Joint follow-through inspection of services to protect children and young people in the Highland Council area

May 2008

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1. The inspection

HM Inspectorate of Education (HMIE) published a report on the pilot inspection of services to protect children and young people in the Highland Council area in June 2005. A joint interim follow-through inspection was undertaken in June 2006 to evaluate the progress made in addressing the main points for action identified in the original report. In addition, Scottish Ministers requested that the inspection team evaluate the progress made in meeting the recommendations of the report *Danielle Reid: independent review into the circumstances surrounding her death* published in April 2006 and identify any issues of national significance.

The pilot inspection report concluded that children and young people in Highland were well protected but effective meeting of needs was more variable. The report identified a number of key strengths and made the following recommendations.

- Children and young people should be more actively and consistently involved in decision-making and policy planning.
- 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 work, within and between agencies, and staff support and safety should be improved.
- The Child Protection Committee (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.

There were 68 recommendations contained within the report *Danielle Reid: independent review into the circumstances surrounding her death.*

The pilot inspection report evaluated the provision of services to protect children within the Highland Council area whereas the independent review report concentrated on the circumstances surrounding the death of a child. A detailed analysis was completed by inspectors of the recommendations of both the pilot inspection report and the independent review report. This enabled the inspection team to identify common areas across both reports and structure inspection activities to evaluate progress in meeting both sets of recommendations. Six areas were identified:

- effectiveness of help for children and young people;
- public awareness of services to protect children and young people;
- assessment of risks and needs;
- information-sharing;
- effectiveness of the management of services to help children and young people; and
- leadership of services to help children and young people.

HMIE published an interim follow-through report in January 2007 identifying the progress made in each of these areas. Inspectors revisited the Highland Council area in February 2008 to evaluate improvements made in these six areas.

2. Continuous improvement

Services in the Highland Council area had continued to work well together to improve services to protect children and young people. They had improved aspects of quality assurance and management of services. Policy and guidance to direct staff in their work to protect children had been further developed. Staff within Inverness had begun implementation of the 'Getting it right for every child' (GIRFEC) approach. New procedures to support more integrated delivery of child protection services were being introduced.

Local authority structures had been revised. There were now three administrative areas with similar boundaries to the Community Health Partnerships (CHPs). Police structures were in the process of being aligned resulting in more effective management of integrated services for children. The delivery of services for children and families had been reorganised into these three new areas. These arrangements had already been established in Inverness and were in the process of being established in the other two areas.

There was effective leadership of the CPC as evidenced by the involvement of chief officers who provided guidance and direction to the Lead Officers Group (LOG). The LOG took forward and monitored the implementation of strategic decisions made by the CPC. Within services, a culture of continuous improvement and reflection was developing. A self-evaluation exercise had been undertaken on an inter-agency basis. Chief officers and elected members demonstrated a commitment to their responsibility as corporate parents for children looked after by the local authority.

Services had improved outcomes for vulnerable children and their families. Improved risk and comprehensive needs assessment, had led to clearer identification of what was required to support the family and meet the needs of children. Increased provision available to support young children included the Merkinch family centre. Effective joint working was promoted by strategic leaders and established across services at all levels.

3. Progress in the areas for further development

The interim follow-through inspection report published in January 2007 identified six main areas for further development. This section evaluates the progress services in the area have made within each of the main areas and the resulting improvements for children, young people and their families.

3.1 Improving the effectiveness of help for children and young people

Inspectors focused their activity in the following areas.

- Arrangements for medical examinations.
- Involvement of children and families in decision-making.
- The working of School Liaison Groups (SLGs).
- Provision of services across the authority area, particularly in rural areas and for children with longer term needs.

Overall, services had made good progress in improving the effectiveness of help for children and young people.

Arrangements for medical examinations had improved greatly. Health staff shared information and were involved in decisions regarding the need for medical examinations in almost all cases. Access to appropriately trained doctors to undertake sexual abuse examinations had improved. Two paediatricians were available to offer planned sexual abuse examinations for children and police used this facility appropriately. However, there was no paediatrician available to undertake sexual abuse examinations during weekends or evenings. A medical advice service was available at all times and children who were physically injured or neglected were easily able to access medical examinations. Information about medical examinations was collated and monitored by both health and police staff.

The involvement of children and families in decision-making was good. Parents were routinely invited to all child protection meetings. Improved quality assurance processes had increased the participation of children in case conferences. Children were invited to and involved in Looked After and Accommodated Reviews. For example, one young person chaired her own review. School nurses had initiated a useful tool to seek the views of young people called 'My Feelings'. This had been used by other health colleagues. Children, young people and their families were supported to participate in meetings and give their views. New assessment frameworks had been introduced by health, and social work staff which increased the focus on involving children and their families in decision-making.

There was some variation in the functions of SLGs. Some SLGs concentrated on behavioural issues and some focused on early intervention. Some managers planned to use SLGs to allocate resources for more serious concerns. In the GIRFEC area within Inverness, schools accepted requests from health visitors both to arrange meetings and to provide additional services. In some areas pre-school meetings were taking place involving health visitors. These were focused on finding solutions and offered support to families.

Progress towards meeting children's longer term needs was good although provision of some services across wide rural areas was inconsistent. There was an early intervention protocol in place between health and social work to support vulnerable pregnant women. The family centre in Inverness provided both a universal and targeted service. Staff in the centre effectively offered advice to parents on a range of topics. There were long waiting lists for children's mental health services. Procedures were in place to prioritise more serious cases. Health staff successfully delivered individual packages of care for young people with severe mental health problems. The role of the primary mental health worker had been evaluated prior to being redesigned. A more consistent approach was taken to supporting both young people and staff when dealing with lower levels of mental health concern. There was clear guidance for health staff to manage children who were admitted to hospital for self-harming or intoxication. Part of this guidance included an assessment by mental health staff prior to discharge from hospital. To address demand for the service, speech and language therapists had moved towards a consultative role supporting other staff rather than working directly with children. The health needs of looked after children were assessed and they were able to access dental and mental health services quickly if required. There were however limited recovery services for children who had been abused. Children with alcohol problems in the Lochaber area were supported through the 'Street Work Project' but there was uncertainty over future funding. The Intensive Support Service (ISS) run by NCH provided effective support for children out with mainstream education. However there were inconsistent

approaches to supporting children not in mainstream education. Some staff were unaware of the full range of services available to protect children within their area.

3.2 Improving and raising public awareness of child protection

Inspectors focused their activity on the following areas.

- Public awareness campaigns.
- Reviewing effectiveness of public campaigns.

Overall, services had made good progress in improving and raising public awareness.

The CPC had made very good progress in raising public awareness through their campaign *'See it, Hear it, Share your concern.'* Dedicated funding had been devoted to support the development of publicity materials. The CPC had published an informative newspaper insert which highlighted the significant role the public have to play in reporting child protection concerns. The insert included useful information on the Integrated Children's Service Plan (ICSP), children missing from education and the GIRFEC pathfinder project. Key organisations providing support to children and families were identified and contact details were provided. The CPC had distributed a range of national child protection publicity materials. Despite a wide distribution, publicity materials were not on display in some key premises. The CPC website continued to be well maintained and regularly updated. The range of approaches used to raise public awareness had been extended to include television and radio advertising.

Some progress had been made to evaluate the effectiveness of publicity campaigns. The views of children and young people had been sought regarding the effectiveness of the *'Who can I tell?'* leaflet. Questions regarding the public's awareness of child protection had been included in the Council's Public Performance Survey. The data analysis was not sufficiently sophisticated to allow clear conclusions to be drawn on the impact and effectiveness of specific aspects of the campaign. A systematic approach to evaluating effectiveness had yet to be developed.

3.3 Improving the assessment of risk and need

Inspectors focused their activity on the following areas.

- Assessment of risk and needs and planning for longer term needs.
- Progress in respect of the GIRFEC pathfinder project.
- Understanding of the lead professional role.

Overall, services had made good progress in improving the assessment of risks and needs.

The social work service had made very good progress in assessment of risks and needs across the local authority area. A new assessment and planning framework had been introduced for all children receiving a social work service. This supported staff to identify risks and needs of children in the immediate, short and longer term. There was a marked improvement in the consistency and quality of assessments. This new approach had been assisted by the development and implementation of an effective electronic system, Carefirst. Health staff

carried out a family health needs assessment on all children. This ensured that children most in need of additional support were prioritised. Northern Constabulary had recently improved the reporting of their concerns about children to other services. All police officers had received guidance on the reporting of important and relevant information about children. This was beginning to have an effect in ensuring children in need of care and protection were recognised and prioritised.

There was slower progress in the implementation of an integrated approach to assessment. Assessments of children in need of care and protection tended to be carried out by social workers using information gathered from other relevant sources. Education plans, including Co-ordinated Support Plans, were not yet integrated into the new assessment framework applied by social work or health staff.

There was more limited progress on the implementation of the pathfinder project for GIRFEC. Overall, there was a high level of commitment and enthusiasm for the principles behind the GIRFEC approach by staff at all levels across all services. Guidance and materials had been produced to support staff. Decisions had been made about how all children would be provided with a 'named person' within health or education services. Children who needed additional support would be provided with an appropriate 'lead professional' to co-ordinate the assessment and planning to meet their needs. However, there was a lack of clarity among relevant operational staff about how this new approach would be implemented. This was particularly true within education services. There were differences in the ways in which staff were applying new practices and procedures.

3.4 Improving Information-Sharing

Inspectors focused their activity on the following areas.

- Information-sharing across services, particularly with the health services.
- Information technology systems.
- Recording of information.

Overall, services had made good progress in improving the sharing of information.

There were improvements in information-sharing amongst all services. The recently introduced police child concern form facilitated information-sharing with health and education colleagues. The information within these forms helped public health nurses to recognise when a child needed help. When education staff received the child concern forms these were often passed to the school nurse. If the school nurse was actively involved with the child they were able to use this information as a basis for discussion with other staff. Families were advised by police that the information would be shared with other services.

Highland Council had established a Data Sharing Partnership with five key partners. There was a firm commitment among partners at a senior level to share information electronically, although the technological solution was still in the process of being developed.

Carefirst was introduced in September 2007 as a new system for the management and recording of social work records. The system was a huge improvement upon the previous

system in affording access to accurate and current information. This was particularly useful when staff were working in the duty team and could respond with knowledge of the current situation. The system was used consistently and records were generally kept up to date. Social work staff in children and families teams were able to access information from criminal justice and addictions teams.

The Child and Adolescent Mental Health Service (CAMHS) staff used Carefirst effectively to share information about children who had attended Accident & Emergency services following incidents of self-harm. Social work managers could access current information on all cases via Carefirst, monitor the accuracy of recording and review children's plans. They viewed the introduction of Carefirst as an important step towards a GIRFEC approach.

3.5 Improving the effectiveness of management of services

Inspectors focused their activity on the following areas.

- Supervision and retention of social workers.
- Staff training.

Overall, services had made good progress in improving the effectiveness of management of services.

The local authority had established clear procedures to ensure that social work staff were supervised and supported in their work. These included opportunities for staff to discuss individual cases with managers on a regular basis. Special arrangements had been put in place to provide social work staff with additional support when dealing with more complex child protection work. There was a high level of awareness among managers and staff of these arrangements. A system of monitoring individual workloads had been introduced. This had helped some social workers to plan their work more effectively and to discuss individual cases and their work plans with their manager. Not all social workers received regular supervision and support from their managers. This was sometimes made more difficult when the social worker and the manager worked from different offices. In some instances, insufficient time had been allowed for discussions between managers and staff. The procedures that had been put in place were applied inconsistently across the social work service. A system for monitoring these arrangements had been established, but this was not sufficiently robust.

The staffing arrangements within the social work service had improved. There had been a significant increase in the number of senior practitioner posts. The recruitment of social work trainees had helped to improve staffing levels. Independent social workers had been appointed to undertake specific work, for example, within the fostering and adoption service. This had helped to reduce the pressure on other staff. Agency staff were no longer used. Comprehensive training had been provided to support new staff, including those who were recently qualified or recruited from abroad. However, there was still a significant turnover of social work staff. There was low morale among some social workers who felt undervalued. Some children and families' social work teams were still relatively inexperienced.

Good progress had been made in improving training and development opportunities for staff. A three year inter-agency training strategy and integrated children's services training plan had been produced. Staff across services, including those in social work, education, health,

and police had received basic awareness training in child protection. This training was usually delivered within individual services. Staff who worked mainly with adults, children's panel members and General Practitioners (GPs) had also received training. Some staff had undertaken a post graduate certificate course in child protection. The Keeping Safe Forum provided child protection training for voluntary and independent organisations. A wide range of specialist conferences and training events had been held. Innovative approaches were being taken to ensure that training opportunities were available to staff across Highland. This included the use of I-Pod and Pod Cast presentations. A DVD was also being produced. Training to support staff involved in the GIRFEC pathfinder in Inverness was underway. There had been a delay in implementing the inter-agency training programme, but some inter-agency training had been delivered. There were insufficient opportunities for social work staff to undertake the Joint Investigative Interviewing course. Social workers were regularly used to interview a child witness without having attended this course.

3.6 Improving the effectiveness of leadership of services

Inspectors focused their activity on the following areas.

- Dissemination of the integrated children's service plan (ICSP).
- Provision and deployment of resources.
- Quality assurance and self-evaluation.
- Involvement of young people in policy and planning.

Overall, services had made very good progress in improving the leadership of services.

The Chief Executive of the local authority, as the new chair of the CPC, together with the senior officers, had strengthened the relationship with the Joint Committee on Children and Young People. The CPC work plan and annual report was presented to this committee which included representation from elected members. There was a clear relationship between the CPC work plan and the ICSP which was helpful in promoting common aims for child protection services across all staff. The Chief Constable remained an active and committed member of the CPC since giving up his previous role as chair. The Chief Executive of NHS Highland together with the Director of Community Care, NHS Highland continued to ensure the full participation of the health service within the CPC. Representation at such a senior level ensured child protection remained a high priority across all services.

Elected members of Highland Council had demonstrated their commitment to delivering improved services for children and young people. The programme for the new administration contained nine objectives for children and young people including the full implementation of GIRFEC. Significant additional funds had been provided to develop children's services, including child protection services.

A Quality Assurance Group (QUAG) of the CPC had been formed in March 2006. The group had undertaken a number of reviews and audits, including a recent review of children who had been on the child protection register for longer than 12 months. Group members supported the development of quality assurance of child protection processes on both a single and inter-agency basis. A Service Managers' Group had been established in each of the three, new, geographical areas to look collectively at concerning cases. A self-evaluation exercise had been undertaken by services within the CPC in respect of sharing and recording information using the materials developed by HMIE. A further collective

self-evaluation exercise had been undertaken during November 2007. This had been informed by services' individual self-evaluation work and was being used effectively to influence the current development of the CPC work plan.

Very good progress had been made in involving children and young people in policy planning. Highland Council had continued and extended 'Apprentice days' to allow young people to shadow senior officials of the Council and partner agencies. A Youth Convenor had been appointed who participated in relevant committee meetings with full voting rights. Both the Youth Convenor and representatives from Highland Children's Voice spoke knowledgeably of local authority issues and the role they played in influencing policy development.

4. Conclusion

Services had taken careful and considered action to implement the recommendations in the inspection reports published in July 2005 and January 2007. The strong leadership of the CPC had achieved improvement in services to protect children. Within a developing quality assurance framework, service managers were taking forward actions to ensure better outcomes for children. Overall, services were well placed to work together to continue to improve child protection services for children living in the area. As a result of the effective performance shown by services in taking forward improvements, HMIE will make no further visits in relation to the inspection reports published in July 2005 and January 2007.

Marian Martin
HM Assistant Chief Inspector
May 2008

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