for the service. There were plans in place to monitor the outcomes from the new children's services plan. The CPC had recently commissioned some work to find out the views of children and families and the views of focus groups of practitioners. However, this work was yet to be completed.

Whilst some early work had begun to monitor and evaluate the effectiveness of joint service provision to protect children and keep them safe, this was not yet clearly articulated and there was a need to establish an overall evaluative framework for the protection of children. The helpful child protection policy and guidelines did not set out the means by which the success of the policy would be measured. Self evaluation by front line practitioners and managers and surveys of the views of stakeholders had been carried out at times but they were not embedded across all agencies. Expectations and models of self evaluation needed to be prescribed more explicitly where services were commissioned from, or funded in, the independent sector. Procedures for reviewing and evaluating outcomes for children receiving interagency support, to ensure greater consistency, were in the early stages of development. In particular, the monitoring of single and interagency assessment of risk needed to be more robust. These important safeguards for children and young people now needed to be carried out systematically across the Highland area.

⁴ *The Victoria Climbié Inquiry: Report of an inquiry by Lord Laming* (Department of Health, London, 2003)

Collective leadership and management

Collective leadership of child protection was good. Chief officers and senior managers, including those in voluntary organisations, had worked effectively together to establish a joint approach to protecting children and keeping them safe. There were well established arrangements in place for joint planning and decision making, although planning needed to be based on more effective evaluation of current approaches and services. An integrated structure had been established for the planning and delivery of Children's Services. This included the work of the Children's Committee, the CPC and the development of Area Children's Services Forums where decisions were able to be made jointly at a local level and where resources could be allocated to meet local needs. However, accountability between the Children's Committee and the CPC required further development. The Children's Committee was a very well established mechanism for planning and resource allocation and resources were combined from health and the council to form a significant budget for support for children and young people. Resource needs in relation to protecting children were identified by the Children's Committee and joint budgets related to children's services work in general, and protection of children in particular, were allocated through the committee and the Area Children's Service Forums. Very positive relationships between agencies and services supporting children had been developed at chief and senior officer level. A jointly funded post had been established at a senior management level to take forward joint work in child protection. This was having a significant impact on the development of joint service working.

Individual agency leadership and management

Leadership of the individual organisations which worked to protect children: - social work services, the police force, education, culture and sport, NHS Highland, the Scottish Children's Reporter Administration and the independent sector, was mainly good although there were some areas of weakness. Chief officers were generally visible, energetic and enthusiastic in their commitment to continuous improvement of child protection services. In the main, they were aware of the strengths and weaknesses of the services that they managed and showed practical commitment to overcoming weaknesses. Leadership had frequently translated into tangible action. For example, 84% of school development plans had child protection as a priority, involving targets on developing policy, procedures and training. Staff members in the different agencies acknowledged the high priority accorded by their senior managers to child protection and most pointed out improvements in provision of resources and delivery of services to protect children that had occurred in the recent past.

Practice on the ground had not always kept pace with the objectives of chief officers. Some front line staff were concerned by the pace of change, feeling that there was insufficient appreciation amongst senior managers of the demands they experienced. Some education and health staff described being threatened by parents, sometimes in their own homes, when they reported child abuse concerns to social work services or the police. Ways needed to be found to increase staff safety. Most professionals had ready access to knowledgeable advice which they found helpful. Nevertheless, staff in social work and health did not always receive sufficient support or line management as opportunities for pre-planned, reflective supervision were described to inspectors as often postponed or organised at intervals that did not meet their needs. Staff shortages, high staff turnover and higher than Highland Council average absence had been a particular difficulty within social work services. This caused pressure and stress among staff. It also contributed to the numbers of unallocated cases and

to social workers being only intermittently involved in joint undertakings such as SLGs. In a few children's cases in social work, managers did not take effective action when plans were not properly implemented or increased risks had not been recognised or addressed by social workers. Chief officers and personnel staff had taken a number of steps to address this situation including the provision of trainee social worker posts. However, more needed to be done to support staff and to assess and manage the immediate, day to day pressures so that staff and first line managers could carry out prioritised roles and tasks appropriately. Other agencies needed clearer understanding and expectations about the work that could be undertaken by social work services and the work that they would need to undertake themselves.

All the agencies had given considerable priority to training and significant numbers of staff received training each year, much of it multi-agency and mostly well evaluated. Nevertheless, some staff were still waiting too long for training, including some staff for whom child protection was a core part of their job. This mainly reflected increased demand, as awareness of the need for training had grown, but some staff experienced difficulties in being released for training. There were still some small numbers of staff, for instance in housing and among uniformed police officers, who were unaware of the availability of, or need for, training. The CPC was about to appoint to a new training post and it was planned that the post holder would develop an overview of training needs and necessary provision. As well as basic training, more specialist training such as on roles and responsibilities at case conferences, joint police and social work investigations and *Getting our Priorities Right*⁵ had been provided. Training concerning emotional abuse was planned. It was commendable that a considerable number of staff in both health and social work had been funded to attain child protection certificates, diplomas or masters degrees and that this was a requirement for some key posts. There were generally good training arrangements made in the independent sector, including being able to take up places on courses run by the statutory sector. Nevertheless, there were some unmet development needs across most statutory and independent agencies. For instance, some staff were insufficiently knowledgeable about particular aspects of protecting children with disabilities or from minority ethnic or cultural backgrounds and a number of staff required child protection refresher training.

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

Overall, children and young people in Highland were well protected but effective meeting of needs was more variable. In a few cases, professionals required to be more decisive in order to fully protect children. For some children and young people, help needed to be more timely and to reflect long as well as short term needs. Generally, professionals intervened appropriately to prevent, or take early action against, abuse or neglect when there were risks in families. Effective help was provided to most children and young people recovering from abuse or neglect. Services for vulnerable children found not to be at immediate risk of harm were less readily available, particularly in remote and rural areas, and some of these children did not have their needs fully met. Information sharing and joint working were mainly good, particularly between professionals for whom child protection was their core task, but there were a number of ways in which both could be improved. Although planning for children

⁵ *Getting our Priorities Right: policy and practice guidelines for working with children and families affected by problem drug use* (Scottish Executive, 2001)

was generally good, it could be compromised by weak assessments of risks and needs. Professionals had developed good relationships with children and families, built on communication and trust. However, they were less effective at finding out children's views, involving them in decision making or consulting them about service developments. Many children and young people received positive help to keep themselves safe, including help from members of the public. A number of initiatives had been undertaken by agencies to raise public awareness of child protection but they were insufficiently co-ordinated or consistent. Leadership of services was generally strong, although its effectiveness in protecting children required to be evaluated more fully.

Key strengths were:

- the effectiveness of services which intervened early to prevent harm to vulnerable children;
- good communication and trust between professionals and children and young people;
- the knowledge, commitment and joint working of professionals whose core task was child protection;
- the role of voluntary sector organisations, both individually and jointly with each other and statutory organisations, in providing innovative services well tailored to meet the needs of children, young people and their families; and
- the vision, values, aims for child protection, developed by chief and senior officers, which had permeated well through their organisations.

The organisations involved should build on these strengths to further improve services for vulnerable children and young people in the area. In doing so, they should take account of the following recommendations:

- children and young people should be more actively and consistently involved in decision making and in policy development;
- planned developments to improve assessment of risks and needs should be prioritised, supported by improved record keeping;
- arrangements for providing medical examinations should be reviewed and improved;
- prioritisation and shared responsibility for child protection and child welfare work, within and between agencies, and staff support and safety should be improved; and
- the CPC, and the agencies within it, should more consistently evaluate the effectiveness of work to protect children and young people, including evaluating, and if necessary raising, public awareness.

Kirstie Maclean
Inspector
On behalf of HM Senior Chief Inspector

Appendix

Inspection coverage

Establishments or groups visited

Accident and Emergency Department, Belford Hospital, Fort William
Baby Zone, Muir of Ord
Ashton Road Children's Unit, Inverness
Central Primary School, Inverness
Child Protection Unit (Police)
Children First Killen Family Resource Centre
Golspie High School
Dalneigh Primary School
Dalneigh Family Resource Centre
Dingwall Academy
Granton Primary School
Highland Children's Forum
Homestart, Wick
Incredible Years Positive Parenting Group, Alness
Inverness Royal Academy
Kyle Primary School
Nairn Academy
NCH Inverness Family Project
NCH Sure Start Alness, Inverness, Fort William
Obsdale Primary School
Ormlie Centre
Out of School Care Federation
Plockton High School
Safe, Strong and Free
South Primary School, Wick
Thurso High School
Women's Aid, Inverness

Meetings attended or observed

Area Children's Forum – Case Working Panel
Children's Panel Hearings
Child review meetings
Looked after and accommodated children review meeting
Child Protection Trainers meeting
Core group meetings
CPC meeting
Voluntary Sector Forum meeting
Initial case conference
School Liaison Groups

Interviews:

Elected members from the Highland Council and non-executive board members from NHS Highland

Strategic Managers

Highland Council: Chief Executive and senior managers

NHS Highland: Chief Executive and senior managers

Northern Constabulary: Chief Constable and senior officers

Area Reporter to the Children's Panel

Service Users and Stakeholders

Parents, children and young people

Foster carers

Operational Managers and Staff

Highland Council: Operational managers in social work, education, culture and sport, housing and legal and administration services. Staff in all of the above services within the council.

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

Northern Constabulary: Police officers, Fort William, Dingwall, and Wick Police Stations and the Child Protection Unit, Inverness

Voluntary Organisations: Barnardos; Women's Aid; Who Cares? Scotland; Homestart; Pultney Project; Family First; Safe, Strong and Free; Calman Trust; NCH; Positive Parenting; Highland Pre-School Services; Scottish Childminders Association;

Reporters and Children's Panel Chairs

Other Services

Procurator Fiscal

Gypsy Traveller Project

Army Welfare Services

MEDACS

Inspectors also reviewed practice by reading children's and young people's records held by social work services, the police, education and SCRA. These included the records 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 professionals 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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