

DUMFRIES & GALLOWAY CHILD PROTECTION COMMITTEE



Self evaluation of services to protect children and young people in the Dumfries and Galloway area

November 2007

Introduction

The following self evaluation was conducted over a period of 6 months between January and July 2007.

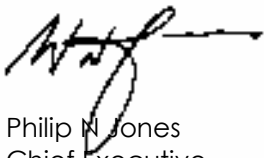
Interim findings were presented to CPC in March 2007 based on the file audits and a number of focus groups including staff members. We began working towards the objectives from these findings immediately.

In July 2007, a further exercise was carried out to determine whether all relevant information had been included in the determination of the evaluations including improvements which had been made in the intervening period. Previous inspection reports were also examined by way of comparison with local evaluations.

A focus group was conducted with Chief Officers by the Chair and Lead Officer of the Child protection Committee and interviews took place with children and their parents.

As a result of self evaluation, a Continuous Improvement Action Plan has been drawn up to progress the development areas. This plan also includes recommendations from the Significant Case Reviews which have been conducted over the past 12 months.

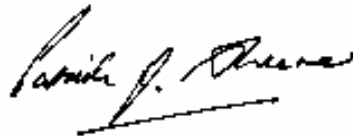
It is anticipated that a follow up evaluation will take place by the end of 2007 to determine the degree of improvement we would hope to achieve by this process.



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1. Background

The self evaluation of services to protect children in the Dumfries and Galloway area took place between January and July 2007. It covered a range of services and staff working in the area with a role in protecting children. These included services provided by health, police, local authority as well as those provided by voluntary and independent services.

Self evaluation was conducted by the Self Evaluation Working Group (SEWG) which is a multi agency group drawn from staff across agencies. Three of the group have trained as associate inspectors, and two had recent experience of HMle inspection of other CPC areas.

The self evaluation was conducted in line with 'How well are children and young people protected and their needs met?' using illustrations and quality indicators.

As part of the self evaluation process, evaluators conducted multi-agency file audits, surveyed over 500 staff members, spoke via focus groups to staff members with responsibilities for protecting children across the key agencies and met children and their families who have had experience of protective services. Staff members included those with management and operational responsibilities as well as those who had direct contact with children. Focus groups were also conducted with the CPC and Chief Officers.

Dumfries and Galloway covers an area of 2,380 square miles and is the third largest local authority in Scotland. It has a population of some 148,000 people, 31,418 of whom are under 18. There are about 60 people for every square mile, which is significantly lower than the Scottish average of 168 people and reflects the sparsely populated rural aspects of the area.

The area has 5 harbours along its 320 kilometre coastline and has centres of population in Dumfries, Annan, Lockerbie, Castle Douglas, Kirkcudbright, Newton Stewart and Stranraer.

Dumfries and Galloway has one of the lowest average earnings of any of the local authority areas, around 10 per cent below the Scottish average. This is a reflection of the rural nature of the economy with a predominance of traditionally low paid sectors such as tourism and agriculture. About 60,000 people in Dumfries and Galloway are employed, either full time or part time, with around 15,000 people employed by the local authority and health board. Industries like agriculture, forestry and fishing are highly represented in the region's total workforce. Unemployment levels in the region for the first quarter of 2004 are the lowest for 20 years and are now 0.5% below the Scottish average although there are still pockets of high unemployment in some areas of the region. The region has a higher than average level of self-employment.

2. Key Strengths

- The Children's Services Chief Officers group was well established and in the process of consolidating its governance arrangements.
- The Child Protection Committee (CPC) Sub Committee structure was well established with clear lines of delegation between the main committee and its satellite mechanisms. Sub committees and single agency committees have been evolving single agency business plans which will be reviewed by the Lead Officer on behalf of the CPC in January 2008.
- The Self Evaluation Working Group progressed activity on behalf of the CPC and effectively planned and co-ordinated the overall self evaluation.
- Inter -agency child protection training was delivered on a bi-annual basis by the Locality Sub Committees and was consistently well evaluated.
- The child protection inquiry process worked quickly to respond to allegations of children potentially at risk. The Child Protection Case Conference and Core Group Meeting systems worked well to deliver child protection plans and were flexible in response to change in individual situations,
- The Reporter's system was used consistently well in case planning.
- Particular areas of good practice were evidenced where specialist services or particular workers were involved with children and their families.
- The Senior Child Protection Officer and the Nurse Consultant : Child Protection and Vulnerable Children are currently co-located in Dumfries.

A number of initiatives have been developed by the CPC including ;

- Family Group Conferencing
- Risk management Protocol for Children with Problem Sexual Behaviours
- A protocol for Children Missing from Education
- Protocols in support of Getting Our Priorities Right

In addition, Keeping Children Safe is one of the key priorities of the Integrated Children's Services Plan.

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

Generally, there were efforts being made to listen to children and to record their views although this was not done systematically. Whilst there were clear examples of good practice, this appeared to be reliant on particular workers. Activity tended to focus on parents and not children. Children were not always visible around the meetings and decision making processes.

However, when interviewed, some children and parents said that once within the Case Conference and Core Group Meeting system, the information sharing and consultation process improved.

Interventions were often short term, parent focussed and were viewed as Social Work driven with partner agencies often on the periphery. However the Child Protection Case Conference and Core Group Meeting process showed strengths in multi agency planning, responding to change and involvement of parents. The roles of some agencies – in particular schools and school nursing – were not sufficiently explicit in child protection plans.

Services were sometimes withdrawn quickly following an optimistic view of improvements. Long term planning and follow up appeared not to have given regard to impact and outcomes for children. Effective interventions tended to be where children had complex needs and planning was within structures such as Additional Support for Learning processes.

Joint investigation of child protection allegations worked well with professionals listening to children who may have been abused. The child protection inquiry process was quick in response with good information sharing between Police and Social Work. However activity was sometimes reactive and not measured, with a lack of analysis of previous patterns. Social Work did not always consult with partner agencies at the point of referral. There was evidence of children being spoken with alone as part of the Inquiry but largely their views not sought about the helpfulness of interventions.

Where children were within formal systems, planning and reviewing was clearly visible. On leaving these systems, this appeared significantly reduced. This has been recognised by Children and Families Social Work Services and a system of Core Group meetings for Looked After Children has been established.

There was need to develop better and more consistent recording across agencies.

Being listened to and respected

Communication between children, their families and staff was variable. It was unclear within records that systematic efforts were made to listen to children and to record their views. This needs to be improved across Social Work and Health. Children were not always involved in multi-agency meetings and again it was unclear as to the conducting of briefings either before or after the meeting. Activity tended to focus on parents and not children, and children themselves were not always visible around the meetings and decision making processes.

For Social Work, few examples were found of Social Workers engaging directly with children. However, there was good evidence of direct work being carried out by Family

Support and Social Work Assistants with appropriate oversight. There was evidence of very good interpretation of children's behaviour where the child had complex disabilities or was too young to communicate verbally.

Within Schools this area seemed much better than that across other agencies but lacked a sufficient recording of activity. In addition, children within the schools system did not have an individual school support plan where they were on the Child Protection Register. However, focus groups produced evidence of good and creative practices aimed at ensuring children's safety.

In Health, the position was variable and often depended on individual practice. There were examples of excellent practice within specialist services but within school health overall recording was poor and therefore difficult to evidence.

Children and their parents had mixed experiences of services. A number stated that they felt their views were not taken seriously and that workers had often made their minds up before going into the meetings. One family however reported that once Core Groups started following Registration, that the situation improved and the overall plan became clearer.

Social Work 'road shows' have raised the awareness of workers on the need to listen to the views of young people. Police have also provided substantial training to officers about how to respond to information about children who may be in need.

Schools have increasingly been able to identify risks earlier through communication with children and take appropriate advice from the senior Child Protection Officer/Child Protection Officer.

Children who are on the child protection register are seen on a weekly basis by a Qualified Social Worker. The Social Work audit showed examples of children and young people's positive relationship with Family Support Workers and Social Work Assistants

Being helped to keep safe

There was evidence of effective short term and specialist strategies to minimise harm. However, some systems and processes were viewed as Social Work focussed with other agencies operating on the periphery.

Examples of local specialist services were evidenced such as the risk management protocol for children who display problematic sexual behaviour.

In general, there was also evidence of community initiatives around general safety, for example, the Sexual Health Strategy. School Nurses operated drop-in centres in Secondary Schools.

There was evidence of initiatives in schools such as Annan Academy where Police formed part of a multi agency presence within the school setting. Schools also have established the Groupcall system which provides an early alert to parents and carers where children are thought to be absent from school. Protocols for Children Missing from Education have been devised and launched in September 2007. These have been devised by a multi-agency steering group under the auspices of the CPC which fully involved partner agencies.

Dumfries and Galloway are currently one of the Scottish Executive Domestic Abuse Pathfinders under the GIRFEC initiatives.

The Police regularly organise activities under Operation Safety which engages young people in activities designed to help them keep safe. A recent initiative was about internet safety. The Police have also raised awareness about their Community Promise. This was brought about following an extensive survey of secondary schools in Dumfries and Galloway.

Health have an established national missing family alert system which is implemented in Dumfries and Galloway.

Within Social Work, there was evidence of children and young people having developed good relationships with particular workers with whom they were in contact. Families were helped to identify their own strengths and the Core Group Meeting system was a good forum for assessing and analysing risk on multi-agency basis. This was an example of good practice as was the Family Group Conferencing pilot in the east of the Council area.

Significant effort was displayed in efforts to engage with hostile parents and recognition of circumstances where specialist services were required. There was also evidence of a short term approach to intervention with early scaling back of services following short term improvements. Social Work activity was sometimes reactive and not reflective, with a lack of analysis of previous patterns. This was particularly evident in longer term cases.

Overall, interventions sometimes would come to an end quickly with little or no longer term follow-up. There was no evidence of children being consulted about whether involvements made them feel safer and no statements about desired outcomes. Needs were generally defined in terms of support and actions rather than by assessment and analysis. Progress tended to be seen as absence of incidents rather than evidence of improvement.

Within Schools, there was clear evidence of staff feeding into meetings about positive impacts of interventions with children. Schools were in a good position to monitor children and to pick up changes. However, the full benefit of this was not being utilised by the wider system. One theme from focus group discussion was the dominance of Social Work opinion in the planning process and that of Schools and Health existing on the periphery.

Schools Services have recognised the need for home education protocols and this is now being addressed by a new protocol for release in August where the views of the young person will be obtained as part of the process.

There was evidence of good multi-agency strategies with children who have ASL needs and within the Additional Support for Learning (ASL) system. Interventions were both long term and immediate. However, where children were not within the ASL system, there was an absence of forums for planning.

Overall, work from schools was not recognised sufficiently in the multi agency forum. Child Protection Plans generally had tasks for Social Work in the main.

A Head Teachers' Conference reinforced the links between domestic abuse and child protection. In 2005, 15 Home Link Workers were appointed to provide links between home and schools. These roles are now well established and provide a signpost to specialist services.

Across agencies, there was evidence that once in specialist services, the response to children was good. With situations of neglect there was little evidence of focus on impact on children. Similarly, there was no focus on outcomes for children but rather parents. An overall theme for situations of chronic neglect was that limited short term improvements sometimes led to deregistration. However, the follow up plan appeared to lack sustainability with poor assessment of capacity for parental change. Improvements were viewed with a questionable degree of optimism and responses tended to be task/resource driven.

The Schedule of Growing Skills has recently been implemented in Health and is an example of good practice. Health Visitors are trained in this area and it provides evidence for the multi agency process. There was a lack of background information on files/health notes and few examples of care plan or care plan analysis. There was also a lack of support services in rural areas.

In Health focus groups, opinions were stated that Child Protection Case Conferences seemed Social Work and parent focussed, with Chairs also having a Social Work focus.

Response to immediate concerns

There was evidence of a quick response to children and young people identified as potentially at risk. Historical analysis and record keeping across agencies appeared weak for those children.

Multi agency joint investigation appeared to work well in the short term with professionals seeing children who may have been abused.

Within Social Work, children and young people were generally taken seriously and children who made allegations were generally seen quickly. The response was good with families who were already known. Parents were generally kept informed and there was a good use of the Reporter's system.

However, there were inconsistencies in the use of the Eligibility Criteria and Social Work did not always consult with partner agencies at the point of referral. There was an absence of analysis of previous involvement and reasons for delays in responding were not always recorded. Children's views were not evident as being sought in terms of 'what would help'. There were examples of situations where child protection procedures were not followed where children and parents were not seen alone in the course of the Inquiry. Children were generally not informed of the outcomes of Inquiries but evidence that this was good with parents. Inquiries tended to focus on risk and not needs. Where risk was eliminated, services were quickly withdrawn

Police have conducted a training programme for all officers about the importance of appropriate response to recognition and referral where children may be in need of protection.

Within Schools, staff were alert to changes in behaviour and where necessary made prompt referrals. Although Schools Services Child Protection Procedures are clear, there was a lack of record of discussions, and a lack of necessary paperwork which made it difficult to evidence this area from records. This has been remedied by the production of the Schools recording protocol.

The involvement of the Schools sector is audited by the review of CPCC minutes conducted by the Senior Child Protection Officer. Schools are also now much more aware of the significance of lower level concerns and will seek advice at an earlier stage.

Within Health, there was also a lack of recording particularly with school nursing. Health records were missing or stored elsewhere. Where Health Visitors passed records on to schools, the Health Visiting records were removed and dispersed to various places. There was a generally poor arrangement of the information in files, and situations found where no records existed but file readers themselves knew of considerable involvement with the child and family. This has since been addressed. There was evidence of Health Visitors working intensely with families, and identifying needs. There was a local knowledge of good working taking place, but recorded evidence was not present to fully support this. Immediate responses were good. School Health however, appeared to be on the periphery. There was evidence of variable and inconsistent practice. Interventions were task driven – with school nurses not visiting consistently. It is recognised that the school nurse work force is below National capacity and therefore limited their ability to work individually with children. Quality of work again depended on individual practitioners. In terms of immediate response, nurses do seek advice from the Child Protection Team.

Meeting needs

There was clear evidence that whole families were considered at Child Protection Case Conferences and taken into consideration during the planning. Where a child is placed on the Child Protection Register, short to medium term responses were considered but seldom into the longer term. Some long term cases appeared to move along with little or no evidence of improvement until there was an incident. There is evidence of staff shortages being cited as a reason for a lack of intervention. Attendance at Review Child Protection Case Conferences is significantly less than at Initials.

Evidence from children and parents supported the view that some assessment and planning processes lacked thoroughness. Sometimes families were not clear about what was being assessed, and had no sight of any assessment document.

Within Social Work, immediate risks were identified and managed although there were some exceptions to this. When a child was placed on the Child Protection Register, the Core Group Meeting system was effective with evidence of short term risks being managed. Once immediate risk had been reduced, interventions were often brief. There was little evidence of children's views being sought about what should happen and a lack of longer term considerations. Where children were outwith formal systems, there was a weakening of the planning and reviewing processes and recording. There was evidence of Family Support Workers working with families as part of the Care Plan and recording work but less evidence of Social Workers working directly with children. Where children left a formal system with planning recommendations, there was no evidence that these were followed up and reviewed. The effectiveness of multi agency working often depended on individuals.

Within Schools, children within the Additional Support for Learning systems had evidence of short and long term needs planning and good transition planning. Regular progress meetings were held and long term goals discussed. Children's Individual Education Plans focussed on needs and long term planning.

Where Schools' role in the Child Protection Plan was clear, there was no fuller school plan for the actual work. Often the school's role was not explicit e.g. limited to

'support/monitor'. Schools were not being used to their full potential and the strength of the school role needs to be better recognised. Educational Psychology input was good into Additional Support for Learning.

Within Health, where there were complex needs, there was a good range of health response but apparent lack of analysis. There was evidence of longer term intervention, but not in recognising a lack of change. School Health remained on the periphery of the plans. Community paediatricians were not evident in the analysis.

Where there were issues of long term neglect but the child was not on the register, the multi agency planning appeared diluted. In some Health files, there was no recognition that the child was on the Child Protection Register.

The Integrated Substance Service was an inter-agency approach to meeting the needs of children and young people with support needs related to substance misuse. This is an integrated service (health, council and voluntary sector staff). The overall aim of the targeted ISS is to work with children and young people who have problematic substance misuse issues and/or who have significant risk factors that might lead to a problematic substance misuse (including being the children of substance misusing parents). Some staff have accessed STRADA and Interagency Child Protection training. It is planned for the programme to be delivered to all staff with responsibility for children

The Homestart initiative provided support to young children and their families in need of help and support. Trained volunteers are linked with families and give support directly around parenting, child care budgeting and other family matters.

Aberlour Crannog works with young people aged 12-17 who have been, or are at risk of being excluded from school. Crannog It has a region wide remit and operates from bases in Annan, Dumfries, Castle Douglas and Stranraer. The service delivers individual social education programmes and works closely with Education and Social Services

The Upper Nithsdale Family Project provides a family support service for children and families in the Upper Nithsdale area for many years. This service offers a drop in service, play sessions for under 5's, individual work, family work and much more. The project works closely with statutory and voluntary services in the area. This is a highly valued service by service users. This is a commissioned service via social work services.

4. How well do services promote public awareness of child protection?

Over the past 6 months, the Child Protection Committee has improved public awareness of child protection.

The Committee held its Annual Conference in 2006 around the theme of communicating with children. At this, the Annual Report and Business Plan were highlighted as was the new CPC logo which was designed by a young person. Practitioners and young people gave a range of presentations to a cross section of attendees. Attendees were consulted by using the Standards for Community Engagement.

A further conference took place in June 2007 which gave staff members the opportunity to learn about various activities which were being undertaken, and were consulted in terms of findings from local and national Case Reviews.

Generally public information systems continue to be developed. A public information leaflet has been designed and distributed throughout public forums such as libraries. This has information about contact points for Social Work and Police both within and outwith normal working hours. Public information has been widely distributed through the Council's Broadcast Magazine, First Link magazine and the CPC Miniweb.

The Children's Charter was distributed to all school children in Dumfries and Galloway. In addition, a leaflet was devised for parents to raise awareness of schools role in the protection of children.

An information card will be distributed with multi-agency pay advice notices in September 2007.

The Miniweb went live in October 2006 and contains information about the CPC, links to documents and leaflets and links to other websites.

Bookmarks and pens have been distributed in conjunction with the Annual Conference.

Substantial work has been undertaken in schools to consult children about keeping safe and projects have been undertaken whereby posters have been designed.

The impact of these services has yet to be evaluated.

Further developments have included;

- Broadcast on local radio – West Sound
- The Annual Report and Business Plan was published at the end of June 2007.
- At the CPC conference in June 2007 the Chief Officers Vision for Child Protection was launched. This event also launched the Annual Report and Business Plan, and publicised the Integrated Children's Services Plan, and various initiatives around policy, procedure and support services to families.
- The above will be replicated across Dumfries and Galloway by the Locality Sub Committees

5. How good is the delivery of key processes?

There was evidence of strengths in the Child Protection Inquiry (CPI) and Case Conference processes. Parents were well informed during CPIs and there was evidence of workers speaking to children and keeping them updated. However, case records were unclear as to the consistent preparation and debriefing children for multi agency meetings.

Systems were more effective with complex cases but case records did not evidence systematic recording of children's views across the agencies.

There was evidence of good information sharing between Police and Social Work at the point of referral. Improvements are needed in the information sharing between Social Work and Health/Schools. Differing standards existed in assessment models across agencies in terms of the focus on parents.

There were clear issues of differing thresholds particularly between Social Work and Health.

Agencies did not always analyse historical information.

Recording was variable with examples of both very good and very poor practice across agencies.

There was clear evidence of the effectiveness of Child Protection Case Conferences and Core Group Meetings but attendance at the former varied. Child Protection Plans often had schools and School Nurses on the periphery and underutilised. Child Protection Plans were focussed on actions and resources and less on longer term impact. There was an absence of contingency planning, identified outcomes and sustainability.

Where children were deregistered, the planning and reviewing systems require improvement. This has been addressed by implementation of a Core Group system for looked after children.

Involving children and their families

There was evidence of parental involvement in key processes, however the views of children were rarely recorded. Where specialist services were involved, the quality of practice improved significantly.

Parents were consistently invited to, and given the opportunity to speak at, Case Conferences. The Planning and Assessment Team provided an arms length oversight to the overall child protection system. There was evidence of 'pre-meetings' happening but this varied. If parents and Social Workers met prior to Case Conferences, there was no evidence of this being recorded. Although given reports during the Case Conferences, parents did not receive a copy following the meeting. Reports were not always discussed with parents and children and the extent to which they were informed about their right to a review appeared variable.

Within Social Work, there was evidence of parents being well informed during Child Protection Inquiries and there was evidence of workers speaking to children and keeping them updated but again their views rarely recorded. There were clear examples where

considerable efforts were made to engage 'hard to reach' families. Extended family were regularly involved and consulted. Where no parent attended the Case Conference, reasons were recorded at the meeting and feedback given afterwards. Complaints were recorded and evidence available on file.

Absent parents were not involved enough in the planning process and family work. Reports were not always shared with families in enough time prior to Case Conference. Children were not always asked about what they thought would help and what they needed.

Discussion with children immediately before multi-agency meetings was not well evidenced. This may have been happening but was not being recorded. Again this is down to individual practice. There were gaps in sharing meeting outcomes with parents.

Within Schools, there was evidence of a well co-ordinated response where children had complex needs. There were examples of schools meeting with parents but this was not consistent practice. Some internal reports evidenced good language, but some were jargonistic and technical. Good examples were found of work with grandparents and the creative use of school diaries. There was evidence of parents reading schools reports and commenting and it was recorded where children were not involved in compilation of report. Language in reports was sometimes directed to children, but not consistently. Home link workers have become a key link to children who are educated at home.

Where Core Group Meetings were held in schools it appeared a better arrangement for parents. Where schools were unable to attend, reports were provided.

Within Health, children and parents views were not routinely or consistently recorded. This was specific to individuals and improvements have been brought in. Again, the situation was better where specialist services were involved. Health Visitors had good attendance at Case Conferences and shared reports with families prior to the meeting.

In terms of good practice, School Health Questionnaires were routinely distributed to parents at school entry to discover the child's health needs.

Some parents reported that they did not feel involved, with examples of reports not being shared prior to meetings. However, there is evidence of improvement in this area. As a result of a Significant Case Review, processes are under way to strengthen the Strategy Meeting processes.

In support of the quality assurance systems, agencies have robust complaints procedures and safeguarders are regularly used under the Children's Hearing system.

Police consulted children in the community when drawing up the Community Promise and also have an on line consultation process through Survey Monkey.

Sharing and recording information

Within Social Work, there was evidence of good sharing of information between Social Work and Police at outset but less good between Social Work and Schools/Health. The Core Group Meeting system worked well in sharing and analysing information. There was evidence of Team Managers oversight of case recording. Again, good networking was more likely where case is complex but dependent of individuals on occasion. There was an inconsistent use of chronologies. Information was not always sought from other

agencies at point of referral and feedback processes need to be improved. Parental consent was not consistently sought to share information by Social Work. Child protection recording procedures were sometimes not being followed and recording deteriorated when the child was removed from the CPR.

Where children were placed on the Child Protection Register, the minute of the Conference was sent to the Reporter, by way of referral, within 5 days. This is an area of good practice

Within Police, there was strong evidence of supervisory accountability in records. There was good security protocol compliance. Case Conference minutes were seen as full and comprehensive and these meetings seen as good fora for sharing information and were well attended by agencies. Police attendance was good as was that of Health and Schools.

Dumfries and Galloway have implemented protocols in relation to MAPPA, the sharing of information in respect of sex offenders. Systems have improved between Social Work and Police in the dealing with areas such as domestic abuse. This has moved the system away from the automatic referral of incidents to the police, towards the early assessment of incidents prior to referral to formal systems.

Staff workshops have made a difference particularly for Social Work in highlighting areas for improvement. Social Work have introduced a child protection recording protocol. This will be evaluated through periodic audit of practice.

For Schools, staff generally attended Case Conferences and Core Group Meetings and contributed well. The information to meetings was well informed with good internal preparation. Reports were stored on child's file and there were examples of consent forms from parents but this was not consistent. There was a particularly good example of a well structured file and good sharing of sensitive information. However, files all together were not organised. Child Protection information was not held confidentially. There were some good examples of the child's needs being explained internally. Some progress reports were not signed/dated. There were examples of Core Group Meetings and Review Case Conferences being convened in school holidays, and schools left out of process.

In Health, Health Visiting records were generally comprehensive. Chronologies were present and specialist services identified. There was clear evidence of supervision and examples of Health Visitors sharing information across specialist agencies. Care planning was more evident here. There was evidence of supervision by Child Protection Advisers.

School Health records were minimal. There was need to improve recording by school nurses and paediatricians. School Health records were missing and care planning not evident.

The Youth Justice Screening and Resource Group was a good example of multi agency assessment and planning.

The model of Locality Child Protection Committees provides a local forum for engaging professionals and practitioners in the child protection agenda. An increased role is currently being arranged for these groups in terms of raising awareness in their respective localities.

Recognising and assessing risks and needs

The Child Protection Case Conference system was viewed as effective and where there was a referral to the Reporter, reasons were given. Children were considered individually at Case Conferences, but this did not always lead to an individual plan for each child. Health Visitors and Schools Staff appeared quick to recognise risk and to react.

There was a general recognition of risk both at the inquiry stage and at Case Conferences. Joint Child Protection Inquiries were at times not concluded within timescales but with clear expectations that reasons would be recorded. Overall however, the focus appeared to be on risks and not needs.

Involvement of GPs was inconsistent. There was a case example where Social Work appeared slow to refer to Police. Strategy discussions routinely took place between Social Work and Police. On two occasions where the allegation was of an injury to a child, Health were not included or involved in the initial discussion. There was evidence of planning where the focus was on the parent and not the child.

Within Social Work, there was evidence of consultation with Police, and subsequent planning and clarifying roles. Core Group Meetings met regularly to share and analyse information with parents involvement. Child Protection Plans were adapted to manage risk and options explored. There were excellent examples of managerial oversight.

Workers would engage parents and occasionally children. However, previous history was not being used in planning Child Protection Inquiries and other agencies not consistently consulted during the process.

In terms of assessments, differing standards were evident and work was not always carried out within timescales. The focus tended to be on parents and assessments would describe situations, but not predict change and were not in terms of children's needs. The development of the CS003 and risk management framework for Problem Sexual Behaviours provided a consistent comprehensive assessment framework

Schools and Health often appeared as peripheral to a Social Work focussed plan. However, in Schools the Additional Support for Learning process gave a very comprehensive assessment with regular progress reports. There was an example of a Review Case Conference taking place within school holidays and the school's role not discussed.

For Health, the Dalglish risk assessment model was used by Health Visitors. Risk was assessed and a traffic light system used which details strengths and weaknesses in respect of the child, his or her family, and supports in the community. Health Visiting records and school health records had centile charts. There is an identified LAC consultant paediatrician who co-ordinates the health needs of looked after children.

There was minimal recording on School Health records and risk assessments were only used by Health Visitors. Records of post natal maternal health assessment in Health Visiting records were variable.

In terms of joint investigations and medical examinations, there is paediatric cover on a 24-hour basis but levels of experience in dealing with child protection varied. The Police have a 24-hour duty supervisor available from the Family Protection Unit. Child protection examinations are carried out at DGRI. Older children involved in underage sexual intercourse can be examined at the suite at Loreburn Street Police Station. Investigations

are jointly planned and conducted although medical practitioners have issues about a lack of experience in child protection work. Difficulties were identified in the co-ordination of joint examinations during the day resulting in most being carried out in the evening or at night. Children from Galloway have to travel excessive distances to undergo examination.

Local clinicians receive support from the Managed Clinical Network, chair of which is the current Depute chair of the Child Protection Committee.

Information sharing will be enhanced as a result of the preparation of the protocols around Getting Our Priorities Right. This will ensure that the sharing of information is proportionate in the identification of children who may be at risk due to substance misuse.

Effectiveness of planning to meet needs

Again, the Case Conference and Core Group Meeting processes were effective in the production of child protection plans. The needs of individual children were considered at these meetings. However, varied attendance inevitably affected planning.

From Social Work, processes to plan for children were good but did not always result in plans which fully involved all agencies. There were two situations where children were on the Child Protection Register but who had no Child Protection Plan and no Core Group Meetings held. The Chair challenged this position at the Review Case Conference. Details of the situation were passed to the relevant Operations Manager and immediately addressed.

There was little recorded evidence of Child Protection Plans being discussed with children and the focus was on actions and less on longer term outcomes. There were no contingency plans and no evidence of parental expectations being explained. Sustainability was not discussed and planning and delivery reduced when children were removed from the Child Protection Register. Where a Review Case Conference made recommendations following de-registration, there was limited evidence of the plan being implemented where children remained outwith the looked after process. As stated previously, this situation is being addressed by Core Groups for Looked After Children.

Again for Schools, they are often clear about roles and responsibilities but underutilised. Recorded input was often superficial and did not reflect day to day supports for children provided by schools staff.

For Health whilst there was evidence of care planning in Health Visiting records this could be improved. Care plans were absent in School Health records.

Particular strengths in this area include:

- Child Protection Case Conference and Core Group Meeting systems
- Reviews for all children who are Looked After
- The Youth Justice Screening Group
- Area Review groups
- Additional Support for Learning systems
- Family Group Conferencing

6. How good is operational management in protecting children and meeting their needs?

Services had clear policies and procedures and the multi-agency training programme was well developed. The multi-agency Child Protection Procedures were outdated and in the process of review. The Integrated Children's Services Plan was in advanced draft, although governance and delivery mechanisms were yet to be bed down. There were recruitment and retention issues across some services. Agencies appeared committed to continuous improvement.

Family Protection Unit staff believed that there was a lack of internal discussion before matters were referred to them. Whilst officers received training at the Scottish Police College, no programme was available to officers in service outside FPU. Operational staff were generally unaware of the existence of Inter-agency Child Protection Guidelines nor the Integrated Children's Services Plan. Operational Constables were aware of the Force Standing Order in relation to children, but most had not read it. Service delivery would be improved by direct child protection training for all staff. There were also issues around a lack of feedback on submission of subject reports and with Social Work Out of Hours service delivery.

Since self evaluation, local area Police representatives attend locality Sub Committees to raise awareness of child protection issues outwith the Family Protection Unit.

Health Visitors said that they felt undervalued and stressed. It appeared that work pressures were forcing longer hours and capacity issues meant that only the most vulnerable families could be prioritised. There was believed to be a lack of managerial leadership at an operational level and that they were excluded from the Public Health agenda around prevention and promotion. Health professionals believed Social Work thresholds to be unreasonably high, whilst Social Work believed that Health would, at times, attempt to push concerns up in order to obtain a service. Staff also believed that Social Work were mainly involved in crisis management which resulted in Health Visitors, in particular, monitoring vulnerable families without Social Work involvement. Whilst the general opinion was of a robust Child Protection Case Conference system, there was a view that there was an over emphasis on Social Work reports and opinions.

Hospital staff were concerned about relatively inexperienced staff members assessing children and issues of staffing and lack of management/clinical oversight. The Health child protection team were seen as valuable.

Addictions staff felt that their needs were adequately met through staff supervision.

For Schools staff, there was uncertainty around changes in the management structure within Education and while schools were clear about their role, they were not about the strategic direction. The role of the Senior Child Protection Officer was seen as a valuable one. Staff were clear about their roles and responsibilities. However, there was a lack of perceived support above Education Officer level and for Education officers a lack of staff self development opportunities due to the financial climate.

Social Work managers believed there was sometimes seen to be a gap between policy, procedures and working reality. Staff reported receiving good support and direction from their own managers.

Aspect	Comments
Policies and procedures	<p>It was recognised that the Inter agency child protection guidelines were outdated having originally been written in 1998. This was widely recognised by the CPC. Plans are in place to revise procedures and launch in Autumn 2007. It is the longer term aim to adopt the West of Scotland Consortium procedures on completion. This will include the vision for child protection.</p> <p>Consequently, the guidelines at the time of self evaluation were not well distributed and not widely available. There were a range of individual policies and procedures in existence which applied to specific situations, and a number of policies either in progress or awaiting action.</p> <p>Robust single agency procedures were in place, for example, across Social Work, Health, Schools, Leisure and Sport and Community Learning and Development. The Schools Services child protection policy has been updated and now includes pre-school and child care sectors. These were launched with Head Teachers in May 2007 alongside a more robust process for managing allegations against staff.</p> <p>The CPC agreed the Training and Communication Strategy in March 2007. The Problem Sexual Behaviour (PSB) multi agency risk management protocols were agreed by the PSB Steering Group in February 2007. Getting Our Priorities Right protocols are in final draft and due for publication soon. Children Missing from Education protocols have been drafted and are in the process of implementation in Autumn 2007.</p> <p>There are mechanisms in place through the Policy and Procedures Sub Committee to develop and review policies and procedures. These have successfully produced a range of protocols from the current work plan as detailed elsewhere in this report.</p> <p>Health child protection policies are currently under review and gaps being addressed. These reviewed procedures will be published on the NHS intranet. A controlled document and consultation process has been introduced.</p> <p>For Police, the child protection standing order is being rewritten as is that with domestic abuse. Police have an impact assessment system to assess procedural areas such as diversity.</p> <p>The child protection training booklet is available across all agencies. Staff surveys returned a very high number of staff who reported knowing their responsibilities to keep children safe, their agency's guidance, and who to contact if they had a concern about a child.</p>
Operational planning	<p>All child protection cases had an allocated key worker from Social Work Services.</p> <p>Staff pointed to the need to ensure that policy was translated into meaningful procedures. The Integrated Children's Services Plan (ICSP)</p>

	<p>was in advanced drafting, and the infrastructure surrounding the planning and delivery systems were recently identified and yet to be bed down. The ICSP was widely, consulted on a multi-agency basis but knowledge was poor at the focus group level. As yet the ICSP was not at the stage of having developed an action plan with timescales attached.</p> <p>A considerable amount of statistical information was presented to CPC and to P&QSC and this is routinely discussed. There was a commitment to further develop the performance management and 'trend analysis' processes.</p>
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<p>Participation of children, their families and other relevant people in policy development</p>	<p>The CPC Annual Conference in 2006 undertook a consultation exercise whereby young people were asked their opinion about how best to include their views about involvement in CPC business. The Conference itself was designed with the help of young people through the Youth Strategy forums. The consultation process involved using the Standards for Community Engagement to gain the views of the young people present. The Conference resulted in the formation of the Children's Steering Group which has now met on two occasions. The purpose of this group is to create methods of involving children and young people in policy development. One of the young people central to this development, and a contributor to the conference, has won this year's Young Scot award.</p> <p>As part of self evaluation, children and parents were interviewed about their impression of service they received. A continuing process of interviews is planned as part of the continuous improvement programme.</p> <p>The Planning and Assessment Team seek the views of children and parents about their experiences of multi-agency meetings such as Child Protection Case Conferences. It is planned that this will form part of the management information presented to the Social Work Child Protection Sub Committee and Performance and Quality Sub Committee.</p> <p>The Planning and Delivery Group process will include the formation of plans to involve children and their families in policy development through the ICSP. This has been identified as a specific key priority area for the delivery of the Plan.</p>
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<p>Recruitment and retention of staff</p>	<p>Recruitment and retention of staff is a standing item on the CPC agenda.</p> <p>Health reported significant workforce deficit issues particularly in Health Visiting. Resources were not targeted at areas which displayed the highest need. An external review has been commissioned to look into this, and management information system created to monitor the situation. Health were conducting a retrospective disclosure check for staff. A Health Visitor and Trainee Health Visitor post have been funded through Surestart.</p>
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	<p>For Schools, there was a significant turnover anticipated for Head Teacher staff in the coming 3 years. This will result in Head Teachers coming into service with a variety of experiences of child protection. Systems are in place to ensure appropriate induction processes are in place. The deletion of key management posts was seen as having a significant impact on the workload of existing schools managers by the delegation of priority business to existing managers.</p> <p>For Social Work, significant steps had been taken in an attempt to resolve recruitment and retention issues such as training local workers and introducing incentive schemes. There was some concern, however, about the future impact of Single Status.</p> <p>Robust policies existed across all agencies around the safe recruitment of staff.</p> <p>Police have policies in place for disclosure checks in respect of key staff and are awaiting developments on the vetting and barring legislation.</p>
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<p>Development of staff</p>	<p>Locality sub committees co-ordinate and deliver the inter-agency training (IAT). This was well evaluated and has reached a substantial range of workers across agencies. IAT takes place twice yearly and was recently reviewed to enhance the experiential nature of the materials by, for example, role play of a Child Protection Case Conference.</p> <p>Packages had been developed around single agency and inter agency training and an induction booklet was available.</p> <p>The Trainers Group have continued to deliver Tier 1 training albeit to limited capacity. This training is evaluated well. The overall evaluation process however needs to be developed to better assess the longer term value of the training and not just the experience at the event.</p> <p>Substantial Tier 1 training has also taken place across the single agencies and areas within these agencies. This has included Health, Schools, Community Services, Community Learning and Development.</p> <p>Specialist training on Children with Problem Sexual Behaviour (PSB) was undertaken on 3 levels during 2006/2007. This ranged from general to specialist and was in advance of the publication of the PSB risk management protocol in June 2007. Follow up training will take place in Autumn 2007.</p> <p>Tier 1 training has been delivered extensively across Health and Education and Community Services. It is anticipated that this will be enhanced by the commitment of Chief Officers to appoint a Development Officer to take forward Child Protection Committee business.</p> <p>The child protection training booklet was used across all sectors. Social Work Services need development in a number of training areas such as recording, risk assessment and communication with children. However,</p>
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	<p>training has taken place on areas such as case supervision, Child Protection Certificate and the Joint Investigative Interview Training.</p> <p>Supervision for individual staff members was widely available.</p> <p>Almost all staff reported that they had received child protection training/awareness raising in the previous 2 years. The surveys identified some shortfalls in this. In response, 90% of GPs attended a child protection conference lead by the Lead Clinician and included an inter-agency panel including Reporter and Social Work Services Operations Manager.</p>
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7. How good is individual and collective leadership?

There was clear evidence of leadership processes across a range of functions which impacted on child protection services.

Staff however reported little or no awareness of a collective and shared vision for protecting children. Whilst Chief Officers were able to articulate vision, values and aims, they were reported by staff as lacking visibility in promoting the child protection vision and there was a lack of staff knowledge around the role and function of the Children's Services Chief Officers Group.

Partnership working was in a developmental stage with the ICSP. Whilst there was evidence of joint working, there was also evidence of significant challenges at an operational level which are being progressed through the Planning and Delivery Structures.

There was evidence of strengths in the leadership of change and improvement with the strengthening of the CPC mechanisms, and links to the CSCOG.

Vision, values and aims

When asked, staff members were generally not aware of the existence of a vision, vision statement or jointly held values and aims. Within the focus groups:

- Police staff stated that there appears to be no clear overall vision for child protection. The strategic view is not translated to staff outwith the Family Protection Unit.
- Health staff stated that whilst they believed child protection to be a priority within Health, there are no additional resources to support increases in demand through legislation or workload.
- Schools staff stated that whilst a strategic vision may exist, this was not apparent to staff. Staff felt that if the vision was 'top down', then the support processes tended to come from peer processes and not from managers above Education Officer level
- Social Work Managers who were interviewed could see no vision for child protection and no shared view of child protection across agencies. They were, however, optimistic for the future.
- Social Workers' themes were similar in that if there was a strategy, it was not connected to the front line. There was little awareness of the Child Protection Committee and a belief that child protection was not given sufficient priority in Health or Schools.

However, Chief Officers themselves were clearly able to articulate their vision, values and aims in protecting children and had been driving the Integrated Children's Services Plan (ICSP) which outlined a vision for children. Corporate Plans had yet to form strong links to the ICSP and the inherent visioning did not appear to have been communicated effectively to all staff and stakeholders despite frequent newsletters, consultations and distribution of draft plans.

Evidence existed of Chief Officers leading a multi-agency visioning exercise around the Integrated Children's Services Plan in August 2005

Whilst the theme of 'keeping children safe' was embedded in the ICSP, this message did not appear to be consistently reinforced across all staff groups.

In sum, whilst Chief Officers spoke clearly about their vision, values and aims for child protection, these had not been communicated effectively to staff and stakeholders. Given the commitment by Chief Officers to undertake a process by which the above would be addressed, this evaluation is expected to significantly improve following the completion of this report.

Following interim findings, a number of activities have taken place. The Chief Officers undertook a collaborative exercise whereby a vision for child protection was created. This vision was launched at the CPC conference in June 2007 with plans for follow-up events across the localities.

Leadership and direction

When staff were interviewed, there was felt to be a lack of visibility, responsibility and ownership at the highest level across all the agencies.

However, Chief Officers were able to draw on evidence where they were leading processes linked to national Child Protection Reports, the ICSP, and representation on national bodies to promote child protection. These themes did link to national priorities

The Changing Children's Services Fund (CCSF) had been used to increase capacity for child protection processes.

The Child Protection Committee was chaired by the Chief Executive of Dumfries and Galloway Council for a period between November 2003 and February 2005 prior to it being delegated to the Chief Social Work Officer.

The Chief Executive of the Council and the Chief Social Work Officer conducted a range of staff meetings across the Council area to consult with and brief staff groups

The Chief Officers have responded very quickly to the interim findings of the self evaluation and undertook to lead a child protection visioning exercise and to identify increased resources for the CPC through the creation of the role of Development Officer, and to review the financial resources available to the Committee.

Of the group of approximately 500 staff members across agencies who were surveyed, a high number - to almost unanimous proportion - reported that their agency made it clear that protecting children was a priority.

In general, however, there were some weaknesses in areas such as public information and staff/stakeholder consultation.

Leadership of people and partnerships

The community planning processes and ICSP were yet to be strongly linked to the CPC business agenda. This is developing through the Planning and Delivery Group processes.

There were examples of joint work at an operational level such as the systems for the management of young people who commit sexual offences.

The Planning and Delivery Groups were new as the drivers for the delivery of integrated services for children and families and as such not visible to staff. Having taken over from a 'tactical group' arrangement, this structure was in its formative stage and yet to fully operationalise as joint planning forums.

The CPC conducted a Partnership Working Assessment in November 2006. The results of this assessment pointed to many positives in terms of how the CPC agencies worked together. However, Significant Case Reviews (SCR) clearly identified issues of tension between Social Work and Health. This is being addressed through the Significant Case Review (SCR) recommendations

Links with the voluntary and independent sector are developing, with 2 representatives agreed to sit on the CPC and a commitment to developing consultation with stakeholders, the public and service users. Processes for consultation with the public and service users were not as yet well established.

The Chief Constable chairs the multi-agency Youth Justice Strategy Group. Other partnership working includes the Integrated Substance Service and the Domestic Abuse Pathfinder with a seconded Social work team Manager located within Police.

Leadership of change and improvement

The CPC recognised the importance of quality assurance, management information and ongoing self evaluation as part of its continuous improvement agenda.

The CPC commissioned the process of self evaluation which has resulted in a process of multi-agency file audit, focus groups, staff surveys and interviews with children and families. Agency links were identified who undertook tasks on behalf of the Self Evaluation Working Group and fed back to the main committee through the relevant sub committees.

A CPC partnership working exercise took place in autumn 2006 and outlined a positive position. Significant Case Reviews and self evaluation findings have also produced an honest and transparent perspective on inter-agency working and has produced a more focussed perspective on work needing done.

Substantial work had taken place to review Inquiry Reports from the previous 5 years and to incorporate this learning into the Business Planning. The CPC had undertaken 2 Significant Case Reviews in the last 12 months and a practice review. A third SCR was underway at the time of writing. The CPC had made attempts to incorporate this learning into CPC processes through the inclusion of key action points into the final self evaluation report.

Whilst a broad range of statistical/management information was presented to CPC, there is a need for developing this into more strategic reports and analysis of trends and patterns that feed into the ICSP processes.

Single agency case audits had also taken place across Health, Police and Social Work.

Interim self evaluation findings were presented to the Chief Officers Group and CPC in April 2007 and an action plan produced on the basis of these findings. The final findings will be reported to Chief Officers in August 2007.

Appendix 1 - Indicators of Quality

The following quality indicators have been used in the inspection process to evaluate the overall effectiveness of service to protect children and meet their needs.

How effective is the help children get when they need it?	
Children are listened to and respected	Weak - Adequate
Children benefit from strategies to minimise harm	Adequate
Children are helped by the actions taken in response to immediate concerns	Adequate
Children's needs are met	Adequate
How well do services promote public awareness of child protection?	
Public awareness of the safety and protection of children	Adequate - Good
How good is the delivery of key processes?	
Involving children and their families in key processes	Adequate
Information-sharing and recording	Adequate
Recognising and assessing risks and needs	Adequate
Effectiveness of planning to meet needs	Adequate
How good is operational management in protecting children and meeting their needs?	
Policies and procedures	Good
Operational planning	Adequate
Participation of children, families and other relevant people in policy development	Adequate
Recruitment and retention of staff	Adequate - Good
Development of staff	Good
How good is our individual and collective leadership?	
Visions, values and aims	Adequate
Leadership and direction	Adequate - Good
Leadership of people and partnerships	Adequate
Leadership of change and improvement	Good

The report uses the following word scale to make clear the evaluations made by inspectors:

Excellent	outstanding, sector leading
Very Good	major strengths
Good	important strengths with areas for improvement
Adequate	strengths just outweigh weaknesses
Weak	important weaknesses
Unsatisfactory	major weaknesses