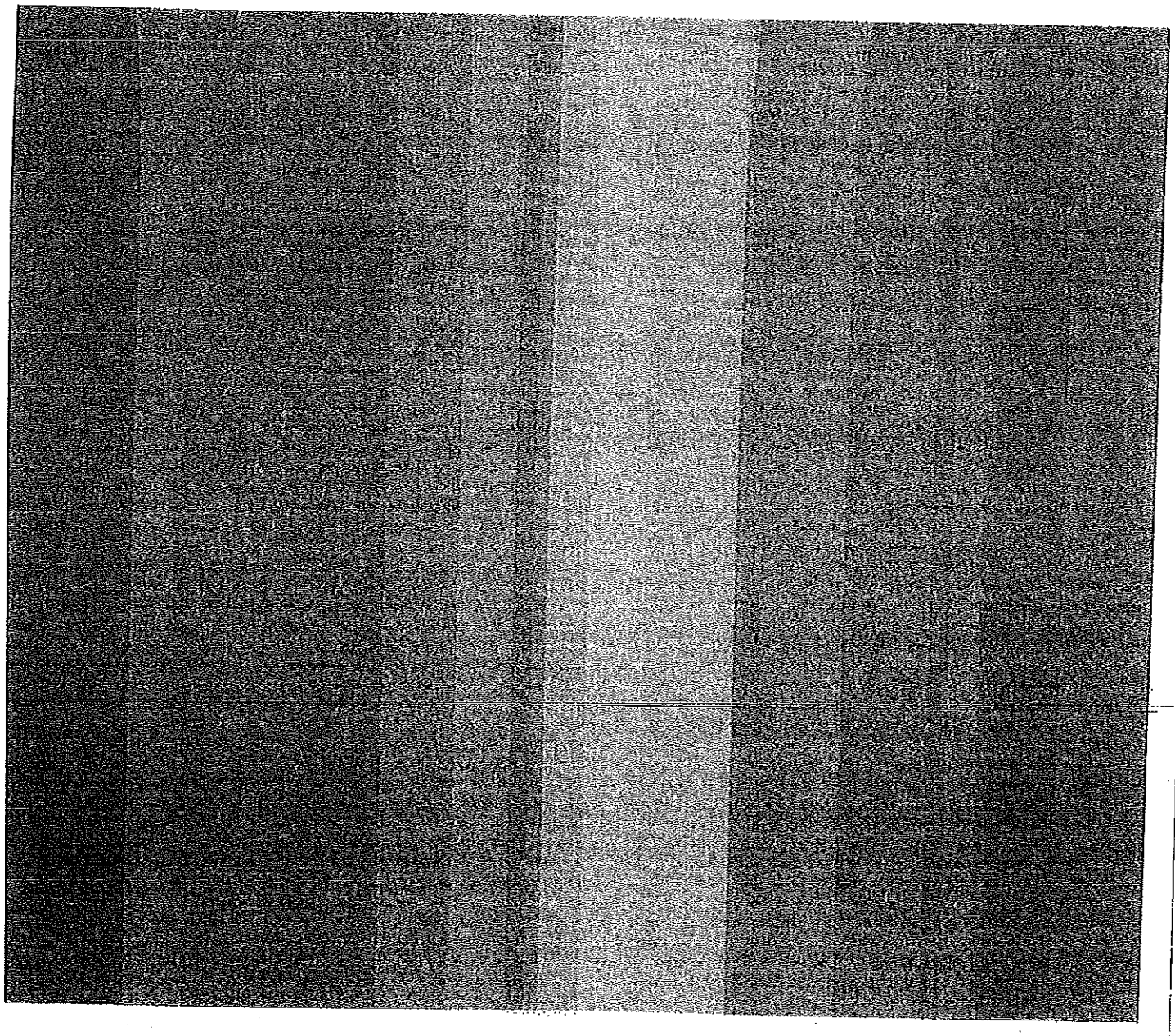
Joint inspection of services to protect children and young people in the Falkirk Council area

June 2009



children services for

HMIe
Improving Scottish education

Contents

Introduction

The *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, together with the associated regulations and Code of Practice, provide the legislative framework for the conduct of joint inspections of the provision of services to children. Inspections are conducted within a published framework of quality indicators, *'How well are children and young people protected and their needs met?'*[1].

Inspection teams include Associate Assessors who are members of staff from services and agencies providing services to children and young people in other Scottish local authority areas.

[1] *'How well are children and young people protected and their needs met?'*. Self-evaluation using quality indicators, HM Inspectorate of Education 2005.

1. Background

The inspection of services to protect children[2] in the Falkirk Council area took place between December 2008 and January 2009. It covered the range of services and staff working in the area who had a role in protecting children. These included services provided by health, the police, the local authority and the Scottish Children's Reporter Administration (SCRA), as well as those provided by voluntary and independent organisations.

As part of the inspection process, inspectors reviewed practice through reading a sample of files held by services who work to protect children living in the area. Some of the children and families in the sample met and talked to inspectors about the services they had received.

Inspectors visited services that provided help to children and families, and met users of these services. They talked to staff with responsibilities for protecting children across all the key services. This included staff with leadership and operational management responsibilities as well as those working directly with children and families. Inspectors also sampled work that was being done in the area to protect children, by attending meetings and reviews.

As the findings in this report are based on a sample of children and families, inspectors cannot assure the quality of service received by every single child in the area who might need help.

Falkirk Council area covers 297 square kilometres in the central belt of Scotland. The town of Falkirk is the main administrative centre of the Council. The other main centres of population are Grangemouth, Polmont, Laurieston, Larbert, Stenhousemuir and Denny. The administrative centres of NHS Forth Valley and Central Scotland Police Force are in the City of Stirling.

The estimated population of Falkirk Council is 150,720 with 21.3% under the age of 18 years, higher than the Scottish average of 20.5%. The majority of the population live in urban areas. The number of children referred to the Children's Reporter in 2007 represented 8% of the child population which was significantly higher than the national average of 6.1%. Children listed on the Child Protection Register (CPR) increased from 55 in 2006 to 86 as at the 31 March 2008. There has been an increase over recent years in the number of children looked after away from home with a significant proportion placed outwith the local authority area.

[2] Throughout this document 'children' refers to persons under the age of 18 years as defined in the *Joint Inspection of Children's Services and Inspection of Social Work Services (Scotland) Act 2006*, Section 7(1).

2. Key strengths

Inspectors found the following key strengths in how well children were protected and their needs met in the Falkirk Council area.

- Children experiencing domestic abuse received help quickly through an effective multi-agency approach.
- Helpful advice from legal services supporting immediate action and long term planning for children at risk.
- The health needs of children looked after away from home being met effectively.
- Use of a robust and effective approach by the Children's Commission to assess the needs of children and agree service development priorities.
- Children and families being involved as partners in planning and developing services.

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

Most children received effective help from services when they needed it. Staff listened to children and communicated well with them. Children were aware of personal safety and identified people they could trust. However, they were less aware of the dangers of using the internet. Staff knew when it was appropriate to take action to safeguard and protect children. While services were available to children, these were not always delivered in a consistent way. There was no overall coordination of services to ensure that all vulnerable children across the Council area received the appropriate support, when they needed it.

Being listened to and respected

Overall, the extent to which children and families were listened to, understood and respected was good. Staff working with younger children and their parents made effective use of observations to identify concerns about their wellbeing. Children were seen regularly by education staff and were able to develop trusting and consistent relationships with them. While health visitors knew vulnerable children and their families well this was not always the case for school nurses. Children often benefited from consistent relationships with their social workers over lengthy periods. Some children who were on the CPR or looked after away from home were not seen regularly enough on their own by their social worker. Early years and voluntary sector staff, foster carers and family support workers developed effective relationships with children, including those with communication difficulties. Staff used a range of measures to overcome communication difficulties with children.

Most children's panel members were skilled at speaking with children. They ensured that children had an opportunity to give their views and they listened carefully to what they said. However this approach was not consistent for all children's hearings. Children did not always get the support they needed to complete *Having Your Say* forms to help them express their views at children's hearings. Children of an appropriate age rarely attended child protection meetings. In some cases, staff who knew children well were able to represent their views, but children's views were not always sought and considered when decisions were being made about them. Children were not always helped to prepare for meetings. Effective use was made of interpreting services to enable some children and their parents to communicate when English was not their first language. Staff were not always clear when to use an interpreter at interviews and decision-making meetings.

Being helped to keep safe

Services to help to keep children safe were good. Statutory and voluntary services worked well together to provide a range of support to vulnerable children and families. Staff in family centres worked well with health visitors to provide parents with practical and emotional support. Some support services were available out of hours. Parents were encouraged to develop their parenting skills through a range of programmes. However, there was not enough provision where staff could routinely work alongside parents to reduce identified risks to very young children. Multi-agency support for vulnerable pregnant women was coordinated effectively by

the additional support midwife. Community Alcohol and Drugs Services (CADS) staff worked closely with partners to support children affected by parental substance misuse. Nurture and transition groups in schools helped some children with social and emotional difficulties. A multi-agency approach to domestic abuse provided a speedier and improved response to children. There was no clear strategy to ensure services were delivered in a consistent and targeted way. Some services were not available in all areas and some families were not able to access the services they needed. There was an insufficient range of services to support teenagers in crisis. Due to uncertainty about future funding some support services had not replaced staff when posts were vacated.

Services provided a range of helpful opportunities for children to be aware of safety issues. Most children were knowledgeable about the dangers of drugs, alcohol and smoking, and knew how to keep themselves safe. Schools used *circle time* to help develop awareness of keeping safe. *Operation Pincer* effectively addressed the dangers that arose from the use of social networking sites by a group of children. However, in some schools children lacked awareness about safe use of the Internet. The campus police officer was having a positive impact on children and the local community. This had lead to improved behaviour in schools, improved safety and a reduction of anti-social behaviour. Some schools provided *Seasons For Growth* and *Feel, Think, Do* programmes to support children's emotional development. Most children could identify a trusted adult to talk to. Procedures for monitoring children missing from education were effective. Staff maintained contact with children educated at home, providing guidance and support. The numbers of school exclusions had been significantly reduced in the past year and approaches were in place to support children returning to school from exclusion.

Children who responded to school inspection questionnaires and those interviewed by inspectors felt safe and well looked after in school. They felt that schools dealt well with bullying and approaches taken by staff to address bullying had helped. Children were aware of the national helpline and were clear that they could talk to an adult when they felt unsafe. Children felt unsafe in some areas of their neighbourhoods because of their perceptions about local gangs.

Some examples of what children said about keeping themselves safe.

> *"If we fall staff wearing yellow vests take us to the first aid lady."*
>
> *"I have a nut allergy and some people teased me about it. The school talked to them and it stopped."*
>
> *"We have Bubble Time where we can talk to the teacher."*
>
> *"A policeman and the lollipop lady came in and spoke to us about keeping safe on the roads."*

Immediate response to concerns

The immediate response to concerns was good. Across services, there was a high level of awareness among staff of the need to take action if they had concerns about children's safety or welfare. Staff generally responded promptly and effectively by reporting their concerns to police or social work staff. In most cases, staff took action quickly and effective use was made of Child Protection Orders and other legal measures to keep children safe. In a few cases, day-time social work staff did not respond promptly when they were alerted to concerns by other services. School staff were sometimes slow to share concerns about vulnerable children with social workers when they did not attend school. When it was not safe for a child to remain at home, alternative care arrangements were usually made to ensure their safety and wellbeing. Police officers carried out checks on the suitability of relatives or family friends before allowing children to stay with them. The emergency social work service had access to foster placements out of hours. Children and families were kept informed about what was happening and why. Staff in legal services and social work worked well together to ensure children's safety.

Meeting needs

Overall, meeting children's needs was satisfactory. Many children and families benefited from the support provided by staff from a range of services. However, these were not always coordinated sufficiently well to ensure a consistent response to children in crisis. The short-term needs of children were met more effectively than their longer-term needs. Some children did not receive the help they needed quickly enough. The needs of some children experiencing neglect were not always clearly identified. There were significant delays in progressing plans for some children when they were unable to return to the care of their parents.

The *Well Chosen Service* met the health needs of children looked after away from home effectively. Staff provided valuable support to young people leaving care. There was an inconsistent approach to ensuring that the health needs of vulnerable children were followed up when their parents did not bring them to medical appointments. The health needs of school age children on the CPR were not always met. There was a shortage of foster carers and residential placements for children in the local area. Some children, placed at a distance, experienced difficulty in maintaining links with family members and their local community. Suitable premises were not always available for supervising contact between children and their parents. This affected the quality of some of these arrangements. Some young people leaving care experienced difficulty in getting supported accommodation to meet their needs.

Voluntary services helped children well when they were experiencing problems with inappropriate sexualised behaviour and substance misuse. Some children with emotional and psychological difficulties were provided with effective support from a specialist centre. Although counselling was available in one secondary school and through community primary mental health workers, it was not available to all children who needed this support. Some children looked after away from home had difficulty getting counselling to help them recover from the experiences of abuse and meet their needs. Services provided comprehensive support packages for children with

complex needs. Women's Aid provided effective support to children experiencing domestic abuse.

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

Services promoted public awareness of child protection very effectively. A wide variety of informative publicity material had been produced. When concerns were raised about children by the public, services responded quickly and appropriately. Information for the public, particularly for children, about child protection was difficult to access on some websites.

Being aware of protecting children

The promotion of public awareness was very good. The Child Protection Committee (CPC) were delivering a helpful communication strategy and action plan to raise public awareness. The CPC logo was recognisable and used well to identify all CPC materials and information. A range of information leaflets, pamphlets and posters for children, parents and staff, had raised awareness about child protection. Families had been involved in developing many of these and some were produced in different languages. Additional information was also provided by individual services. A bi-monthly newsletter *Connect to Protect* was widely circulated by the CPC. Innovative training sessions had been held with large numbers of public sector staff who lived in the Falkirk Council area to raise awareness about child protection. The CPC website was accessed through a quick link on the Council website. Information for the public about child protection on the NHS Forth Valley and Central Scotland Police websites was more difficult to access.

Members of the public contacted police and social work when they were concerned about vulnerable children and families. When referrals were made they were dealt with promptly and, in most cases, referrers were given feedback to indicate that action had been taken. Services were monitoring the rate of referrals from the public about child protection concerns and these had steadily increased. There were some difficulties in accessing social work services by phone during office hours. However, some action had been taken to overcome this problem. When contacted, police officers and suitably trained social work staff were available to respond to concerns raised. Outwith office hours, the Central Scotland emergency out-of-hours social work service had social workers experienced in child protection available to take appropriate action. Staff in the police operations centre also prioritised referrals expressing concerns about children and referred them promptly to an appropriate officer.

5. How good is the delivery of key processes?

Most children and families were involved effectively in decision-making. They were encouraged to attend meetings and time was taken to prepare and support them. Most staff were clear about their responsibilities to share information. However, on a few occasions information that would have alerted services to a concern was not shared. The quality of assessments varied and reports for meetings were not always available on time. Key health staff were not always involved in decision-making at the point that concerns arose. Staff attendance at key meetings had improved. Plans to protect children often failed to identify specific risks and to state what change was needed in specified timescales.

Involving children and their families

Arrangements for involving children and families in decision-making processes were good. Routinely, parents and carers were invited to attend meetings where decisions were made about their children. These included pre-birth planning meetings, case conferences and core groups. Staff encouraged parents to be involved and arranged meetings at convenient times and places to help them attend. Almost all looked after children attended regular meetings to review their care plans. Few children who were old enough to attend were involved in case conferences or core group meetings. An easy-to-read leaflet for children and families involved in child protection processes provided them with useful information. However, not all children and parents were given a copy. Some children and families gave their views to meetings using specially designed forms. However, these were not routinely given to all children and families involved in child protection meetings. Decisions taken at meetings were informed by written reports prepared by staff in all of the services involved. Some staff shared reports with families beforehand, but in some cases parents and children did not have enough time to properly consider all of the information in reports before the meeting. At case conferences and children's reviews, the chairperson met families beforehand to explain the purpose of the meeting and what would happen. During meetings, the chairperson took care to ensure that all family members' views were heard and considered and that parents and children understood the discussion and any decisions made. They made arrangements to inform family members who did not attend about decisions made at the meeting. In some cases, staff helpfully used written agreements to ensure that parents understood what was required of them. Family group conferences had been very effective in helping some families plan to improve their children's safety and wellbeing. Children and parents were effectively involved in the work undertaken by voluntary sector services. A children's rights officer ensured that the views of some children looked after away from home were heard and understood. However, staff did not routinely consider whether all children and families involved in child protection processes might benefit from an independent advocate.

Information about how to make a complaint was available in many public offices. A few services had designed leaflets specifically for children. Staff and managers worked effectively to resolve dissatisfaction at an early stage. All services took formal complaints seriously. In most cases, these were dealt with on time and had satisfactory outcomes. Overall, services had appropriate policies and procedures for

handling complaints. However, these did not provide clear guidance on how to manage complaints which contained concerns of a child protection nature. Effective systems were in place to allow services to monitor the progress of complaints and to analyse them to help make improvements.

Sharing and recording information

Overall, the sharing and recording of information was good. Across services there were many examples of effective information-sharing about vulnerable children and families. Staff were generally clear about their responsibilities to share information when there were concerns about the safety and welfare of children. When information was shared staff understood why that was being done and what was expected of them. Helpful guidance about information-sharing supported staff in fulfilling their responsibilities to protect children. However, in a few cases information which may have alerted staff to a child safety or welfare concern was not sought or shared effectively.

Particular features of information-sharing included the following:

- very effective information-sharing among staff, in one geographical area, about children experiencing domestic abuse;
- CADS staff working with parents consistently shared information with staff in other services;
- education and social work liaison officers co-located with the Children's Reporter had improved information-sharing within their own and with other services;
- the CPR was not routinely checked by staff in hospitals when children received treatment at Accident and Emergency (A & E);
- the out-of-hours emergency social work service consistently and effectively shared information with police and social work staff;
- police, health and social work staff who attended young persons risk management meetings helpfully shared information about children who displayed sexually aggressive behaviour; and
- relevant information provided in police Vulnerable Person Reports (VPRs) was not routinely shared with health visitors, school nurses, and education staff.

The management and recording of information in children's files was variable. In all services there were examples of comprehensive, accurate and effective recording of information. However, across school, health and social work records there were some gaps in recording information about children and some records contained incomplete information. Minutes of important decision-making meetings were sometimes missing. Some records did not reflect fully the nature of the work done with the child. Some social work files and some health files contained a helpful dated list of significant events in the child's life. However, some of these were incomplete.

Many staff were aware of the need to obtain the consent of children and families to share information with other services. Staff in some services, for example, CADS staff and those in voluntary organisations, routinely obtained the consent of parents to share information and made a record of it. In the domestic abuse pathfinder area of the local authority police officers attending domestic abuse incidents obtained the consent of parents to share information with other services. However, there was no consistent approach across services on obtaining and recording consent to share information.

Police and criminal justice social work staff consistently shared information about adult sex offenders who may pose a risk to children. The children and families social work child protection coordinator attended Multi-Agency Public Protection Arrangement (MAPPA) meetings regularly to share information. Health services were not represented consistently at these meetings. Police responsible for managing sex offenders and criminal justice social work staff attended relevant child protection case conferences to share information. The recent appointment of a member of staff within the council's housing service, acting as a single point of contact, had improved information-sharing with other services.

Recognising and assessing risks and needs

Recognition and assessment of risks and needs was satisfactory. Across services, staff were alert to, and recognised, signs that children needed help. They discussed concerns about children with social work or police at an early stage. Midwives effectively identified vulnerable pregnant women and made an early assessment of support needs. Health visitor assessments of vulnerable children and their families were often incomplete. They did not always clearly identify risks or contain an intervention plan. Within the domestic abuse pathfinder area, services worked together very effectively to assess the needs of vulnerable children and provide services to support them without delay. This system was not yet in place for children in other areas. There were significant delays in the submission of social work assessment reports to the Children's Reporter. For a few children, an accumulating pattern of concerns had been referred to the Children's Reporter over a period of time, before effective measures were taken. Social workers and police worked well together to investigate concerns about children. They helpfully sought background information from a range of sources. Health staff were not routinely involved in planning investigations. They were not consulted on the health needs of all children about whom concerns were raised.

Staff from a range of services completed reports for child protection case conferences. The quality of assessment in these reports varied. Some social workers completed comprehensive assessments which helpfully analysed risks and protective factors and the impact of these on each child in the family. However, some assessments were not detailed enough or were unrealistic about the likelihood of change. Reports for case conferences from education and health staff, including addictions staff, did not clearly identify risks and the implications for children. A range of voluntary organisations provided intensive support to children and families about whom there was a high level of concern. These services completed very detailed and skilful assessments, which effectively informed planning and

decision-making. Work was at an early stage to introduce a common approach to assessing risk and needs through an Integrated Assessment Framework (IAF). Some staff found the completion of the IAF was time consuming and the format did not help identify key information. However, early indications were that these assessments were helping to ensure greater consistency in analysing risks and needs. For some children details of significant events in their lives were not always used effectively to identify patterns of risk or neglect.

Joint investigative interviews were well planned and carried out effectively by suitably trained police officers and social workers. Interviews were appropriately recorded, although social workers did not always retain a record of what children said. Police and social workers had helpful access to advice from paediatricians at all times. Effective working between paediatricians, forensic medical examiners and police had improved arrangements for medical examinations. However, in some cases, police and social workers made decisions about the need for a medical examination, without advice from health staff. A few young children were examined in unsuitable locations by a single forensic medical examiner. As a result health needs could sometimes be overlooked.

Staff were alert to the risks to children of parental substance misuse. Addictions staff from health and social work services were clear with parents about their duty to keep children safe. They routinely shared information with staff responsible for children and prioritised attendance at case conferences and core groups. Staff from adult and children's services worked well together to monitor risks and ensure children were safe. Falkirk Outreach Service provided very effective time-limited help to improve the lives of children in chaotic or unstable situations. Work to develop joint assessment for families misusing drugs or alcohol was at a very early stage.

Planning to meet needs

Overall, planning to meet children's needs was weak. Effective pre-birth planning meetings and case conferences took place in good time to support and protect most newborn infants. In a few cases, social work managers waited too long before re-allocating child protection cases when a social worker left or was off work due to long term sickness. The quality of child protection plans for children on the CPR was variable. There was an inconsistent approach to monitoring the effectiveness of child protection plans. Challenge by conference chairs did not always effect change where lack of progress was evident. There were significant delays in planning to meet the longer term needs of some vulnerable children.

Child protection meetings and meetings for children looked after away from home benefited from having independent chairs. Legal services provided helpful advice to inform both immediate and long-term planning. There had been recent improvement in attendance by most groups of staff at child protection case conferences. However, General Practitioners rarely attended these meetings and attendance by some staff working with adults was inconsistent. There was no agreement about the attendance of education staff during school holidays. In a few cases, child protection case conferences did not take place within agreed timescales. Although there had been improvement in the number of reports being submitted to meetings, they were

not always available in advance. Child protection plans were not clearly linked to assessments of risks and needs. Many contained lists of action points which were not assigned to individuals, and did not outline timescales or measurable improvement. Some plans did not clearly define what needed to change to reduce risk. There were significant delays in the circulation of case conference minutes.

Child protection meetings and reviews for children looked after away from home were usually well coordinated to avoid duplication. Staff responded well to the changing circumstances of some children. However, some children remained on the CPR for long periods of time with little improvement in their circumstances or changes being made to their child protection plan. There were delays in planning for children who needed permanent placements. Some children were placed outwith their community which on some occasions reduced the effectiveness of planning to meet their needs.

There were some examples of effective working with families through multi-agency core group meetings. However, staff and managers were often unclear about the role and function of core groups, and who was responsible for chairing and determining attendance at meetings. Meetings did not always take place within agreed timescales and recording and minute taking practices were inconsistent. In some cases core groups were used to share information but did not evaluate the effectiveness of the child protection plan. The chair of the core group did not routinely feed back to the case conference chair on progress being made. There was no clear framework in place to ensure coordinated inter-agency support following de-registration for children who required this.

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

Services had a range of accessible polices and procedures. Children's services planning used a robust and effective approach to identify service development needs which involved all partners. Staff were committed to progressing the priorities agreed through this process. Participation by children and families in shaping the development of services was well-established. Services managed safe recruitment processes effectively and staff were well supported in their roles to protect children. Good quality inter-agency and single-agency child protection training was widely available and received well by staff.

Aspect	Comments
Policies and procedures	Overall, policies and procedures were good. Staff were generally familiar with inter-agency child protection policies and procedures which were readily accessible. However, some staff were unclear about the standards and expectations for key child protection processes and policies were not always detailed enough. For example, uncertainty about procedures for core group meetings led to inconsistent practice. Housing services had recognised the need to develop service specific child protection procedures. Most staff had further guidance available to them in their own agencies. Evaluation of the impact procedures had on maintaining practice standards across services did not take place routinely.
Operational planning	Overall, operational planning was good. The Integrated Children's Service Plan (ICSP) was based on a thorough assessment of children's needs. This involved using an effective approach to identify what service developments were required to meet the needs of children across the area. All partners were involved in this process and they agreed on a number of key priorities for further development. The ICSP was focused on improving the circumstances of children and it had strong links to community planning and the local outcome agreement. Actions were not costed and timescales for implementation were unspecified. Staff saw the ICSP as supporting them in developing better integrated ways of working. The Children's Commission was well represented by all services and oversaw the development of the ICSP. A police analyst had collated some information on child protection trends. Management information available to the Children's Commission was mostly about the demand and volume of service provision.

Aspect	Comments
Participation of children, their families and other relevant people in policy development	The participation of children and families in policy development was very good. The ICSP had been strongly influenced by children and parents' views with effective participation by a young people's focus group and parent's reference group. Their views had also helped set priorities for service development. All services valued families' views and took these into account when planning developments. The views of children about child protection processes had begun to impact on policy and practice. Voluntary, social work and health services had effective ways of getting feedback from families about the support they received and the help they needed. Staff carefully involved young people when producing information about keeping safe to ensure this was in a child-friendly format.
Recruitment and retention of staff	Arrangements for staff recruitment and retention were very good. All services had robust procedures for safe recruitment and vetting of staff. Some services offered staff a range of flexible working arrangements, along with personal and career development opportunities. Contracted voluntary groups were required to adhere to Council policies for safe recruitment. The Council was carrying out retrospective disclosure checks on staff across services who had contact with children. There had been a significant increase in child protection referrals and case conferences. The CPC had yet to review staffing levels to ensure they were sufficient to cope with increased demands.
Development of staff	Staff development and training was good. The CPC had an effective training strategy in place and child protection training was provided on an inter-agency and single agency basis. Innovative methods were used to deliver a wide range of training for all staff. Staff were very positive about the training they received and there was good attendance at a child protection practice group which enhanced multi-agency working. There had been little evaluation of the longer term impact of training on practice. Most services had processes in place to review staff performance and identify training needs. Action was being taken to address the variability of supervision and support to health staff with responsibility for child protection work.

7. How good is individual and collective leadership?

There was a strong shared vision across services to protect children. Chief Officers and senior managers were clear that child protection was a key priority and conveyed this message to staff effectively. New arrangements for Chief Officers to improve their accountability for child protection were in place. However, this was at an early stage. All partners were well represented on the Child Protection Committee (CPC) and progress had been made in raising awareness of child protection and training. There was a lack of clarity about the remit and priorities of the CPC. Systems for performance reporting were not robust enough to ensure an effective focus on continuous improvement.

Vision, values and aims

Vision, values and aims was very good. Staff across services identified with the vision set by the Children's Commission and this vision connected well to the community plan. Elected members were developing a plan to fulfil their responsibilities as corporate parents. Community Planning Partners welcomed the mix of cultures within the community and promoted diversity. Chief Officers had clarified and strengthened accountability for protecting children.

- The Leader of the Council was influential in promoting access to health, education, support and care services for vulnerable children. The Chief Executive chaired a corporate Child Protection Strategy Group in the Council, resulting in an effective cross-cutting approach to protecting children. Across Council services, staff were increasingly aware of their responsibilities for protecting children.

- The Chief Executive of NHS Forth Valley had successfully raised the profile of child protection among a wider range of health staff, including those whose primary responsibility was for adults. The leadership role of the NHS Child Protection Action Group and the lead nurse role, had been strengthened and their remits were effectively communicated to staff using the intranet.

- The new Chief Constable had a clear vision for a multi-agency co-located public protection service which was supported by partners. The Area Commander and Assistant Area Commander were strongly committed to promoting community safety with partners. Police at all levels showed a high level of awareness about risks to children when carrying out their duties on a day-to-day basis.

Chief Officers and senior managers were becoming more focussed on improving outcomes for children. This was reflected in the local outcome agreement and the development of integrated children's services planning. There were challenges in moving to local provision of targeted services whilst continuing to maintain universal provision across the area. Partners were able to put children's needs first and this allowed them to agree shared priorities for future service development.

Leadership and direction

Overall, leadership and direction was satisfactory. There was strong individual leadership in services and child protection was a clear priority. The Chief Officers group had been reviewed to give a stronger direction to child protection work. The recently established Forth Valley Reporting Group (FVRG) had representation from key partners but was yet to meet. Areas of work were being identified where developing a common approach across Forth Valley was more efficient and effective. Chief Officers were clear that both the CPC and the FVRG needed to focus on priorities for child protection and establish explicit lines of accountability. These recent strategic developments were in the early stages of implementation.

Partners and the voluntary sector were well represented on the CPC. The CPC business plan contained many priorities but progress was difficult to measure. The work of the CPC often lacked focus and direction. Performance information was not readily available to the CPC from which it could assure itself that children were being well protected. Falkirk CPC Subgroups had made progress in raising public awareness and staff training across services. Local groups were to be replaced by Forth Valley wide groups. Full membership was not yet agreed and these were still at an early stage of development.

A Forth Valley wide training post had been funded by all partners and training had increased. The NHS Forth Valley had piloted a system for early sharing of health information from a single point of contact. The CPC was beginning to review some child protection decision-making to ensure that it was effective in keeping children safe. The increase in child protection referrals had been brought to the attention of the CPC. However, full consideration had yet to be given to the impact of increased demand on staff and their ability to protect children and meet their needs.

Leadership of people and partnerships

Leadership of people and partnerships was good. The Children's Commission was piloting an IAF and developing a manual to support joint working. A successful multi-agency approach to domestic abuse was effectively screening referrals and improving support to children and families. Multi-agency teams were highly committed to implementing the new model of service delivery. Funding had still to be identified to fully implement this integrated approach. As a result, services were delivered in different ways across the area.

Housing and community services were working effectively with partners to improve the lives of vulnerable children and their families. The Council and police were committed to jointly funding an additional campus police officer post, building on the success of the established post. Liaison officers co-located with the Children's Reporter were working well with partners to provide appropriate alternatives to compulsory measures of supervision. Partnership working between education and social work services was not sufficiently effective to ensure their shared responsibilities for vulnerable children were always met. Timescales had slipped for re-designing Child and Adolescent Mental Health Services (CAMHS) to develop primary mental health and post abuse recovery services.

The Children's Voluntary Services Forum was represented in key children's services planning groups. Limited progress had been made by the Children's Commission working in partnership with the voluntary sector to re-design services to ensure equal access across all areas. The agreed priorities for developing coordinated family support services and crisis support for young people had not been sufficiently progressed and there had been little improvement in service delivery. As a result, there continued to be some gaps in support services for teenagers and vulnerable children under three years of age and their parents.

Leadership of change and improvement

Overall, leadership of change and improvement was satisfactory. Self-evaluation exercises had been carried out in individual services and had been collated into one report. This resulted in a description of activities undertaken, but did not provide robust evidence of what difference these had made to protecting children. Staff were unclear about what they had learned from this exercise. The joint self-evaluation did not identify priority areas for improvement. Self-evaluation had not yet been sufficiently effective in creating capacity for improvement, either within or across services. The information provided to the CPC and Chief Officers about the effectiveness and impact of key processes was not yet well developed. As a result, they were not able to assure themselves that children were being protected and their needs met.

A small audit of child protection cases had been carried out in 2007 resulting in an action plan. The action plan recognised inconsistencies in practice and standards. However, actions intended to address these issues were too vague resulting in limited improvement. There was no system in place to monitor and review progress. Plans to carry out further routine sampling of case files and evaluation of the effectiveness of child protection plans were not yet implemented. The CPC had considered child death enquiries and inspection reports, but had not been effective in communicating the learning to all staff and improving practice.

Within health and police services, some self-evaluation had been carried out which had led to improvement. For example, child protection nurse advisors had started to attend all initial child protection case conferences. Their contribution had been evaluated and was shown to be effective in improving information-sharing about vulnerable children. The police had a rigorous approach to ensuring that evaluation of key processes led to improvement. Some health staff had shadowed the work of the police for a short period of time. This resulted in an improved understanding of how multi-agency information-sharing and risk assessment benefited the lives of vulnerable children.

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

Summary

Inspectors were confident that when children were identified as being at immediate risk, prompt and effective action was taken to protect them. Chief Officers had strengthened their collective leadership and accountability for services to protect children. An effective multi-agency approach to children affected by domestic abuse had been developed. Assessment of the needs of children in the council area had been successfully completed leading to agreed priorities for service development. This had yet to impact fully on identified gaps in services to support vulnerable children and families. There were inconsistencies in risk assessment and planning to meet needs.

Elected members, Chief Officers and senior managers should ensure that they have sufficient information from which to assure themselves that children are well protected and their needs met. They should collectively develop a culture of continuous improvement focused on improving outcomes for children in need of protection.

In doing so they should take account of the need to:

- improve delivery and coordination of family support services;
- improve the quality and consistency of assessments of risks and needs and ensure that appropriate health staff are actively involved in all child protection processes;
- ensure child protection plans have specific actions and timescales and that core groups measure progress in reducing risks and meeting needs;
- ensure senior managers drive forward service development priorities; and
- develop and improve the use of performance information from which to evaluate the effectiveness of services in improving outcomes for vulnerable children.

9. What happens next?

Chief Officers have been asked to develop an action plan indicating how they will address the main recommendations in this report, and to share that plan with stakeholders. Within two years of this report, HM Inspectors will re-visit to assess and report on progress made in meeting these recommendations.

Emma McWilliam
Inspector
June 2009

Appendix 1 Quality indicators

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

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

This 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
Satisfactory	Strengths just outweigh weaknesses
Weak	Important weaknesses
Unsatisfactory	Major weaknesses

Appendix 2 Examples of good practice

The following good practice examples demonstrated how services can work together effectively to improve the life chances of children and families at risk of abuse and neglect.

Operation Pincer

Concern was expressed by a number of agencies about young peoples' use of social networking sites and the potential to become involved in unsafe activities. Research revealed a combination of territorial, violent, alcohol and drug-related material. Young people were using these sites to challenge rivals to fight. They intended to gather at the 'Big in Falkirk' event for this purpose.

A multi-agency steering group was set up. The police carried out the initial investigations to identify children and young people whose images were placed on these sites. Police shared information about children at particular risk. Visits were made to families of children and, where appropriate, vulnerable persons reports were sent to appropriate agencies.

As a result of this operation, awareness was raised about the dangers and vulnerability associated with social networking sites and inappropriate use of the internet. Parents, schools, communities and young people were supportive of the initiative and happy to work in partnership with the police and other services. Risks for young people involved in using alcohol and drugs were reduced. Involving children in designing leaflets about internet safety resulted in information which was accessible, attractive and appropriate for parents and young people.

Appendix 2 Examples of good practice (cont)

The Falkirk Domestic Abuse Pathfinder Project

The Falkirk Domestic Abuse Pathfinder Project was established to address a significant increase in the number of domestic abuse referrals to the Children's Reporter which had been identified nationally. The aim was to provide children experiencing domestic abuse with the help and support they needed at an earlier stage.

Police officers attending domestic incidents in the Denny area were trained to carry out detailed assessments of risks. They gathered additional information under eight indicators of wellbeing (SHANARRI) and shared this with other services. The Domestic Abuse Pathfinder Group comprising staff from police, health, social work, education, the Children's Reporter, Women's Aid and CLASP, met on a weekly basis. Support was provided quickly and impact was monitored.

By adopting *Getting it Right for Every Child* (GIRFEC) principles, children affected by domestic abuse and their parents, in the Denny area of Falkirk, were provided with help and support much more quickly when they needed it most. Through effective partnership working, risk assessment, information-sharing and planning to meet the needs of vulnerable children improved significantly.

How can you contact us?

If you would like an additional copy of this report

Copies of this report have been sent to the Chief Executives of the local authority and Health Board, Chief Constable, Authority and Principal Reporter, Members of the Scottish Parliament, and other relevant individuals and agencies. Subject to availability, further copies may be obtained free of charge from HM Inspectorate of Education, First Floor, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA or by telephoning 01506 600262. Copies are also available on our website www.hmie.gov.uk

If you wish to comment about this inspection

Should you wish to comment on any aspect of child protection inspections you should write in the first instance to Neil McKechnie, HMCI, Directorate 6: Services for Children at HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

Our complaints procedure

If you wish to comment about any of our inspections, contact us at HMIEenquiries@hmie.gsi.gov.uk or alternatively you should write to BMCT, HM Inspectorate of Education, Denholm House, Almondvale Business Park, Almondvale Way, Livingston EH54 6GA.

If you are not satisfied with the action we have taken at the end of our complaints procedure, you can raise your complaint with the Scottish Public Services Ombudsman (SPSO). The SPSO is fully independent and has powers to investigate complaints about Government departments and agencies. You should write to the SPSO, Freepost EH641, Edinburgh EH3 0BR. You can also telephone 0800 377 7330, fax 0800 377 7331 or e-mail: ask@spso.org.uk. More information about the Ombudsman's office can be obtained from the website: www.spso.org.uk.