



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

1 September 2011



HAPPY TO TRANSLATE

The inspection of services to protect children¹ in the Falkirk Council area was carried out in May and June 2011. We looked at the services provided by health, the police, the council and the Children's Reporter. We also looked at the services provided by voluntary and independent organisations. Our report describes how good they are at protecting children and keeping them safe. To find this out we read a sample of children's files which were held by these services. We talked to a number of children and their parents and carers to listen to their views about the services they had received. We also spoke to staff in these services who worked with children, parents and carers and to senior managers who were responsible for these staff and the services they provided.

What we found and tell you about in this report is based on a sample of children and families. We cannot promise that this will be the same for every child in the area who might need help.

A team of inspectors gathered all the information and helped to write this report. These inspectors have experience of working across the range of services involved in protecting children. Inspection teams include professional staff who work in council areas elsewhere in Scotland.

Social Care and Social Work Improvement Scotland carried out inspections of Falkirk Council fostering and adoption services linked to the inspection of services to protect children. Any recommendations or requirements are reported on the Social Care and Social Work Improvement Scotland website, www.scswis.com

¹ When we refer to children in this report we mean children and young people under the age of 18 years

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1. The area

Falkirk is situated in the central belt of Scotland. It covers an area of 297 square kilometres. The town of Falkirk is the administrative centre of the Council. The administrative centres of NHS Forth Valley and Central Scotland Police Force are in the city of Stirling. Falkirk has a population of 152,480 with 21% under the age of 18 years compared to the Scottish average of 20.1%.

The number of children referred to the council for child protection enquiries decreased between 2007 and 2010. The level of referrals is lower than that for Scotland as a whole. The proportion of children on the Child Protection Register (CPR) in Falkirk Council is 2.6 per 1000 which is lower than the national average of 2.8 per 1000.

2. Particular strengths that made a difference to children and families

- Very effective communication with families, helping them to understand what they need to do to help keep their children safe.
- Prompt and effective action by services to help keep children safe.
- High quality support to carers, helping them to meet the needs of vulnerable children.
- Services working very well together to help keep children who can no longer live at home remain in their own community.

3. Examples of good practice

- Young Runaways Protocol ensures that when missing children are traced, they receive the support they need.
- The development of the Intensive Family Support Service (IFSS) helps young people to receive specialist support without having to live outwith their own homes.
- A multi-agency internet safety strategy helps children to avoid danger when using computers and mobile phones.

4. How well are the needs of children and families met?

Many children are benefiting from sound advice and high quality support to help them keep safe. Staff across services work together very successfully to raise awareness among children, parents, carers and staff of the safety risks of using the internet and mobile phones. Children have helped to design lessons on how to keep themselves safe. These have already been tried out by some teachers and will soon be available in all Falkirk's schools. Staff work very well together to provide valuable support at an early stage to children and families facing difficulties. A wide range of services is available to improve parents' skills and confidence in caring for their children. Vulnerable pregnant women are identified early and offered suitable help to prepare for and take care of their babies. Services are now planning and co-ordinating early support for children and families much more effectively across the Falkirk Council area.

Staff, including those who normally work with adults, take concerns about children's safety and well-being very seriously. They take action without delay to ensure children, including unborn babies, are kept safe. Staff investigating concerns communicate with children very sensitively. They carefully explain the nature of the concerns and skilfully keep families informed about the progress of investigations and what will happen next.

Children are kept safe from further harm by the prompt action taken by staff and by effective use of legal measures. When it is not safe for children to remain at home, staff find a suitable place for them to stay without delay. They make appropriate checks to ensure that it is safe when arranging for other family members to take over children's care. Overall, police, health and social work staff work well together to plan investigations. In a few cases, children's initial health needs are still not identified early enough or followed up quickly enough.

Short term needs of children, including those at risk of immediate harm, are usually met well. Services' success in meeting longer term needs of children who have experienced abuse or neglect is more variable. School

staff work effectively with others to help improve children's attendance, support their learning and promote positive behaviour. Children at risk of having to live apart from their families are well supported by the IFSS and Barnado's Cluaran. Increased numbers of local foster carers have been recruited and local residential services have been expanded. This is helping young people who can no longer live at home to remain within their own communities. Services are available for some children who need specialist help to recover from abuse and neglect. However, some have to wait too long for the help they need. Managers recognise the need to reduce delays in assessing the health needs of children who are looked after by the local authority.

Services are highly aware of the risks to children who go missing. They have put in place a reliable system to trace missing children and investigate unexplained absences from school or nursery. Staff work together very effectively to make contact with young runaways. This is helping to reduce risks and to meet their needs more effectively. The Child Protection Committee (CPC) has provided training for key staff to raise awareness of the risk to children who are brought into or moved around the country illegally. It will be helpful for this to be made available to a wider group of staff. Awareness of the needs of lesbian, gay, bisexual and transgendered (LGBT) young people is developing. Staff in schools are now helping direct them to appropriate sources of support.

Children and families benefit from very effective communication with staff across services. Most staff take the time to get to know children well and build trusting relationships with families. They help children and families understand what they need to do or change to improve their situation to make sure that children are kept safe. In most cases, staff listen carefully to parents' views when making decisions about children. Increasingly, staff are giving priority to seeking children's views. Staff now need to encourage and support more children to take part in meetings where decisions are made about them. In a few cases, children who are on the Child Protection Register (CPR) do not have enough contact with their named social worker.

5. How good is the management and delivery of services?

Assessments of risks and needs are improving but their quality is still too variable. A helpful tool is leading to better assessments but it is not yet used by all relevant staff. Assessment reports from social workers are not provided to Children's Reporters quickly enough. This is causing delays in decisions about whether children need to be safeguarded through compulsory measures of supervision. Staff would benefit from guidance on preparing dated lists of significant events and continued support to improve the quality of their work. Health staff are now more routinely involved in sharing relevant information which is used well to assess risks when there are concerns about children. Paediatricians give suitable advice about the need for a medical examination in most cases where there are child protection concerns. Arrangements should now be put in place to make this advice available more consistently, including out of hours, to ensure children's health needs are not overlooked. Most child protection medical examinations are carried out by suitably trained doctors in a child-friendly environment.

Core group meetings for children on the CPR are becoming more effective in reviewing progress in reducing risks and meeting needs. A new format for children's plans has been introduced and this is beginning to improve the quality of planning. Child protection plans are now more likely to set out clear actions to meet children's individual needs and identify who is responsible for agreed actions.

Staff, including children and families social workers, are working well together to manage the risks posed to children by registered sex offenders.

Chief Officers and senior managers are strongly committed to improving services to protect children. They recognise the need to build a positive culture of looking closely at how well children are protected and their needs met. The Multi-Agency Continuous Improvement Group is effective in supporting services to review their work. This allows them to identify

what is working well to protect children and what needs to improve. Staff across services are encouraged to reflect on their work through recently-established practitioner forums. There are plans to extend the ways in which children and families can be more fully involved in evaluating the help they receive. Managers should be more involved in supporting and challenging individual members of staff to improve their work.

6. How good is leadership and direction?

Chief Officers from Falkirk Council, NHS Forth Valley and Central Scotland Police take their responsibilities to protect children very seriously. They are highly committed to working together within a complex working environment to ensure that child protection is given the highest profile. The G5 Chief Officers' Group provides strong leadership and direction to services with a role in child protection. Their strong vision for protecting children has been successfully communicated to staff. The G5 has taken appropriate steps to strengthen multi-agency monitoring and quality assurance arrangements. Falkirk Council's Single Outcome Agreement gives a high priority to protecting children. This is reflected clearly in the work of the Community Planning Partnership, the Children's Commission and the CPC.

7. How are services improving?

The CPC Business Plan, post inspection action plans and the Integrated Children's Services Plan For Falkirk's Bairns identify appropriate priorities for improvement. However, the pace of change is variable and more challenging timescales are needed to drive forward improvement planning.

There are early indications of self-evaluation leading to improvements in the quality of key processes. Chief Officers and the CPC have made a positive start to gathering appropriate data to measure improvements in performance. They recognise that information being gathered requires

further development to enable them to gain a fuller picture of how performance is improving. Key priorities identified by the Children's Commission using a recognised assessment tool have led to services being re-designed to better match the needs of vulnerable families. It is not yet possible to confirm that improved outcomes are the result of a well-established process of self-evaluation.

Progress with some priorities for protecting children has been slower than expected. The CPC recognises the need to focus more sharply on ensuring that agreed actions are followed through. There continues to be variability in the quality of assessments of risks and needs. As a result, planning for individual children sometimes lacks sufficient rigour. There have been delays in the implementation of an integrated assessment framework and the concept of a single child's plan is not yet well enough developed.

8. What happens next?

We are confident that the services will be able to make the necessary improvements in light of the inspection findings. As a result, we will make no more visits in connection with this inspection. Our link inspector will maintain contact with services to support improvements.

We have agreed the following areas for improvement with services in the Falkirk Council area:

- Improve the quality of assessment of risks and needs and individual children's plans.
- Increase the pace of change by ensuring that managers at all levels recognise their responsibilities for driving improvements in practice.
- Continue to strengthen joint self-evaluation to ensure that it results in improved outcomes for the most needy children.

Quality indicators help services and inspectors to judge what is good and what needs to be improved in the work to protect children and meet their needs. You can find these quality indicators in the HMIE publication *How well do we protect children and meet their needs?* Following the inspection of each local authority area, the Scottish Government gathers evaluations of four important quality indicators to keep track of how well services across Scotland are doing to protect children and meet their needs.

Here are the evaluations of these for the Falkirk Council area.

Children are listened to and respected	very good
Children are helped to keep safe	very good
Response to immediate concerns	very good
Meeting needs and reducing long term harm	good

We also evaluated the following aspects of the work within the local authority area.

Self-evaluation	good
Improvements in performance	satisfactory

HM Inspector: Clare Lamont
September 2011

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This report uses the following word scale to make clear judgements made by inspectors.

excellent	outstanding, sector leading
very good	major strengths
good	important strengths with some areas for improvement
satisfactory	strengths just outweigh weaknesses
weak	important weaknesses
unsatisfactory	major weaknesses

Headquarters

Social Care and Social Work Improvement Scotland

Compass House

11 Riverside Drive

Dundee

DD1 4NY

Tel: 01382 207100

Fax: 01382 207289

We have offices across Scotland. To find your nearest office, visit our website or call our SCSWIS enquiries line.

Website: www.scswis.com

Email: enquiries@scswis.com

SCSWIS Enquiries: 0845 600 9527

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